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# TSNNotes

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## Climbing Kilimanjaro

By Julie Simmons, RN

I've never been a trauma patient. I've never had an injury more serious than a cut on my leg. But I have spent the better part of the last 25 years working with trauma patients, so I've learned a fair amount about the resilience of the human spirit.

About a year ago, I tasked myself with checking box #1 on my Bucket List: Climbing Mt. Kilimanjaro in Tanzania, East Africa. It's the tallest free standing mountain in the world.

It was about 4 months later, in April 2013, when I met Eileen Flores, the TSN Coordinator here at Carolinas Medical Center. TSN was brand new at CMC and Eileen's energy and enthusiasm drew me in to where and I was eager to get involved and see what TSN was all about. As the program took root, the first meetings were focused on getting to know one another and having trauma survivors share their stories. These informal gatherings offered an environment much different than the hospital and clinic settings. TSN was a place where the patients had the time and the support of "someone who's been there". Our meetings were scheduled to end at 8pm, but we consistently found ourselves watching the patients exchange cell phone numbers with one another on their way out the door at 9pm, sometimes later.

Witnessing the affirmation and validation of emotion they offered one another as they opened up to feelings of fear and uncertainties about the future or shared their joys over triumphs and progress, I began to associate my upcoming adventure with the challenges of Trauma Survivors, and started noticing how closely they were paralleled.

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**It was then that I realized TSN patients climb their own Kilimanjaro EVERY DAY.**  
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As the training for my climb became more intense and demanding, I would often find myself thinking back to what was shared by survivors in TSN meetings about their motivation and resilience in the face of the challenges of their recovery. At that point, I was confident that I understood the connection because I was experiencing some of those emotions myself....anxiety, fear, unknown challenges. I was feeling pretty good about the progress I was making in my training. I wanted to sleep. I wanted a do-over. How had I ended up in this predicament? I wanted to turn around and go back to base camp to where my warm tent and sleeping bag awaited. There was hot tea there, I was certain of it!



It wasn't until I was deep in the fray of pushing myself to the summit of Kilimanjaro at midnight of the 5th day, under illumination of headlamps at -17 degrees below zero, with 8 hours to go of a near vertical climb that I became enlightened as to how naïve I had been. What I was doing was suddenly impossibly difficult, and yes, I wanted to quit.

It was then that I realized TSN patients climb their own Kilimanjaro EVERY DAY. I only had to persevere for another 8 hours and I'd be done. As I looked down at my hiking poles that they had written words of encouragement on in bright orange ink, each of their personal stories truly spoke to me. I realized that through sharing their stories in TSN group, they had given me the tools I needed to deal with the fear and anxiety I had now found myself smack dab in the middle of. I had a little talk with myself, a reality check of sorts, and realized that if I was going to summit this mountain, my best chance was to adopt the mentality of a trauma survivor and get on with it.

## Climbing Kilimanjaro, cont.

"Man Up" as one of them often says, because quitting is not an option and there just isn't a Plan B. They had taught me that although this was not the trip I had envisioned for myself, it was going to be okay. They taught me that asking for help was not a weakness, and that I didn't have to go it alone. They offered support and encouragement when I questioned my ability to continue.

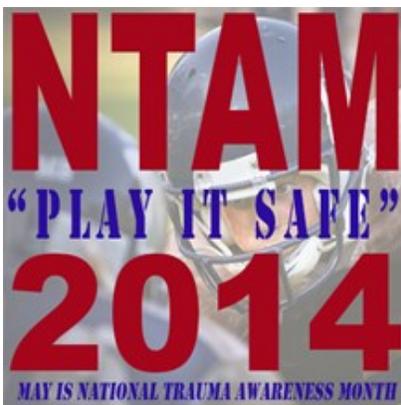
Well, I summited. It was by far the most difficult physical challenge I had ever faced. It was the best and the worst day of my life. Now, when I talk to someone who has summited Kilimanjaro, we share a connection that is immediate and personal, because they know what it's like. They get it. They've been there. I have an amazing family and incredible friends who supported me and loved me and are sincerely very interested in hearing my story, and I don't for one second mean to minimize that. But the undeniable truth is they can't possibly know what it was truly like to have that experience because they've not climbed that mountain. We don't have that connection.

Thanks to the Trauma Survivors Network, I have the amazing privilege to see that connection take place every month at TSN meetings.

Prevention & Awareness

# May is National Trauma Awareness Month

Playing it Safe



The American Trauma Society (ATS), in collaboration with the Society of Trauma Nurses, is once again pleased to present National Trauma Awareness Month.

This May, National Trauma Awareness Month celebrates its 26th anniversary with the campaign slogan, "Playing It Safe" will focus on Sports Injuries.

In recent years, increasing numbers of people of all ages have been heeding their health professionals' advice to get active for all of the health benefits exercise has to offer.

But for some people—particularly those who overdo or who don't properly train or warm up—

these benefits can come at a price: sports injuries.

We hope the campaign and its materials will continue to draw attention to these issues and invoke change by the community.

We are proud to continue the annual tradition of National Trauma Awareness Month during the month of May.

ATS has posted this year's campaign materials electronically for your use, not only for May, but also in the following months.

We also encourage trauma centers to have a **Trauma Survivors Day** to reunite patients and families who have been served by the trauma center. Visit [www.amtrauma.org](http://www.amtrauma.org) for the materials to plan the celebration. Click on "Programs", and then National Trauma Awareness Month. This year we will celebrate National Trauma Survivors Day on May 21st. More details will follow for those interested in participating.

We urge you to start planning activities and make this year's celebration the best one yet!

## WELCOME TO THE NEW TSN SITES

Proudly, we welcome the following Trauma Centers to the team of centers offering the TSN to patients and families. You can connect with these TSN centers in the *Trauma Centers* section of the TSN website. There you can find out more about the programs offered and ways to get involved.

The George Washington University Hospital- Washington D.C.  
St. Luke's University Health Network- Bethlehem, Pennsylvania

Facebook: Trauma Survivors Network Twitter: @TraumaSurvivors

## An Interview with Susan Vanston & Cathy Wilson from Vanderbilt University Medical Center

### **Talk about your roles in the hospital.**

**Susan-** I work in Orthopedic Research and implement the study interventions for orthopedic trauma, as well as for traumatic brain injury, knee and spine surgery research studies. Additionally, I am the co-leader of the Trauma Survivor Network at VUMC and specifically oversee the weekly family class and monthly support group.

**Cathy-** I am the Trauma Outreach and Injury Prevention Coordinator with the Division of Trauma and Surgical Critical Care. I am responsible for coordinating courses such as ATLS, ASSET, ATOM, RTTDC, ABLIS and "It Happens in Seconds". In addition to these courses, I provide injury prevention in the community such as teaching about the hazards of texting and driving, drunk/impaired driving, restraint use, ladder safety, fall prevention in the elderly, etc. I also am the co-leader of the Trauma Survivors Network at VUMC and specifically help schedule TSN peer visits in the Trauma ICU, arrange TSN peer involvement in community injury-prevention activities, schedule TSN peer visitors for our TBI monthly clinic, and maintain our Vanderbilt TSN website.

### **What has helped you work together?**

**Susan-** I think Cathy and I work well together for several reasons. First, we have good communication and keep in regular touch about how things are going regarding the TSN. Our offices are in separate buildings and we both have other roles within the hospital, in addition to the TSN, so communication between us is very important. Second, we are willing to help each other with our roles, to see that the services of the TSN are upheld to the highest degree. We share our responsibilities and help and support each other however we can. Third, and most importantly, we care about each other as professionals and people.

We have mutual respect for each other and truly enjoy working together.

**Cathy-** I agree with Susan. Having co-responsibilities for the TSN has really helped to "share the load" to keep everything going. As Susan mentioned, we both have primary roles other than the TSN so we can depend on each other to try to pinch-hit when our schedules are not accommodating. I think this has allowed for TSN activities to flow seamlessly. It is always a good plan to have a back-up plan for anything in life! Communication is absolutely KEY...but along with that is timeliness of response. We both try to be very prompt with returning emails, which has allowed us to be extremely efficient while working together.

### **How have your other responsibilities helped your work with the TSN?**

**Susan-** My career as a physical therapist has helped me in my role as the TSN co-facilitator. Over my 18 years as a PT, I have treated patients in the acute care, home care, in-patient rehab and outpatient setting. I understand the process of physical injury and recovery throughout these stages of a trauma patient's recovery. I am able to relate to and explain this process to families in the family class and to patients throughout the 6-12 months as their recovery coach.

**Cathy:** I have been in nursing for 30 years spending the majority of that time in the ED and Neuro ICU. I have also worked as an in-house Acute Care NP. Throughout my career I have also done a lot of education. Work experience with traumatically injured patients plus the ability to educate has prepared me to relate to trauma survivors and their experience in the more acute phases of injury as well as teach other medical professionals, trauma survivors and families.

## Working Together

Susan & Cathy



### **What advice would you give other teams implementing the TSN?**

**Susan-** I think regular communication is key to the success of this relationship. Also, identifying strengths and interests for each person and working with those strengths makes for a balanced successful relationship. Drawing on each other's experience, skills and abilities enhances the overall success of the working relationship as TSN partners.

**Cathy-** I agree with Susan's statement. We discussed our backgrounds/strengths and found a nice balance of my more "acute" experience with her strong post-injury recovery experience and it was the perfect match! We never stop learning and we have both been open to learning from each other in this process which has made us a strong team! I would recommend that when facilities plan to share the responsibility of the TSN coordinator role that there is consideration of individuals with varied but complimentary backgrounds so that a wealth of experience is brought to the role.

## Memo

Interested in establishing a  
TSN Chapter in your trauma center?

Call ATS at 800-556-7890, or  
email us at  
TSN@amtrauma.org

Please also visit our websites,  
www.amtrauma.org  
www.traumasurvivorsnetwork.org

# Survivor's Corner



Trauma Survivor Rob Wright with TSN Coordinators, Frannie Grissom & Katherine Ordonio

## **TRAUMA SURVIVOR ROB WRIGHT TALKS ABOUT HIS TRAUMA AND THE TSN**

### ***What was your trauma?***

On August 23, 2005 I was in a motorcycle accident. I was riding down the road, and a Caravan parked on the same side I was on, busted a U turn right before I got to her. I stood up and slammed my helmet down and collapsed. While still conscious I gave the EMT my name and mother's info. Then I was induced into a medical comma. My injuries were the following; fractured my maxillary bone, right lung collapsed, severed my superior vena cava, liver laceration( they took off 60%), bruised my bladder, right femur broke into two and popped out of my skin, and broke my left foot in 3 different places in the metacarpals. It took 5 days to get me stable. During that time, there were multiple surgeries and I flat lined and they had to do an aggressive resuscitation on me. I woke up two weeks later in the hospital not knowing what had happened.

### ***How have you been involved in the TSN?***

I have been involved with TSN peer visitation and support group since about 2010. While being a part of the first members, I've done countless peer visitations and probably missed 2-3 monthly support group meetings since 2010. I have also spoken to different groups within the Shock Trauma tell them the benefits of TSN and my story.

### ***How has the TSN helped you and others?***

TSN is a great benefit to new patients. It gives them a chance to see that there is life after trauma. It also shows them that life doesn't stop with their trauma as long as they work hard to get back to normal because it isn't an easy path. Patients are also able to ask questions of someone who has gone through what they're going through which is not just a doctors perspective and at times respect it more from us. As long as a patient sees hope, they will have something to work towards and set goals for. Being a TSN volunteer, helps keep me grounded from where I came from and if me telling my story or talking to a patient makes them feel better and inspires them then I'm all for it. Stress will only hinder patients from healing and I let them know that. I turned my anger into determination during my recovery and before I knew it I was back to normal.

TSN COORDINATORS  
AND ROB WRIGHT

## **SHOCK TRAUMA CENTER TRAUMA SURVIVOR SUPPORT**

The TSN program at the R Adams Cowley Shock Trauma Center, University of Maryland Medical Center offers a variety of services to trauma survivors and their families. These services include a monthly support group, a peer visitation program, a weekly family and friend's information hour and an array of resources through the TSN website. Most importantly the TSN provides trauma survivors and their families the chance to connect with others who have "been there" as they continue on their journey of recovery.

Rob became involved with the TSN program in 2010. Rob is a veteran peer visitor who is always available to come in to the hospital and meet with patients and families. He is very easy to talk to and always provides inspiration and hope to all the patients, family members and staff members he encounters. He is so dedicated to our peer visitation program that during Rob's most recent hospitalization, he was up and visiting patients during his physical therapy. Rob is very active and dedicated to our monthly support group and he has spoken multiple times to hospital staff to share his story and to promote the TSN. Rob is a tremendous asset to the TSN program and we so thankful for his passion and commitment.

**Read Rob's full story and find out  
more about the TSN at the  
R Adams Cowley Shock Trauma  
Center, UMMC go to  
[www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org)**