

**Introduction Guest (Unknown):**

Welcome to this episode of the BCEN and Friends podcast. Our guest today is Sean Kavanagh, a gifted storyteller who combines humor and professional stories that captivate audiences everywhere. Today, Sean will share his personal story about the risk of falling physically, professionally and metaphorically, and how we can heal and learn from each fall we take. Our host today are Brigid Flood, director of strategy and operations at the BCEN, and Janie Schumaker, the executive director of the. Brigid and Janie, take it away.

**Brigid Flood:**

Hi, and welcome to the BCEN and Friends podcast. I'm Brigid Flood, director of strategy and operations at BCEN, and I'm joined by my co-host, Janie Schumaker, executive director. Hey, Janie.

**Janie Schumaker:**

Hi, Brigid.

**Brigid Flood:**

So, as you know, the BCEN and Friends podcast is where we have interesting conversations about learning was a range of thought leaders, BCEN certification holders and industry professionals. And most importantly, to create value and insight for you, our professional nurses across the emergency spectrum. We hope you find our discussions interesting, informative, sometimes funny, sometimes serious, but always valuable. So, Janie, today we have another new friend with us, Sean Kavanagh. Sean has a really interesting story that we can all learn from. Sean lectures and speaks on the topic of fall risk. I know our nurses listening recognize those two words. But for Sean, falling is inevitable. A life of purpose happens by learning from our falls, not simply avoiding them. A performer with standup experience, a training industry entrepreneur, cyclist, husband, father and grandfather, son brings a wealth of humor, stories, and audience involvement to every engagement. For the past 20 years, Sean ran the Ariel Group, an international firm that trains leaders in interpersonal communications. His clients included leaders and business non-profits, government and health care. He has tied stories telling social entrepreneurs, military veterans, MBA students, and college graduates. Sean believes that how we heal from our falls, both real and metaphorical and what we learn from them, that is truly what makes us who we are. So, Sean, welcome.

**Sean Kavanagh:**

Thank you, Brigid. It's very nice to be here. Thank you for that lovely introduction. Well, I had very much to add to your eloquence.

**Brigid Flood:**

OK I was just going to ask if there is anything that I missed, like, amazing attributes of your career. So, this is the fun part, Sean because this is where you get to tell us a little bit about yourself especially, I'm really intrigued with how you went from storytelling to stand-up comedy to running an international trading company and

now having your own speaking practice. So, could you give us a little background on that?

**Sean Kavanagh:**

I'd be happy to. I was actually born to a storytelling family. You may be able to tell that I'm a naturalized American. I was born in the U.K., actually in Liverpool. And when I was a young child, my father was a standup comedian. He was part of a double act. He and my godfather, David Dunn. Kavanagh and Dunn are what they were called. Two likely lads from West Derby who was their subtitle. My father ended up going into business, into sales. He was a natural communicator. He was very good at building relationships. And he became a very successful businessperson. And we ended up moving from the UK to Belgium, and then I came to the US to an American college. Storytelling was, it was on the menu for each dinner we spent at home. My father would tell stories and then he would require us to tell them as well and so, I got my education. I went into business. I went into sales myself. And in 1999, I was introduced to a small organization called the Ariel Group.

This company was founded by two women, Kathy Lubar and Bill Halprin, who were trained professional actors who ended up going into creating a business to teach businesspeople how to communicate more effectively using their skills from the stage.

And they hired me to do business development, and I was there for 20 years and we grew the company quite significantly. What I realized shortly after joining that business is that what we were teaching in the form of well-structured, organized workshops for businesspeople and consultants and leaders was what I had learned at the dining room table from my father. It was that ability to understand an audience, to tell a compelling story, to have the level of confidence to speak in front of a group of people. It was naturally in me. And so, I really found a wonderful professional home where I was able to combine my business communication skills with my family history of storytelling and performing with a need in the business place for authentic communication. So that was how I I guess that does answer your question. I went from a storyteller as a kid to this training company, and now I. I've started my own business practice. I am effectively retired. I like to say that I'm virtually retired because everything is virtual these days.

**Janie Schumaker:**

Me, too.

**Sean Kavanagh:**

I'm not actually retired. In fact, because of the virtual world, I suppose it's impossible to be retired. But I love the fact that I am actually sitting now, in my cottage, looking over a little lake in New Hampshire, and I'm having the opportunity to communicate virtually with you and to everyone who will ultimately listen to the tape.

**Brigid Flood:**

That is very true. You know, just from what you said, I think, you know how interesting that that dinner table conversation turned into something so important for the rest of your life. So, you just never know. So, thank you for sharing that. I want to move on to a specific date. Well, over four years ago, August 17, 2016, your world really did change. Can you tell us what happened that day?

**Sean Kavanagh:**

Well, actually, I can. Brigid, I'd like to say that I remember that day really well, but in fact, I don't. I don't remember anything about what happened on that day. I was in a bad accident, of which I have no memory. However, I have pieced together the story from my family, from eyewitnesses with whom I've become friends over the years, so, it was a it was a morning not unlike today. Actually, it was a warm summer morning, mid-August and I decided I was going to ride my bicycle to work from my home in Carlisle, Massachusetts, to my office in Lexington. This was about a 15-mile ride, and I've done it a lot. I was an avid cyclist. And at 62 years old, which is how old I was then, I used to ride a lot to stay in shape. I'd completed most of the ride. I was about a mile from my office and I was coasting down a hill, enjoying an ice downhill treat after having gone up the hill on the other side and I was thinking about what I had to do at work and all of a sudden I was hit head on by a pickup truck coming in the opposite direction. According to eyewitnesses, I flew 20 feet through the air at about the height of a street sign and landed on my head. And I was very badly injured. Witnesses at the scene recounted that I couldn't feel my pulse at the time I was bleeding from a compound fracture in my leg. I was unconscious. I had a traumatic brain injury. I had blood clots. I had broken ribs. I had broken bones in my hands. I was a complete mess lying there on the side of the road and I was taken from there to the emergency room where I spent two weeks in a coma. My family came and sat by my side. My poor wife was alerted to the accident by a knock on the door by a policeman who said, you need to go to the hospital because your husband has been badly injured in a bicycle accident. And she said, "Can you tell me how badly he's been hurt?" and they said, "All I can tell you is that he was alive at the scene." I can't imagine more ominous words than that. So, she had to drive to the hospital wondering how I was and bless her, wondering how, if I was very badly injured and didn't make it, how she was going to tell my mother what had happened to me. So, that was that was the that was a turning point day in my life. That was the day that this notion of when that's enough, that day during my recovery from that accident is when I is when I started to think about the new story that I had to tell.

**Brigid Flood:**

What's the first thing you remembered when you did wake up in the hospital?

**Sean Kavanagh:**

Yes, it was a very interesting, very interesting day. I believe it was an evening. It was it was dark, and I woke up in the rehab hospital. I spent two weeks in intensive care, mostly in a coma, coming in and out of a coma. But the first thing I really remember was waking up in the rehab hospital, which is Spaulding Rehab in Boston, Massachusetts. I woke up in this dark room. I went to sit up, but I was in an extreme pain. My leg hurt. My head hurt. I had a breathing tube in my mouth, and it was dark, but I realized I have clearly been injured. This is clearly a hospital room because I could see the green lights of the heart rate monitor blinking. And then I noticed something on my wrist, and it was a bracelet that you referenced earlier with these words on it. The words 'fall risk' and it was noticing that bracelet that got my attention.

I mean, clearly, I'm sure you and all of your colleagues understand what the fall risk bracelet means. It means this guy should not get out of bed. He is not safe to walk around. He'll fall over and hurt himself even worse than he is already. I also have a suspicion that the legal department of many hospitals have something to do with wanting people to attach that warning to the wrist of fall risk patients because they don't want me to jump up and fall down and then sue the hospital.

**Brigid Flood:**

So, I think that, you know, that day and the two words on that bracelet really came to define who you are now and then came to set you on this current journey. Can you talk a little bit more about those two words, fall risk?

**Sean Kavanagh:**

Sure.

**Brigid Flood:**

How you now view that?

**Sean Kavanagh:**

Yeah, well, I kept I kept looking at the bracelet every day, and for the first few days, I really couldn't move. My leg was in traction. I was I was basically stuck in this bed. But I realized very soon that I actually needed to do the opposite of what that bracelet said. I needed to risk falling. That was the conclusion I drew, and I kept that bracelet on my wrist even when I became better at walking around.

I actually have it framed in my office, the original bracelet, because what I realized is that while no, I wasn't going to go dancing down the corridor or out riding my bike right away, but I needed to take small risks to heal. If I had accepted that label, I could have sat there very comfortably and looked out the window and I would not have risked falling whatsoever. But would I have gotten any better? Would I have gotten stronger? How would I have felt emotionally if I had just decided I was going to consign myself in my early 60s to the status of a fall risk and possibly an invalid. So, I did not want to do that. I was

also very lucky to be encouraged by many of the staff at the rehab hospital to take small risks and the first ones were really sitting up straight in bed. That was quite painful. But I was encouraged to sit up straight in bed and then to swing my legs over the side of the bed and then to walk a few steps being held by somebody in the room, one of the nurses probably and walked to the bathroom so I could shower by myself and then it was then even then it was the walker. Well, first it was the wheelchair then it was the walker and then it was two crutches and then it was one crutch and then a cane and each one of those steps involved taking small risks and I knew that I wanted to. I knew that I wanted to spend this time to get well again. But it was important that I had help. It was important that people were encouraging me, empathizing with me, understanding that I was a frustrated, active person and I wanted to get back into back into life again. And so, "Fall Risk" became a catch phrase. The risk bracelet became sort of a talisman for me and I used it to motivate me to keep living. Isn't that what life is all about, right?

We have risks and as we have to encourage others to take the risk falling, too. I think it's particularly true for parents. I think there's a tendency these days for many of us to want to keep our children completely safe and of course, that is a natural desire. However, sometimes we just need to go let them play in the park by themselves with their friends. Maybe they will come back with a scraped knee or a sunburned nose, but I bet they'll have a smile on their face, and I bet they will learn something about themselves. So, it's that balance between not living a risky life, not being foolhardy. But encouraging people to take the small risk so that we learn, improve. Grow. Learn new things. Try new things. Make new friends. Life is one long fall risk and I say, let's embrace it.

**Brigid Flood:**

Yeah, there's two things about what you just said. The first one is, as you know, when I first heard about your story and then the fall risk, I was thinking, you know, it's big falls and big risks and then the more, you know, I hear what you've done and what you're doing, it's not so much the big fall and the big risk. It's the everyday take the risk. You might fall and you might learn from that fall. Right. And is that your definition of, you know, fall risk?

**Sean Kavanagh:**

I think risk is a very interesting concept. Researchers will say that risk is often amplified in our mind to be something greater and maybe in some cases less than what it really is. We all are worried about taking risks in a variety of different ways and I think that most of the time the fall that we're trying to avoid is probably less of a fall than we thought it was going to be in the first place. And also, interestingly, something that can be very rewarding and something that we can gain something from. I mean, I think of, you know, asking that first person out who you are interested in getting to know better.

That's a big risk for everyone. And the fall, of course, is embarrassment or lack of confidence and it seems terrible. I mean, certainly me remembering my adolescence, I can remember that was probably the scariest thing I would ever try to do. And as I look back, of course, those falls were not as bad as they could have been and the rewards for taking these risks were meeting a new person, perhaps meeting someone who would become your partner for life. Who knows? But, yes, it's all sorts of little things that we do every day. And some people are very afraid of some of the simplest things and other people perhaps are not afraid enough. So, I don't want to. I keep wanting to say I don't want people to. I'm not suggesting we all jump off buildings in a squirrel suit and fly down to land.

**Brigid Flood:**

Right. And then I think, you know, thinking about an audience, you know, and one of the risks that they may be thinking about taking is, you know, getting certified, and that can be terrifying. Yes, I think this might have some meaning for them as they listen through this. And then I'll just share a little story and it was kind of my aha moment.

Years ago, I was sitting at one of those children's adventure parks watching the kids and they'd harness them in and they'd put them in the air and they'd have to navigate walking ropes and moving objects and most of the kids in there, they had trampolines below and padding below that and they were, you know, hooked up to a high wire. So, nothing was going to happen to these kids. But most of these kids acted like they were afraid to fall, and they were very timid about trying to do this or I don't know, scared. But every now and then, you'd see a couple of these kids, like, realize like, "I'm not going to hurt myself" and they would just go for it. And I thought, "Isn't this life?" Very rarely will we fall and really hurt ourselves. There's too many people around us to make that happen and you know occasionally that might. But really, we should just kind of go for it and so anyway, that's my little story about that.

**Sean Kavanagh:**

That's a great metaphor, right? Isn't life just one big ropes course?

**Brigid Flood:**

Yes.

**Sean Kavanagh:**

And some people, you know, charge ahead and try new things and some people say, "You know what, I'm kind of comfortable right here at this level platform" and bless them, if you're comfortable that way and you feel fulfilled, fine. There's no shame in that. However, maybe you're missing out on some of the rewards of reaching for that higher rope.

**Brigid Flood:**

Yeah.

**Janie Schumaker:**

Well, Sean, I would like to say that it's not often that those of us nurses that are listening that are likely working in the emergency department or maybe in the trauma unit, maybe in emergency transport, you know, we would have taken care of you those first few hours or days of your injury and it sounds like you had quite the quite the long road and healing. And so, it's really nice to be able to hear the patient's side of the story and how that was for you. It sounds like it was a long and difficult road, but you've obviously overcome and been very successful in your recovery. I'm just wondering, for those nurses that are listening, is there anything that you would like them to take away from your story, from the patient perspective? I realize that a lot of our nurses may not have been the ones you spent the most time with, but they were probably some of the nurses that really started your healing process as you arrived into the hospital.

**Sean Kavanagh:**

Well, first of all, I'd like to say thank you. I never really got the chance to find out who the nursing staff were and to go back and to say, "Thank you." There's one nurse in particular that I'd like to say thank you to, but I'd also like to say, "How come you had to cut my brand-new biking shorts with scissors and forced me to buy a new pair?" I kept those as a as a souvenir for a while, but then I realized that's just a little bit morbid. So, I've thrown them away. But yes, I clearly got great care and great care from the nurses who took care of me that day. I'm sure my life was saved that day by the nurses and the treatment that they provided, and I've been making the distinction between fixing and healing.

I think you need both to fully recover that. But I needed to be fixed first. Right. I needed the bleeding to stop. I needed to figure out what was going on in my head. And so, there was some great health care providers that day from the, you know, the EMT that came to pick from the volunteer firefighter who stopped and was taking care of me. He stopped on his way to take his daughter to camp and he stops and take me on the side of the road to the EMT and the ambulance to the emergency room nurses and doctors. And so, they fixed me. They were the first, but that was the first step in my healing process.

The next step is about healing and that's what I was aware of, right? I was unconscious that day and for two weeks and when I woke up, I realized that now it's time for me to start the healing process, which is to do with the fall risk and taking fall risks and be encouraged to do that. However, I'm quite sure that had I had any kind of consciousness at all, there would have been some healing and some fixing going on in that emergency room. What I would have wanted to hear, and I'm sure all of you do this very often is and "I've got your hand, buddy. You're gonna be OK, you know. I know it hurts, but, you know, you're strong, you're fit. You're gonna make it." There's no way I wouldn't want to be encouraged and I'm absolutely convinced that perhaps they were even saying that to me, even though I couldn't I couldn't hear it.

So, two things, really. Thank you for fixing me and thank you for being the first step on my healing journey that allowed me to be where I am today. Four years later, where I actually went for a 20-mile bike ride yesterday. So, I'm back on my bike. My sense of balance is back and I couldn't be there without the fixers and the healers and sometimes, as with emergency room nurses, they can be one and the same person and in my case, there were two separate groups just because of the nature of my injury.

**Janie Schumaker:**

Yeah, well, that's a remarkable story and it's really great to hear that you're taking a 20-mile bike ride. That truly is a huge success and I know we're all we're all so excited to hear that and I'm sure those nurses were telling you everything was gonna be okay because as nurses, even though we are not sure someone can hear us, we always assume you can. And so often we will talk to our patients in there and even if they're not responding. So, I'm sure you had a good group of nurses and doctors and everybody else rooting for you.

**Sean Kavanagh:**

I'm absolutely convinced that somewhere, some of the positive vibes and the positive words registered in my head. My children, when I was in intensive care and unconscious, would play music by songs that they knew I would recognize and occasionally I would open my eyes and start singing. I don't have any recollection of this, but apparently, they played a lot of *Beatles* music and I woke up one day and pulled out my feeding tube and started singing "Yesterday" at full volume, off key in my croaky, raspy voice, which made them all both smile and cry at the same time.

**Janie Schumaker:**

Yeah, the intensive care team, they're really good at talking to their patients and getting some of those things they want to get you get you healed up, too. So, sounds like from door to door, you've had a great team and even the guy that stopped while he was taking his daughter to camp, thank goodness. You're right.

I love this. I love this concept that you have about the fall risk and how sometimes you need to take some risks. And so, I know some of our nurses listening, I think maybe Brigid mentioned earlier, maybe they're considering taking a certification exam that scares people to death sometimes because they're afraid they're going to fail. And Lord, help us if somebody finds out that we took the exam and we failed, or maybe they're trying to get a next step in their career and they're not quite sure if they're ready. They're not sure if they have what it takes. And what would you say? What would you say is the takeaway? What's a good life lesson that they can apply, that you've learned that they can apply to their own life as they're considering what their next fall risk is?

**Sean Kavanagh:**



All right. Well, first of all, I should probably refer this question to my wife, Donna, who during all of this was actually in nursing school to become a nurse herself. So, in her early 50s, she had been she was an English major and had been an editor for medical journals and then she decided, you know, I won't go. I'm going to take the risk to get into the medical field.

And so, she trained to become a nurse. She became an R.N. right around the time of my accident. And right now, she is finishing up her clinical hours and will be joining me secluded in the cabin and studying for her exam to be a nurse practitioner shortly. So, there is a short story that might be inspirational.

I think that. Well, there's a couple of things. There are three things, really, that I think are life lessons for me. One is the basic fall risk lesson, and that became I think I became more willing and interested in taking risks, because one of the things about the accident, one of the lessons was that I learned that life is precious. Now, that is, you know, that's a little bit of a cliché and it shouldn't take you getting run over by a pickup truck to make you realize that. But what I realized was on that day, I was granted extra innings. You know, the firefighters that he couldn't feel my pulse when he got there. But I am now alive and kicking and so I realize that there's no time to waste. And so, I think part of it is to try to develop the determination to do something that you are passionate about and that is useful in the time that we have here on this Earth. And I realized that, yes, I was pleased with and passionate about the work that I had done. But I wanted to do more. I wanted to keep going. I wanted to find ways to be to be busy, to be engaged and to be useful. So, I think the fact that time is precious, and we have to, we never know what tomorrow is going to bring. I mean, who knew that we would be forced to be having these conversations over the Internet versus life because COVID has presented itself as a as a global trauma.

So, that's the one thing you use every use every day as usefully as possible. People often say, "Use every day as if it is your last." But there's an interesting exercise I've heard people do in the learning industry where they say, "Imagine you've been given X amount of time to live. What would you do?" Well, I certainly have wouldn't sit in bed looking out the window. I would want to use my time as effectively as possible doing what I was passionate about, being honest and kind and loving to the people with whom I was within relationship. Those kinds of things. And, of course for us, it requires encouragement and empathy from other people as well.

So, I would say if you're about to embark on it, certainly you want to have independence and strength, but look to your network of friends and family for encouragement. Let people in on what your plans are so that you don't have to muster the encouragement all by yourself that you can that you can lean on others to do that. And I certainly had a ton of that as I was coming back from my injury. I had the support of

my family and my friends and my work colleagues and all those with that.

That was so that was really essential, I think. Although some people are very independent and perhaps don't need it. And then think about what's the worst you can happen if you take this risk to try something new. Right. You're going to fall. It's not you know; it's not going to be a life-threatening fall and maybe you learn something about yourself that might be. "Boy, I did something that I didn't think I could do. I'm glad I took the risk that I learned something about myself. It's a step forward, even if there may be temporary setbacks along the way." So, yeah.

**Janie Schumaker:**

So, it's really three great tangible takeaways that I think people can apply. And I often to think that sometimes when we do take a risk and we make that fall, I feel like that's when we really grow the most and learn the most. Do you think that's true, Sean?

**Sean Kavanagh:**

You know, I do. And this was made very clear to me during a lot of time I spent with a psychiatrist when I was in the rehab hospital. A couple of times a week, I would be wheeled literally down the hall and into the elevator and down to the fourth floor, the psychiatry floor and I would meet with Dr. Chris Carter. And he was wonderful. And one day, I noticed that he was talking about, he kept referring to my trauma. And he would say, "Well, you know, your trauma has impacted your life in this way and your trauma will have an impact on your family. And how are you going to deal with your trauma as you reenter into your professional life, et cetera, et cetera?" And I said, "This is very interesting. You keep talking about trauma. Are you treating me for PTSD? Do I have PTSD?" And he said, "No, you don't. You don't." He said many people do. And he gave me the data of all of the traumatic experiences people go through. Eighty percent of Americans will be involved in some kind of a trauma. Twenty percent of those people are defined negatively by it, which means they have post-traumatic stress disorder, nightmares and fears and serious issues and those people deserve our help and our empathy and our encouragement. He said, "But other people often mark the time of their trauma as a turning point in their life, where they learn something about themselves, where it gave them some perspective on life, where they decided that they were going to live their lives differently than they had before." And he said, "I think you are one of those people." He said, "You are thinking about it. You're writing about it. And you're putting it into perspective." And actually, not only Dr. Carter, but the speech pathology people encouraged me to write to diary about what I was thinking and feeling.

And that's what started the writing. That is now ten chapters of a book that I'm writing, I'm editing, that I'm calling *Fall Risk*. And so, I thought, "OK, so a trauma can actually be a turning point. That's great. I'm glad you think about me." That gave me that encouraged me to continue to

try and learn and grow from this. Now, I'm no angel. There were days I spent really feeling very sorry for myself and very mad about the world and just kind of grumpy pain in the neck. So, I'm not saying that, you know, I'm some virtuous saint like person that floated into enlightenment after I got hit on the head by a truck. But I did manage to, I think, make some make some lemonade out of this. And not long, about a year later, I was I was back to work part time and I was doing some talks about communication skills and storytelling and I spoke to a veteran's group and I was thinking about my talk to the veteran's group.

These were returning veterans who were figuring out how to reassemble late into civilian life, and I was talking about communication skills so that they could present themselves most effectively. And I started to tell this story about Dr. Carter and how I asked him if I was being treated for PTSD. And I said to the group, "I bet a lot of people think all of you have PTSD because you were in the military." Right. And they all sort of nodded. They said, "Yes, you know, people often don't quite understand what we've been through." But I said, "Everyone has been through some kind of a trauma. Maybe you were when you were in the military or maybe at some other point in your life, something, a difficult challenge thing happened, but you don't have to define by that negatively." You don't have to automatically have post-traumatic stress disorder. So, let's think about redefining what that acronym means. What if we called it post traumatic self-discovery?

Post traumatic self-discovery, where through going through a difficult, challenging time, you've learned something, you've discovered something about yourself that allows you to move forward in a new and stronger way. And I was surprised by the response this got. There were 30 or 40 people in the room. They all stood up and applauded. One particular veteran who was walking with a limp came over to me and gave me a big hug. It was great. So, I think that reframing, it really seems to work. It really seems to have resonated with people. And perhaps for the emergency room nurses, they can say they know just to understand for their patient. Yes. You are going through some kind of a trauma now and but look at them and look at how tough your being. Look at how you're fighting back the pain. Look at how you look at how well you're doing as I stand here holding your hand and stopping the bleeding. Maybe there's some strength that you will find from this to help you move forward. Maybe you will discover something new about yourself or about life that will make a difference. So, PTSD can mean something different to.

**Janie Schumaker:**

Yeah. That that is such an inspirational story and so many so many great takeaways for all of us to consider as we reflect on what we've all been through and what we need to go through.

Still, I am really, really appreciative having you sharing so deeply your story, son. That's really amazing Sean.

**Sean Kavanagh:**

Thank you.

**Janie Schumaker:**

So, Brigid. I think it's time for our favorite Rapid Fire. I'm going to hand this off to you so you can start us off.

**Brigid Flood:**

Great. So, Sean, we have a couple Rapid Fire questions for you. Hopefully it won't feel like a test. It should be fun. OK. What's the worst job you ever had?

**Sean Kavanagh:**

You know, that's an interesting question. I mean, I could talk about jobs I had as a kid where I was working at a fast food restaurant or doing all sorts of things that were particularly motivating. But I think the worst job I ever had actually started out as the best job I ever had. The best job I ever had was running the Ariel Group where I felt as though I had landed at a place where my professional experience and my personal skills and interests were combined. And I ran that company and grew. It became the worst job when the company changed hands and I was working for an investment group who didn't really understand my passion for the work. Their measure of success was purely financial.

And then it became the worst job because I wasn't working for a purpose anymore. I was working for purely for profit. Profit is good. We were making a profit, but without purpose, it became very disheartening. I hope that, I'm sure that in the health care industry, because it is a for profit industry, that can be quite a challenge.

But I would imagine that becoming a nurse is much more of a vocation than a paycheck. and so, I hope that your nurses can hold on to the purpose that is in their job versus some simply the profit.

**Brigid Flood:**

I think it's very relevant. But now, what's love is the best job you ever had?

**Sean Kavanagh:**

You know, the best job I ever had is the job I'm doing right now. It's talking to you. You and Janie and to your audience and telling a story which I love to do, and I hope a story that might have some lessons in it and some meaning that will improve other people's lives. So, the job I'm doing right now, and particularly in this moment, is the best job I've ever had. That and being a grandfather.

**Brigid Flood:**

That has to be a great job, too. Go ahead, Janie.

**Janie Schumaker:**

Yes, Sean, I'm curious to know you said your wife is a nurse. I'm curious to know what it's like being married to a nurse.

I know people always wonder, you know, if you're a nurse, I wonder what the person I'm partnered with or married to thinks about me being a nurse? What do you what do you have to say about that?

**Sean Kavanagh:**

Well, my wife is Donna, as I mentioned earlier, and I am inspired by her and being married to her is a real inspiration, particularly because, as I mentioned earlier, she decided to change her professional life completely and in her 50s and do something that she really cared about and I think will make an excellent nurse practitioner so that on that side of it, it is inspiring.

However, there is something about being married to a nurse, which is a little bit more challenging, because after Donna would spend a long shift caring for young children who needed, who had serious ailments and serious things wrong with them from stitches that they needed to have two other kinds of things that she often comes home quite exhausted. And if I tell her that my leg hurts a little bit, she really doesn't have very much sympathy for me. She just says, "Listen, buddy, suck it up. I've been fixing young children who are much worse off than you, so stop your whining. And how about you make dinner?"

**Janie Schumaker:**

That's funny. We want to just take a moment to wish Donna well on her up and coming nurse practitioner boards. I'm sure she will...

**Sean Kavanagh:**

Thank you.

**Janie Schumaker:**

She will pass those with flying colors.

**Sean Kavanagh:**

I will. She is certainly, she has determination that is amazing. And when I really needed care, she was there for me for sure.

**Janie Schumaker:**

Oh, I'm sure.

**Sean Kavanagh:**

She stopped by changing my bedpans. You said that I'm not dead serious, but...she took my stitches out actually. They let her at the hospital, let her take the stitches out from the surgery that was on my on my knee.

**Janie Schumaker:**

Awesome. Well, Sean, tell us one last Rapid Fire question. What is your favorite book on leadership; we're always looking at to enhance our reading list. So, what book would you recommend?

**Sean Kavanagh:**

Boy, there are a lot. But I think I will take this opportunity to plug a book that I contributed to writing. It's a book called *Leadership Presence*. It was written in 2004 or 5, but it was written by Cathy Lubar and Bill Halpern, who were the women who founded the Ariel Group and for whom I worked for 20 years and we spent a lot of time writing that book together. And I am, and my storytelling actually appears several times in that book. I tell the story about my father as a stand-up comedian and how he used those skills as a leader in the business world. So, I would say it's a great book. It talks about the notion of presence, which is a very interesting concept. It's not necessarily about charisma. It's about being fully present for whatever audience you are with. Now, that can be a patient or that can be an auditorium of 500 people. It's a different level of presence. But you still want to be fully present. You still want to connect and empathize with that person. You still want to communicate with them in a way that they can understand and if possible, another part of the definition is to reveal something about who you are so that they can connect with you. I think it's relevant in all sorts of areas of leadership.

And honestly, we are all individual leaders, whether you are an individual emergency room nurse, having to take the initiative with a particular patient or whether you're leading an entire hospital. We're all leaders. And so, *Leadership Presence*. It's published by Penguin Press. And I would check it out. I think my story about my dad is on page 106.

**Janie Schumaker:**

OK, well, it is important to be present. And, you know, that's a good reminder because in 2020, everybody's going 50 million directions. So certainly, whatever audience you are in front of, like you said, whether it's a patient or an auditorium, being fully present at present is important. So, thank you for that.

And Sean if our audience would like to follow you on the Web or on social media. where can they find you?

**Sean Kavanagh:**

I have a Web site that is [www.fallrisk.com/](http://www.fallrisk.com/)

And there I have some of my writing, some stories, some photographs. My broken bicycle actually is one of the photographs. And I have a blog that I am trying to I'm trying to write twice a month and I'm getting back into that right now. So fallrisk.com or you can e-mail me at [Sean.Kavanagh@fallrisk.com](mailto:Sean.Kavanagh@fallrisk.com). But all that information is on the Web site. And if anybody hears this and goes to the Web site and has a question or a comment or a story that they would like to tell that relates, please, there's a mechanism there for writing comments and or just shoot me an email. My email address is right there. I'd love to hear from people.

**Janie Schumaker:**

Oh, that sounds great. Thank you so much, Sean. Brigid.

**Brigid Flood:**

Yeah. Sean, I do want to take this time to thank you for joining us on this episode of BCEN and Friends. Your stories and brilliant and phenomenal. And I think we've all learned from them. So, thank you so much. To all of our listeners, we hope you'll stay tuned as we continue on with this series and bring you new and meaningful content and perspectives.

If you have suggestions for an episode topic, please, please email us at [BCEN@BCEN.org](mailto:BCEN@BCEN.org). I'm Brigid Flood here with Janie Schumaker and on behalf of the entire BCEN team, we thank you and celebrate you for all that you're doing as professional nurses across the emergency spectrum. And until next time.