Bringing new perioperative RNs on board

First in a series on selecting and hiring perioperative nurses and integrating them into the staff.

OR managers have often sought the magic bullet for recruiting and retaining qualified RN circulators. In 10 years of developing a successful model for onboarding perioperative RNs, we’ve learned that success requires a kaleidoscope of ingredients rather than a single approach. Our long-term success is measured by a high completion rate for the perioperative training program and by the fact that over 50% of the present clinical RN staff is a product of this process.

Perioperative leaders face challenges in attracting and keeping RNs. The OR setting is increasingly complex, and as the average age of the OR RN circulator approaches 50, the pool of experienced recruits is shrinking. In some metropolitan areas, ORs may be able to recruit by offering incentives to lure RNs who don’t have to relocate to take a new position. But the majority of hospitals don’t have this luxury.

It has become increasingly evident that ORs need to train their own circulators. In this past year, the perioperative training program at St Luke’s Boise Medical Center in Idaho garnered over 100 applicants from all over America. Young nurses appear willing to relocate almost anywhere with the promise of specialty training. This presents a hospital with the challenge of identifying the appropriate candidates, integrating them into its culture, and building loyalty for long-term employment.

This series outlines how St Luke’s has found success with its onboarding process for RN circulators. The 14 steps fit into 3 categories:
• identification
• integration
• perpetuation.

This article covers Steps 1 through 4 of the identification process, the initial steps of employee selection.

As Idaho’s largest employer, St Luke’s is also the state’s only health system with 4 full-service hospitals as well as smaller clinics and rural connection hospitals. The 403-bed hospital in Boise has 17 ORs and a perioperative staff of over 160 who support the daily schedule of 55 to 80 cases. The ORs are staffed around the clock. Because St Luke’s is Idaho’s only children’s hospital, about a third of our surgical caseload involves pediatrics.

Who is most likely to be successful?

An essential step in onboarding new RN circulators is identifying the individuals who are most likely to be successful. The stereotype of individuals best suited to working in an OR isn’t always positive. We need to work
on improving the culture of the OR while seeking positive individuals to become a part of this evolving culture.

The underlying theme that guides my process is ownership of the decision. For example, if I took the first 6 people to sign up for a perioperative program, most would likely quit between the second and fifth months. The same 6 might also be successful if nurtured to make an informed decision about this career choice.

**Strong support upfront**

Our long-term success is enhanced by strong support upfront. Nurses entering our Periop 101 program can expect support during precepting/mentoring for the first 7 to 8 months before they assume full patient responsibility. The process is incremental as they develop confidence in one area before moving on to another. Our philosophy is that if we treat them like traveling staff and just drop them into the workflow, they will treat us like travelers and keep their bags packed.

When I first became an educator, I inherited a nurse, Bonnie, whom the director had brought to the OR simply because she wanted a change from the ICU. She didn’t have a good understanding of what she was getting into. She was an expert in her specialty, but now she was a novice in a specialty where she knew little. She actually had nightmares in which she couldn’t figure out whether to put the kick bucket at the surgeon’s right or left leg. She hadn’t been properly introduced to the OR so she knew the obstacles along with the opportunities.

Reflecting on Benner’s Novice to Expert model, James Stobinski, RN, MSN, CNOR, director of surgical services at St Luke’s, states that RNs who are experts in their specialty step back to the novice stage when they move to the OR setting. Identifying the individual who is ready for this change is critical.

**Realistic mileposts**

A participant needs to have realistic mileposts identified, including the obstacles to success. As educators and managers, we are still nurses and have an obligation to make sure prospective employees make informed decisions. We need to develop a process that ensures that when the tough times arise as they become a circulator, they don’t blame us for convincing them to join the program. Participants should be able to think back and realize they were aware of the personal costs and agreed in advance.

I have found the steps in this series of articles largely to guarantee success in onboarding RNs new to the OR.

**Step 1. Developing selection criteria**

To establish a baseline for gauging potential candidates, it is necessary to develop formal selection criteria. There are a number of factors to consider. Would you include new graduate RNs? If not, are there exceptions? I typically don’t accept new grads unless they have other life experiences that may give them an advantage, such as a number of years as an LPN or certified surgical technologist (CST).

Even then, I am likely to provide a medical-surgical nursing component to their orientation. There is little substitute for nursing experience for learning time management and basic nursing and assessment skills.

Other components in the selection criteria may include recent acute care experience, teachability, suitability to the present culture, willingness to enter a 2-year commitment, and anything else you or your organization may deem...
appropriate. Through all of these criteria, the quality I seek is passion for this specialty. I need to know perioperative nursing is something the candidate really wants to do and is not just a checked box in an online job site.

Step 2. Advertising

Never underestimate the importance of advertising your program. Depending on factors such as the economy, nursing shortages, and the reputation of your program, you may need to either use additional measures or in some cases, tone down your advertising.

In the past, we have typically advertised in-house, locally, online, and sometimes regionally. National exposure is also gained from being included in the national data base from using AORN’s Periop 101 program.

In the past 2 years, we have kept a perpetual online position posted. This draws in people when they are searching rather than our simply hoping the right people will be looking when the ad is posted in September. As a result, I have been able to draw people into our health system 6 to 10 months in advance of the program with the hope that they will be selected when the program is next offered.

This year, I trimmed our advertising as our pool of applicants grew. In the end, we were able to consider over 100 applicants from at least a dozen states. It then becomes a challenge to do a preliminary screening, balancing fairness to each applicant with fiscal responsibility to the organization.

Step 3. Initial screening

Reviewing over 100 applicants can be a daunting task. Without selection criteria, it would be even more difficult. I screen the applications for key elements of which the selection criteria are just one aspect. Can you see passion for the specialty in an application? I believe you can. One applicant has applied for 116 RN positions this year. That doesn’t give me a strong sense of a passion for OR nursing! Other applicants seem to have passion until I read the cover letter and note they forgot to tailor the letter for an OR position.

One applicant this year applied from Florida and selected only the one position. This gave me the sense that if she was going to move to Idaho, it would be for one purpose only. This passion carried through in her tailored cover letter, follow-up email, and phone call. Matching these qualities with the following onboarding steps, this candidate set herself apart. It is possible to be fooled, but this one step usually leads to selection of successful candidates.

Step 4. Phone interview

The next step is to engage the individual in a telephone conversation. I let them know up front that this is not the interview but a preliminary step. I gauge their interpersonal communication skills. How did they answer the phone? Are they enthusiastic about this opportunity? Have they done research into what this decision may involve?

Some know nothing about the OR. Others already know about our program: the fact that St Luke’s has Magnet status for excellence in nursing and the potential for CNOR certification after 2 years in the OR.

I ask them to outline their nursing career while I measure this against their application/resume. I then describe our usual program and note what types of questions this may arouse. Do they prompt me for the next step, or does the conversation fizzle?
Many times, I end the conversation by stating that I am reviewing multiple applications and have enjoyed conversing with them, leaving future steps open, closed, or nebulous.

With stronger candidates, I have 2 options. If they are from out of state, I set up a telephone interview to include 2 other members of our OR leadership team, knowing that if we invite this candidate to the next level, it will cost money and time. For those closer to home, I ask whether they are interested in proceeding to the next step by coming to our operating room for an observation.

—Reuben J. DeKastle, RN, MHSA, CNOR
Clinical Educator
St Luke’s Regional Medical Center
Boise, Idaho

In the second article, we will explore the next steps of the identification phase from the on-site observation to a job offer.

References
