

The acute nursing shortage, particularly in perioperative nursing, was a driving force for the creation of a registered nurse (RN) internship program. The program was developed according to the Association of periOperative Nurses (AORN) Standards and Recommended Practices and national practice. Program evaluations led to positive changes in the program. This article describes the process that was followed and the unique features of the program.

## OPERATING ROOM REGISTERED NURSES INTERNSHIP PROGRAM

### A Recruitment and Retention Strategy

Alice T. Speers, MEd, BScN, RN,C

Nursing shortage" is quickly becoming one of the most common phrases of the 21st century. This national problem is projected to escalate in the years ahead. While all areas of nursing are affected, operating room (OR) nursing seems to be one of the areas most significantly affected. Buerhaus, Staiger, and Auerbach (2000) stated that the shift in education from hospital diploma programs to college and university programs may be a factor in the reduced numbers of nursing students who are exposed to the OR and who select this area in which to practice. The age of hospital diploma nurses is also more advanced and contributes to the declining number of OR nurses. Pa-

tient acuity has increased, technology has become more complex, and the demands on the nurse have multiplied. Requirements and experiences for nursing students in OR nursing have dwindled throughout the years. Despite the efforts of the Association of peri-Operative Nurses (AORN) and OR nurses to heighten the awareness regarding this nursing specialty, nursing school curricula have been slow to respond to this need for its inclusion in basic nursing education.

#### Background

William Beaumont Hospital is a 929-bed major teaching and referral

#### KEY WORDS

CREATIVE APPROACH  
RECRUITING NURSES  
HIGH TECH

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hospital with designation as Level I trauma in the Detroit suburb of Royal Oak, MI. The hospital is located in Oakland County, one of the fastest growing areas in the United States. The OR is comprised of 36 operating rooms and 10 procedure rooms and has an average volume of approximately 50,000 cases from a wide range of services. A 226-bed sister community hospital is located a few miles away. In late 1998, there was a massive restructuring of perioperative services with a reorganization of the OR nursing services. **Perioperative Services encompasses the OR, all perianesthesia care areas, the anesthesia providers, central processing, materials management, scheduling, and all the ancillary support services.**

It was determined that OR nursing needed an additional +20 registered nurses (RNs). The question quickly surfaced, "How would these nurse vacancies be filled?" Active recruiting efforts yielded few results, as there was a lack of experienced OR nurses available. The need for surgical services continued to grow, and the hospital was in no position to turn away patients or surgeons. A concrete and proactive plan was needed. The leaders of Perioperative Services, in collaboration with the perioperative educators and Hospital Administration, met to discuss and develop a strategic plan that would **meet the immediate need for qualified nursing staff but also address the needs of the 21st century.** The final product was the creation of an Operating Room Registered Nurse Internship program.

### The Program

The rudimentary plans were developed, active recruitment and interviewing was conducted, and in January 1999, 41 RNs with no previous OR experience were hired into the 6-month internship pro-

**It was decided to limit the number of learners to a maximum of 12 and a minimum of six in order to ensure equal distribution of clinical learning experiences.**

gram. Of this group, eight were either new graduate nurses or nurses with <6 months of RN experience. This number of learners was chosen to cover for any attrition during the program and to cover projected vacancies in the future. These individuals were hired as full-time employees with full benefits and were asked to sign a commitment to the hospital for a 2-year period after program completion. After a 2-year period, 15 of the 41 (37%) of the original group are still working in the OR.

The 24-wk curriculum was built around the AORN Standards and Recommended Practices, hospital policies and procedures, and national and community standards.

The 19 classes were facilitated by the OR nurse clinicians and were held during the first 7 weeks of the program. The clinical component was held between weeks 8 and 24 and was guided by preceptors. It focussed on the role of the circulator with varying amounts of exposure to the role of the scrub person. Clinical scheduling was a challenge in terms of numbers; unfortunately, not all learners were exposed to the experiences that they needed because there were more learners than experiences and time.

At the completion of the program, a formal program evaluation was developed and distributed by the newly hired Education Specialist. The **evaluation tool addressed the classroom and clinical aspects of**

**the program and the effectiveness of the preceptors and nurse clinicians.** A variation of the tool was distributed to the nurse managers, preceptors, and OR staff members.

The results were tabulated and clearly supported the need for several program changes. The essential areas identified were:

1. **numbers of learners,**
2. **sequencing of class and clinical components,**
3. **clinical requirements, and**
4. **learner selection.**

The evaluation results were shared with the nurse clinicians, the Directors of the Operating Rooms and Perioperative Education, and the Assistant Hospital Director. Plans were developed for the 2000 programs.

### Program Changes

A decision was made to hire only nurses with at least 1-yr of recent experience as an RN. It was strongly believed that new graduate nurses needed time to consolidate skills and to develop organizational and priority-setting skills and that 1 year spent in another patient care area could provide the new RN with these experiences. New graduates had been taken into the 1999 program and had **experienced difficulties with organization, problem solving, and critical thinking,** which may have been better developed in a general practice area before working in the OR. It was also decided to **limit the number of learners to a maximum of 12 and a minimum of six in order to ensure equal distribution of clinical learning experiences.**

The recruitment and interviewing processes were addressed. A longer recruitment period was allowed and included internal and external postings using the newspaper and job fairs. All applicants were required to submit a current

*Interview Tool for Operating Room Registered Nurse Internship Program*

*Round #1*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 1: Professional Background**  
(Outstanding=5, Above Average=4, Average=3, Poor=2, Unacceptable=1)

Work Experience \_\_\_\_\_  
Responsibilities \_\_\_\_\_

Educational Background \_\_\_\_\_

BLS  yes  no exp: \_\_\_\_\_  
BLS Instructor  yes  no exp: \_\_\_\_\_  
Certified  yes  no Organi: \_\_\_\_\_

Additional information: \_\_\_\_\_

Essay  Very Good  Good  Poor  
Transcripts:  Reviewed  Not Available

Interviewer: \_\_\_\_\_  
Signature & Date

**Part 2: Interview**  
(Outstanding=5, Above Average=4, Average=3, Poor=2, Unacceptable=1)

1. Communication Skills	5	4	3	2	1
2. Motivation for Position	5	4	3	2	1
3. Ability to Handle Stress	5	4	3	2	1
4. Integrity	5	4	3	2	1
5. Professionalism	5	4	3	2	1
6. Leadership/Confidence/ Assertiveness	5	4	3	2	1
7. Analytical Ability/Problem Solving	5	4	3	2	1
8. Realistic Expectation of Job	5	4	3	2	1
9. Poise/Appearance	5	4	3	2	1
10. Related Experience	5	4	3	2	1

SCORING: Part 1: \_\_\_\_\_/5 Part 2: \_\_\_\_\_/5  
Total: \_\_\_\_\_/10

10 9 8 7 6 5 4 3 2 1  
ACCEPT / WAIT / DECLINE

Recommendation for 2<sup>nd</sup> round of interviews:  
 ACCEPT  DECLINE  UNDECIDED

**INTERVIEW TOOL**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. What types of work experiences have you had?
2. What knowledge and skills can you bring to the department?
3. Why are you interested in OR nursing?
4. What is your perception/understanding of OR nursing?
5. Why do you want to come to Beaumont?
6. What type of training or preparation have you had to prepare you for this position?
7. Describe a time when you saw that something needed to be done differently in order to make it work or to improve it. How did you go about changing it?
8. Cite an example of how you worked with a "difficult" staff person, supervisor, or physician. How did you handle this situation?
9. Describe how you would facilitate teamwork and participation among the staff for a new project.

10. Describe a situation in which you had conflicting information and had to make a quick decision.
11. What are your professional goals in the next 5 years? 10 years?
12. Describe a situation in which your planned schedule was disrupted. How did you handle that?
13. Do you feel you work better on your own or with a team?
14. What role(s) have you had in state or national organizations?
15. Tell us about your computer skills.
16. Why do you want this position?
17. Are you prepared for weekend and shift work?
18. Do you understand the 2-year commitment following the internship?

Explained:  Standard for Successful Completion  
 Vacation Restrictions  
 Statement of Understanding

**FIGURE 1**

Interview Tool. Copyright © 2001 William Beaumont Hospital, Royal Oak; reproduced with permission.



(PERIOD 101 ?  
↑ THRU AORN)

résumé, copies of their nursing school transcripts, and a 250-word essay about what they could offer the OR. The interview process was restructured. All candidates who met the basic requirements were interviewed by the Nurse Recruiter; an interview with the Education Specialist and a Nurse Clinician followed. During these interviews, a standard interview tool (see Figure 1) was used and emphasis was placed on the role of the RN in the OR, teamwork, conflict resolution, decision making, and prioritizing. It was essential that the applicants had a good understanding of the role of the RN in the OR and the role of a circulating nurse. The Nurse Managers interviewed successful candidates from these interviews. The candidates were also invited to spend a day in the OR to obtain a "real life" view of the role of the RN. When the interview phase was completed, a meeting was held with the nursing management team, the OR education team, and the Nurse Recruiter to make the final selections. Internal and external candidates were selected and notified by the Nurse Recruiter. Successful candidates were requested to sign a "Statement of Understanding" that they will commit 2 years to the OR after completion of the program.

A "Standard for Successful Completion" was developed in collaboration with the Human Resources (HR) department. It was obvious that the learners had to be held to a clearly stated high standard for success. The components of the "Standard" were clearly outlined in a separate document (see Figure 2).

An agreement was negotiated with HR regarding unsuccessful RN Interns during the program. It was agreed that if an individual did not meet the minimum 80% in the class and/or did not receive a satisfactory clinical evaluation at any of the 4-wk checkpoints, the individual would not be deemed as a failure. Rather, he/she would be con-

**The clinical component of the program extends over a 22-week period during which the RN interns are exposed to all of the specialty areas in the department...**

sidered as a mismatch for the OR and would be referred to HR for assistance in a transfer to another nursing area of the hospital.

**Current Program**

The 24-wk integrated program is comprised of 23 class days (184 hrs) and 97 clinical days (776 hrs) (see Figure 3). The first 2 weeks are spent primarily in class (classes 1-9) being introduced to the prin-

ciples and practices of perioperative nursing. The OR observation day at the end of the second week is intended to afford the learner the opportunity to focus on the role and responsibilities of the RN in the OR, to observe the interdisciplinary team work, and to practice basic skills.

Classes 10 through 23 focus on surgical procedures and include discussions on related anatomy, basics of the procedures, specialized equipment and supplies, and nursing considerations.

The Nurse Clinicians and Education Specialist coordinate the classroom sessions. Various strategies are used. The educators enlist the assistance of content experts and facilitate the sessions. Depending on the class objectives and content, the session may be held in a classroom or the OR clinical learning lab or both. Hands-on lab practice is integrated into the program as much as necessary.

MEET  
CLASS  
ON  
BASIC  
PPDC?

↳ "SCRUB CLASS" @ JIM/

Standard for Successful Completion	
<b>Tests:</b>	
• 15 weekly tests worth 5% of overall grade	= 75%
• final exam worth 20% of overall grade	= 20%
<b>Written Plan of Care:</b>	
• retrospective plan of care worth 5% of overall grade	= 5%
	100%
Overall acceptable final grade = 80%	
<b>Class Participation:</b>	
• active preparation and participation expected	
<b>Clinical Competencies:</b>	
• successful achievement of all clinical competencies with formal evaluation of clinical performance every 4 weeks	
<b>Probationary Period:</b>	
• follows completion of the program for 90 days	
<b>Vacations:</b>	
• vacations are discouraged during the program to allow for more continuity	
<b>Performance Based Development System:</b>	
• OR specific module testing will be administered upon completion of the internship	
<b>Core Orientation:</b>	
• upon successful completion of the program – 4 – 6 weeks orientation in Core (specialty) area(s)	

ANTHONY

**FIGURE 2**  
Synopsis of Standard for Successful Completion. Copyright © 2001 William Beaumont Hospital, Royal Oak; reproduced with permission.

↳ TALK TO KACI

(WHAT DO CURRENT NEW HIRE VS. EXPERIENCED HIRE ORIENTATION BOOKLETS INCLUDE)



Week(s)	Monday	Tuesday	Wednesday	Thursday	Friday
1	Class 1 Introduction	Class 2 Nursing Process Patient Education Consents Role of Circulator	Class 3 Asepsis Sterilization Universal Precautions Role of Scrub	Class 4 Scrub, Gown, Glove Prepping Draping Specimens	Class 5 Counts Documentation MSDS, formalin
2	Class 6 Test #1 Safety: ESU, fire, LASER Latex Allergy Basic room equipment	Class 7 Basic Instrumentation Sterile Set-Ups Positioning	Class 8 Hemostasis Infection Wound Healing Wound Closure	Class 9 Anesthesia Drugs & Solutions Malignant Hyperthermia Quality Management	OR Observation
3-17	Classes 10-23 Tests #2 - #15 Surgical Procedures*	Clinical	Clinical	Clinical	Clinical
18	Final Exam	Clinical	Clinical	Clinical	Clinical
19-24	Clinical	Clinical	Clinical	Clinical	Clinical

FIGURE 3

Master Schedule. \*General, Gastrointestinal, Gynecology, Urology, Ophthalmology, Neurosurgery, Cardiothoracic, Peripheral Vascular, Orthopedics, Pediatrics, ENT, Plastics, Trauma.

The learners are provided with three-ring binders containing class outlines and supportive reading materials for each class. They are also encouraged to purchase the most recent edition of *Alexander's Care of the Patient in Surgery* (Meeker & Rothrock, 1999). Interns are responsible to read before the classes and to use these materials to prepare for the written tests. It is recommended that they keep the binders after course completion as a resource.

The multiple-choice tests are based on the materials and readings from the preceding class. After the learner has reviewed the corrected test and has had time to ask questions, the tests are placed in the learner's file for future reference and documentation of test achievement.

Upon completion of the first nine classes, the learners are awarded 67.7 contact hours of continuing education credit, which meet the American Nurses Credentialing Center (ANCC) requirements through the Michigan Nurses' Association. The learner must attend all of the classes and complete the course requirements in order to receive the contact

hours. The surgical procedures classes are each worth 6.6 contact hours. Total continuing education credits for the entire program equal 160.1 contact hours.

The clinical component of the program extends over a 22-wk period during which the RN interns are exposed to all of the specialty areas in the department as well as the afternoon and midnight shifts. There are 11 overall objectives of the clinical component (see Figure 4).

Clinical experience is provided in all surgical specialties. The clinical schedule can be adjusted even after it has been designed in order to meet the individual needs of the learner. Experiences in the circulating role are offered in as many different surgical procedures as

possible. There is also clinical observation in the Central Processing Department and the perianesthesia care areas. These observations are important because of the integral interrelationships between these areas. It is important that the RN intern be aware of the path that the patient takes before and after the intraoperative experience and all that is involved in preparing the instrumentation for the procedures.

The learner is expected to achieve two sets of competencies—generic competencies and specialty-specific competencies. The seven generic competencies address the essentials of perioperative nursing skills and accountability of the individual as a staff member (see Figure 5).

1. Identify the roles and responsibilities of the perioperative team members.
2. Apply the nursing process in a variety of patient care situations.
3. Document patient care according to the standards.
4. Provide a safe environment for the patient.
5. Adhere to the principles and practices of Universal (Standard) Precautions.
6. Create and maintain a sterile field.
7. Perform the required procedures for adequate sterilization of instruments.
8. Identify the principles of wound healing and closure.
9. Apply the principles of patient positioning, surgical skin preparation, and draping.
10. Perform scrubbing, gowning, and gloving of self and others.
11. Perform the role of the circulating nurse at the advanced beginner level.

FIGURE 4

Overall Clinical Objectives.

WHAT ARE CO REQUIREMENTS?

INCLUDE THESE PRINCIPLES IN PRECEPTOR ROLE DEVELOPMENT



1. Effectively uses the nursing process in the care of the surgical patient.
2. Demonstrates the roles and responsibilities of a professional Registered Nurse in the Operating Room.
3. Adheres to the principles and practices of aseptic technique.
4. Applies safety principles to intraoperative patient care.
5. Performs nursing actions that will ensure quality intraoperative patient care.
6. Relates the principles of asepsis and sterilization to the activities in Central Processing (CPD).
7. Participates in patient follow-through (pre-op, OR, PACU) to observe and participate in nursing care of the surgical patient.

**FIGURE 5**  
Generic Competency Statements.

The competencies are set up with a listing of the "Critical Behaviors" and a three-point rating scale evaluating the learner's ability to perform either independently or with varying degrees of supervision (see Figure 6). The intern is expected to be at the "independent and consistent" level in order to meet the clinical requirements successfully. The preceptor, in collaboration with the learner, is responsible to document achievement of the competencies.

The learner is responsible to complete a case log on a daily basis in order to keep track of the various procedures, special equipment, and his/her role in the case. There is a log sheet for each clinical week. On the back of the log sheet is the weekly progress note that is written by the preceptor and learner. Areas of strength and need are identified and an action plan is documented. The preceptor and learner must sign the weekly note as confirmation that the issues and plan were discussed.

The specialty competencies are specific to the various surgical specialties. The basic framework is the same for all of the competencies, but some of the individual indicators may be specialty-specific. For example, a standard critical behavior is "Provides equipment and supplies in surgical suite based on surgeon/patient needs." The differences lie in the listings of specialty equipment needed for the various services. The same three-point rat-

ing scale is used, and it is the responsibility of the preceptor and learner to complete the documentation.

The generic and specialty competency records, the weekly progress notes, and an overall competency evaluation summary are under one cover in a bound booklet for convenience and to keep all of the materials in one place. At the end of the internship, the entire document is placed in the learner's file as documentation of the clinical component of the program.

### Additional Features

Informal discussions with former RN interns provided several additional ideas to be implemented. It was suggested that the new staff have a mentor. It was explained that it would have been beneficial to have someone who was not responsible for evaluating them as a new learner available to help in the socialization into the department. An informal "mentor/guide" program was organized to help in these ways. Campbell (2000) described a successful mentoring program in the OR. The "mentors/guides" were selected from recent RN interns as it was believed that these staff members would still have fresh enough ideas and would have just "lived through" the experience. The new RN Interns were matched with the

mentors based on the knowledge of the two groups.

The learners, on a routine basis, evaluated the preceptors using an established evaluation form (see Figure 7). Raingruber and Bowles (2000) provided concrete information on the development of evaluation instruments to measure instructor effectiveness. These ideas were incorporated into the tool development in addition to existing materials in the department. The educators reviewed the anonymous evaluation and concerns were discussed with the preceptor using it as a learning opportunity. The Nurse Clinicians essentially guide the preceptors as "a preceptor to the preceptor."

The interns suggested the idea of recognizing preceptors who were most helpful and supportive to them as learners. From this suggestion the PRIDE Award (Preceptor Recognition of Internship and Dedication to Excellence) was established. The interns nominate a preceptor from each core area and offer rationale for the nomination. The preceptor from each core with the most nominations is recognized publicly for his/her efforts and awarded a gift certificate. This recognition has boosted the preceptors' morale.

One of the best additions to the program was the implementation of a Nurse Manager Liaison who functions as a direct link to the managers and management issues. The Nurse Manager Liaison handles all schedule-related issues, discipline, and other management

WEED OUT THE "NOT SO GREAT ONES"

LOVE THIS!

SHAWN & KACI

NETTIE'S PRECEPTOR BUDDY PROJECT



Competency Statement: Demonstrates the roles and responsibilities of a professional Registered Nurse in the Operating Room.

Key: 1 = Performs independently and consistently.  
 2 = Performs with minimal supervision.  
 3 = Performs with maximal supervision.

<i>Critical Behaviors</i>		<i>1</i>	<i>2</i>	<i>3</i>
1.	Complies with established policies and procedures related to the work schedule/environment.			
	• adheres to call-in policies and procedures			
	• adheres to scheduled time-off request practices			
	• adheres to attendance policy			
	• adheres to OR dress code			
	• adheres to smoking policies			
2.	Performs nursing actions that demonstrate accountability.			
	• exercises safe judgment in decision making			
	• demonstrates flexibility and adaptability to changes in nursing practice and work assignment			
	• responds in a positive manner to constructive criticism			
	• demonstrates tact and understanding when dealing with patients, team members, members of other disciplines and the public			
	• practices within ethical and legal guidelines			
	• seeks opportunities for continual learning			
	• follows Universal Precautions			
	• uses Customer Service skills in all interactions			
	• communicates/documents nursing actions			
3.	Applies principles from one setting to another.			
	• demonstrates proficiency in the ability to circulate effectively and independently			
	• demonstrates the proper use of equipment and supplies from Core to Core			
	• locates and utilizes, as necessary, appropriate resource materials and personnel to meet specific Core objectives			

Competency Achieved: \_\_\_\_\_ Date \_\_\_\_\_

Preceptor: \_\_\_\_\_

Learner: \_\_\_\_\_

FIGURE 6

Generic Competency Record. Copyright © 2001 William Beaumont Hospital, Royal Oak; reproduced with permission.

issues, and the input and assistance have been invaluable. An important benefit to the educators is that they are not viewed as "carrying a stick" and can be seen as allies to the learners, which fosters a learning environment.

The nurse clinicians meet with the learners on a routine basis to

review progress and to determine the need for special action plans to address any problem areas. The nurse clinicians are responsible to document the formal evaluation every 4 wks in the clinical manual.

### Preceptor Preparation

Preceptors are an integral part of the clinical education for the RN Internship. In order to prepare for these new groups of staff, a daylong preceptor class for staff in Perioperative Services was conducted. The

*Operating Room Registered Nurse Internship Program  
Preceptor Satisfaction/Evaluation Tool*

*Please complete this preceptor satisfaction tool. It is important to be honest and fair. The results will be shared in cumulative form with the preceptor as a learning experience.*

*Preceptor Name:* \_\_\_\_\_

<i>Indicator My preceptor:</i>	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>
Emphasized ways of solving problems rather than solutions.				
Treated me as an individual.				
Emphasized ideas and general theories and helped me to develop critical thinking skills.				
Helped me to develop goals for my performance in the specific clinical specialty.				
Provided sufficient detail to make generalizations clear to me.				
Encouraged creative, original thinking at my level of comfort.				
Allowed adequate time and opportunity for questions to understand concepts clearly before putting them into action.				
Discussed practical applications of clinically related material.				
Was sensitive to my needs, abilities and interests.				
Encouraged me to practice technical aspects of care.				
Allowed sufficient flexibility to allow me to perform at my own speed.				
Demonstrated interest and enthusiasm in clinical instruction.				
Exhibited a competent level of knowledge with clinical and technical skills.				
Exhibited compassion toward patient and respect for patient rights.				
Exhibited professional interactions with other members of the health care team and encouraged me to do the same.				
Provided direction and support as needed during the cases.				
Remained available to me throughout the day.				
Encouraged me to develop professional autonomy and accountability.				
Stimulated learning by asking questions, giving comments and encouraging discussion of my ideas.				
Identified areas needing improvement and offered support during the cases.				
Offered positive reinforcement.				
Provided suggestions for improvement in a constructive manner.				
Completed evaluations in a fair and conscientious manner.				
Reviewed cases postoperatively with me clarifying questions and offering suggestions for improvement in a constructive manner.				
Treated me as a responsible and accountable professional nurse.				

**FIGURE 7**  
Preceptor Evaluation. Copyright © 2001 William Beaumont Hospital, Royal Oak; reproduced with permission.

new preceptors joined an already established group. The managers, in collaboration with the nurse clinicians, selected new preceptors according to established preceptor selection criteria (see Figure 8).

A special meeting was held with the preceptors before the start of the internship to explain the changes that had been made and

to review the revised documentation forms. This step was beneficial to explain and discuss concerns and suggestions.

### Evaluation

At the end of the program, a formal program evaluation was dis-

tributed to the learners, preceptors, managers, and staff. The 4-point Likert scale tool focuses on:

- the organization of the classroom component,
- the effectiveness of the nurse clinicians in the classroom,
- the organization of the clinical component,



*Preceptor Selection Criteria*

Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_

<i>Criteria</i>	<i>Met</i>	<i>Not Met</i>
1. Employed in clinical area for at least 1 year with at least 6 months at Beaumont.		
2. Demonstrates competent practice in assigned work area.		
3. Demonstrates the ability to make deliberate and thoughtful decisions based on scientific and behavioral principles and thorough assessments.		
4. Exhibits team behaviors.		
5. Promotes positive, confidential interpersonal relationships through tactful, patient, direct and sensitive interaction.		
6. Demonstrates a positive, professional attitude at all times.		
7. Demonstrates ability to provide both positive and negative feedback in a tactful manner.		
8. Demonstrates leadership skills in terms of setting priorities, making sound decisions, taking necessary risks and being a role model.		
9. Demonstrates ability to introduce, interpret and uphold protocols, policies and standards.		
10. Demonstrates professional attributes in terms of performing their work activities in a manner that maintains quality.		
11. Exhibits an interest in professional growth through participation in learning activities such as inservice programs, conferences, independent study and continuing education.		
12. Demonstrates outstanding interpersonal and communication skills.		
13. Exhibits a positive role model even during adverse, critical or frustrating situations.		
14. Demonstrates willingness to share expertise with all learners regardless of classification.		
15. Creates and maintains an atmosphere that promotes learning and trust.		
16. States an interest in serving as a preceptor.		

*Meets Criteria for Selection as a Preceptor:*       *Yes*       *No*

*Manager:* \_\_\_\_\_  
*Educator/Clinician:* \_\_\_\_\_  
*Staff Member:* \_\_\_\_\_

**FIGURE 8** Preceptor Selection Criteria. Copyright © 2001 William Beaumont Hospital, Royal Oak; reproduced with permission.

- the overall effectiveness of the preceptors,
- the effectiveness of the nurse clinicians in guiding the clinical experiences, and
- a short section on overall structure of the program.

There is ample space available for comments and suggestions

for improvement. The final section asks the interns to rate the quality of the program from “excellent” to “poor” and to indicate if they would recommend the program to their friends and peers.

The Education Specialist tabulates the results and a summary report is prepared with recommenda-

tions for change and improvement. Throughout the program, verbal comments are sought from the learners and changes are implemented as needed; however, major changes are not made during the program because they can be detrimental and confusing to the learners, managers, preceptors, and staff.

The evaluation data have been supportive of the program and the revisions made in the 2000 programs. Areas of concern have been identified and recommendations for improvement have been and will continue to be implemented into subsequent programs. Ten of the 11 nurses (91%) who completed the program in 2000 are still working in the department. The nurse who left the department 1 month after completion of the program cited physical limitations for the decision.

### Future Plans

A major construction project underway will provide an additional 16 operating rooms. This expansion necessitates the need for increased staffing. The internship will continue to expand and help to provide qualified nursing staff for this department. The program will be offered twice per year.

The continuing nursing shortage has caused the search for RN interns to expand. Applications from new graduate nurses will be

accepted for the next group. Pre-graduate experiences will be closely scrutinized and experience in a nurse tech position will be a definite asset. The work of Fey and Miltner (2000) and Penprase (2000) will be reviewed for ideas for the implementation of a program for graduate nurses.

### Summary

The OR internship program was established for the specific reason of recruiting and preparing RNs to work in the OR. Program revisions have been based on evaluation data, changes in healthcare, and the ever-changing job market. The experience has been both exciting and intimidating, but the program will continue. Perhaps marketing efforts will be introduced to involve staff from other hospitals that do not have the resources that William Beaumont Hospital has been so fortunate to accrue and maintain. The program has been successful as a recruitment and retention strategy.

### REFERENCES

- Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2000). Why are shortages of hospital RNs concentrated in specialty care units? *Nursing Economic\$, 18*(3), 111-116.
- Campbell, V. (2000). The measure of success: A mentoring project. *Canadian Operating Room Nursing Journal, 18*(2), 22-24.
- Fey, M. K., & Miltner, R. S. (2000). A competency-based orientation program for new graduate nurses. *Journal of Nursing Administration, 30*(3), 126-132.
- Meeker, M. H., & Rothrock, J. C. (1999). *Alexander's care of the patient in surgery* (11th ed.). St. Louis: Mosby.
- Penprase, B. (2000). Collaboratively developing an orientation program for OR nurses. *AORN Journal, 72*(4), 663-665, 667, 669-670.
- Raingruber, B., & Bowles, K. (2000). Developing student evaluation instruments to measure instructor effectiveness. *Nurse Educator, 25*(2), 65-69.
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