

Being Called to Serve as a Chief Clinical Executive Officer *A Moment in History*

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Dr. Sylvain Trepanier (center) with Providence St. Joseph Health team members (from left): Gail Lindsay, Allison Golden, Esther Kim, and Erin Jasper. (Photo courtesy of Ana Watts)

Just over a year ago, I received a call to serve in a faith-based health care system in Renton, Washington. Little did I know that this call to serve would be the most meaningful milestone of my profes-

sional life. In this article I offer to you, the reader, a window into my current learnings as a mission-inspired leader and lessons learned as I transitioned into a non-conventional senior leadership role as a nurse.

I have always been deliberate about my leadership development journey. In fact, I have been working hard at it for over 25 years. I have sought mentors; attended leadership development classes, courses and conferences; and achieved a doctorate degree in executive leadership.

I am not finished learning. I will never “arrive.” I will never be done improving my ability to lead. Every day, I learn about myself and how to leverage my self-awareness to be the best leader I can. I am only able to develop and to balance a busy schedule because of my internal drive to continue to learn. Lifelong learning is not something that I feel I “have to do” but something that “I am called to do”— a big difference.

THE ‘CALL TO SERVE’

Some of my most valuable lessons have come with changes in roles. Just a year ago I received a call to consider an opportunity in a faith-based health care system in Renton, Washington. This was a pivotal moment in my life. For the first time in my life, I felt with all my heart and soul, *the call to serve*. This was the perfect opportunity, at the right time, in the right place, with the right people. I was offered the opportunity to serve in a system that was founded (in part) by The Sisters of Providence, who originally came from Montreal, Canada, my home town. That connection felt meaningful to me. After personal reflection and thoughtful conversations with my family, colleagues, mentors, and friends, I accepted the invitation to serve. Little did I know that this change would be transformational for me, both professionally and personally.

My current learning is centered around the true meaning of being a servant leader in a ministry-driven organization. A servant leader always looks to serve others first. “It begins with the natural feeling that one wants to serve.”¹ The major distinction manifests itself in the leader focusing on the “other people’s highest priority needs” before his or her own needs.

I learned more about the true meaning of service by obtaining historical knowledge of past renowned servant leaders like Emilie Gamelin and sister Mother Joseph of the Sacred Heart. Iconic women, who, as leaders of the Sisters of Providence, left a legacy. I am using the journey of servant leaders who have come before me as a window into my future and how I want to be known in future generations. There is no way the two sisters could have predicted that their work would carry on 175 years later. It is indeed alive today and inspirational to leaders and caregivers who practice within Providence St. Joseph Health.

Emilie Tavernier Gamelin was born in Montreal, Canada in 1800. She was a social worker and Roman Catholic Religious sister. She was the founder of the Sisters of Providence (initially known as The Daughters of Charity, Servants of the Poor) of Montreal, an order dedicated to serving the poor, mentally ill, orphans, prisoners, and disabled. She dedicated her entire life to the most vulnerable populations. Under her leadership, the newly formed community of sisters grew to 50 members. Over the years, more than 6,000 women served in the footsteps of Emilie Tavernier Gamelin.²

Mother Joseph of the Sacred Heart (born Françoise Pariseau), dedicated herself to the religious life and entered the Sisters of Providence under the tutelage of Emilie Gamelin. She was a pioneer woman who answered the call of leading a group of 4 sisters from Montreal to Washington Territory in The United States (a grueling month of travel aboard a steamer). Through tenacity and determination, the sisters built schools, hospitals, and other public service establishments in very difficult conditions. In 1858, the first hospital to be built in the Northwest was made possible by The Sisters of Providence.³ The ministry grew over the years and is known today as Providence St. Joseph Health, a 50-hospital health care system based in Washington and serving populations in 7 states (all west of the Mississippi).

A ‘MOMENT’ IN HISTORY

In addition to learning to be a better servant leader, I have the privilege to serve as a chief clinical executive officer (CCEO). To our knowledge as health care leaders of Providence St. Joseph Health, it is likely that I am the first nurse to serve in such capacity in the United States or perhaps beyond. This is an honor that would not be possible without the vision of an innovative leader, boss, and mentor. Everywhere else in our system and all the other systems that we know of in the United States, the title of CCEO is “reserved” for physician leaders. Not any more at Providence St. Joseph Health (PSJH).

There are many reasons why this decision was made, and of course it had a lot to do with my ability to lead others through influence, my past experience, accomplished outcomes, and the fact that I gained the trust of many within my health care system. It was nonetheless a nontraditional decision that required a lot of vetting and negotiation on the part of my boss.

I authored a blog⁴ a few years ago about imposter syndrome. I went back and reread it recently because I was not sure if I was up to the challenge I faced, how to approach the role, and how to show up as a “nurse” CCEO. After rereading my blog, I reminded myself that being a nurse is exactly why I am an excellent CCEO. As a nurse I was educated using a Health Prevention and Promotion Model. According to this model, the entire continuum of care must be leveraged to offer cost-effective care. The call to serve in this exciting role was the perfect opportunity to leverage all of my strengths, to serve and learn with others, to have fun along the way, and most importantly, to make a significant impact on the lives of those we serve at Providence St. Joseph Health.

As the CCEO for PSJH Southern California, I have regional cross-continuum oversight of clinical care delivery, including strategic planning and direction for all clinical services such as Medicine, Nursing, Quality, Infection Prevention, the Clinical Institute (Service Lines), Care Coordination, Clinical Operations, Care Management, Social Services, and Clinical Documentation. This position is a key member of the Southern California Senior Leadership team, ensuring that clinical and people-centric considerations

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