Linda J. Toohey – Experiential Education Award Essay

My capstone course in Health Services Administration led me to the door of Nancy Shendell Falik, Chief Nursing Officer of Newark Beth Israel Medical Center. I valued quickly that the senior management team approached the challenges of steering “The Beth” with a cohesive mind set, making today’s tough decisions and plans to enable the facility to be viable in the future.

My focus centered on working with the ER redesign team. The nerve center of NBIMC is the Lester M. Bornstein Department of Emergency Medicine. They, like many urban healthcare centers, are committed to the National Quality Forum Goal of reducing overcrowding, decreasing patient wait time, and improving quality care.

The nature of emergency medicine is often crisis care but it does not have to translate to chaos. My project was to unlock ER patient gridlock and enhance client throughput. My philosophy was that the Emergency Department is not an island separated from the hospital mainland. The bridge was the logo of my Strategic Business Plan – connecting the individual nursing unit cities of this large urban health care center to one its most important gateways.

Peter Drucker lobbied that “the task of leadership is to create an alignment of strengths making our weaknesses irrelevant.” My greatest take-away skill in working with the ER redesign team was learning and utilizing Appreciation Inquiry Model for conducting a SWOT analysis. The emphasis is on the strengths and the “W” becomes a lower-case “w;” this is a model that is built around the positive deviant. The layman would call this exercise “designed optimism.” Appreciative Inquiry is collaborative, participative, and, most essentially, highly imaginative to all potentials and possibilities.
From my fall semester experience, I continue to own the positive deviant. In my current role as a Unit Educator at Morristown Memorial Hospital, I lobby at our Shared Governance meeting for positive solutions. In today’s climate of compressed events, economic downturns and re-sizing the servant leader supports the map to the future. Leaders are architects and the servant leader is that person who creates and celebrates the individual, group and organizational successes.

The mistake that people often make is that they assume one has to be in a ‘strict’ management position to be a leader. As a unit educator, I grab the moments to create opportunities for learning for our staff not only our nurses but all disciplines. Learning is leading. Coaching our nurses, especially our new graduates, to think confident, effective and connected is education/servant leadership. No day in nursing is ever the same as the next one and bedside nursing remains the frontline of making that difference.

In this year, 2009 I have made the commitment to greater involvement in the community of nursing in a triple play: NAON has been my professional organization and my focus is to expand my involvement beyond ‘membership and journals’ and become a force and a voice. I have taken on expanded projects at my work. I have already started on changing our nursing theorist at Morristown Memorial Hospital to Sister Calista Roy.

This year President Obama has issued a call to action for citizens to get involved. I believe nurses are at the forefront of political change and the healthcare landscape. This is where my voice and ink will land. Individuals make a difference. Ask any patient or family who worked ‘that nurse’ who made the connection and made that experience better.