



6-1986

Determination of Content of a Surgical Nurse Internship Program

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Recommended Citation

Fritsch, Rosemary R., "Determination of Content of a Surgical Nurse Internship Program." PhD diss., University of Tennessee, 1986.
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To the Graduate Council:

I am submitting herewith a dissertation written by Rosemary R. Fritsch entitled "Determination of Content of a Surgical Nurse Internship Program." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Health and Human Sciences.

Robert H. Kirk, Major Professor

We have read this dissertation and recommend its acceptance:

Bill C. Wallace, Charles B. Hamilton, B. Don Franks, Sylvia E. Hart

Accepted for the Council:

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Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Robert H. Kirk

Robert H. Kirk, Major Professor

We have read this dissertation
and recommend its acceptance:

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Vice Provost
and Dean of the Graduate School

DETERMINATION OF CONTENT OF A
SURGICAL NURSE
INTERNSHIP
PROGRAM

A Dissertation
Presented for the
Doctor of Education
Degree
The University of Tennessee, Knoxville

Rosemary R. Fritsch

June 1986

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ACKNOWLEDGEMENTS

While this dissertation has been my academic production, it has become a reality as a result of the kind and generous assistance of many persons.

I am indebted to my late parents, Mr. and Mrs. Lawrence J. Fritsch, who encouraged me to continue higher education and provided financial assistance. My special friends have graciously provided technical assistance in many areas. Numerous nurses, faculty and students of the University of Texas Medical Branch and Galveston College have responded to my invitation to participate in research.

Faculty of the University of Tennessee, Professors Robert H. Kirk, Bill C. Wallace, Charles B. Hamilton, Sylvia E. Hart and B. Don Franks have served as my director and committee respectively. Their consultation and encouragement have made possible the completion of this research study.

ABSTRACT

Descriptions of nurse internships have reflected a broad diversity of schemes in content, objectives and outcomes. The paucity of research about most aspects of the program supported the need to investigate the content. It was vitally important that the curriculum for the internship program be cogent to the developmental needs of the nurse interns.

The primary purpose of this study was to determine the essential content of a surgical nurse internship program. Five groups of nurses ranked and weighted 68 topics which were organized into five categories: professional, personal, patient/family, broad clinical and surgical nursing. Kendall's Coefficient of Concordance was utilized to determine the agreement within each of the five nurse groups, between the nurse groups and among all nurses. The chi square test was applied to determine the level of significance of the agreement. Rank and weight standing of each topic by each nurse group and of all nurses was obtained.

There was significantly high agreement among all nurses in ranking topics of all five categories. All nurse groups had highest agreement in ranking the professional and personal topics. There was a moderately high agreement in ranking broad clinical and surgical nursing and moderate agreement in ranking patient/family categories. Only one group of nurses, the associate degree faculty had a moderate agreement within their group in selecting appropriate topics. Other nurses had low agreement within their groups in ranking the 68 topics. Of all ten between groupings, the nursing

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CHAPTER I

INTRODUCTION

During the 1970's, nursing services throughout the United States adopted the concept of nurse internships as a mechanism to facilitate the adjustment of new graduates to their first employment experience. Descriptions of nurse internships reflected a broad diversity of schemes to achieve a variety of objectives and outcomes. It was the researcher's observation that, in spite of these differences of strategies, nurse interns seemed better able to survive in the "system" than those who went through the transitional period unassisted.

Care of the hospitalized patient during the 1970's and early 1980's became increasingly complex as a result of both internal and external developments. The knowledge explosion in the medical field advanced the technical, physical and social sciences. The economic status of the United States progressed rapidly to be harnessed finally by political and economic woes. Into this system, the new graduate nurse emerged with concepts of an idealistic nursing practice. Very often nursing educators succeeded in developing nurses whose conceptual knowledge was greater than their practical skills. Kramer (1974) noted the predicament of the newly employed graduates of nursing service some of whom were frustrated, then job hopped and eventually left the nursing profession.

As the conflict between nursing education and nursing practice became more pronounced, both educators and nursing administrators shared their concerns with one another (Chicherella and Lutz, 1981,

p.107). The nurse internship was one solution to the dilemma and was promoted as the ideal solution by some nursing service administrators with the encouragement of nurse educators.

Innovative nurse internship program directors, Burrell, Lolly and Wilkinski (1977), Fleming, Woodcock and Boyd (1975), Hekelman, Shaffner, Mitchell and Bruns (1974) and Strauser (1979), presented a diversity of content very often reflecting the specific needs of a nursing service. Nevertheless, the professional success of the nurse interns satisfied nursing service administrators and educators. Administrators and educators of nurses discussed the question of consistency of content and expectations during the transitional period. It became obvious that nurse internship programs could be strengthened by having input from senior nursing students, nursing faculty and nursing service groups regarding their choice of content. Hence, it was decided to identify, investigate and analyze the content of selected nurse internship programs.

A. NEED FOR THE STUDY

The questions surrounding nurse internship programs in hospitals are complex and multifaceted. First, there was a need to analyze the various definitions of "nurse internship" as presented in the literature. Could a program concept with so many definitions legitimately be classified as a nurse internship program?

A second question arose as a result of paucity of research about most aspects of nurse internship programs. This dearth supported the need to investigate the content of the programs.

Third, as the number of nurse internship programs increased, questions of practicality, cost effectiveness and motivation for offering the programs began to develop. Some nurse administrators expressed concern that agencies were sponsoring nurse internship programs merely to recruit new nurses, without consideration for content, cost effectiveness or outcome of the program. (Spicer, 1979, p. 69)

A study was designed to identify essential content for select nurse internship programs that would be helpful to those responsible for designing their program, since the inclusion of appropriate content is essential to the success of any nurse internship program. (Fleming et al., 1975, p. 598)

This study was designed to determine the essential content for nurse internship programs for nurses preparing to work in a surgical inpatient nursing area. It is conceivable however, that the findings of this study might be applicable to other similar types of nurse internship programs or to a more generalized type of nurse internship program.

B. PURPOSE

The primary purpose of this study was to determine the perceived content appropriate and essential for inclusion in a surgical nurse internship program.

C. STATEMENT OF THE PROBLEM

The problem for this study was to collect and analyze data to determine perceived content for inclusion in a surgical nurse internship program. The study was designed to answer the following questions:

1. How do senior students from one baccalaureate nursing program and the adult health nursing faculty compare in identifying, ranking and weighting topics for inclusion in a surgical nurse internship program?

2. How do senior students from one associate degree nursing program and the medical-surgical nursing faculty from the same program compare in identifying, ranking and weighting topics for inclusion in a surgical nurse internship program?

3. How do senior students in one associate degree nursing program and senior students in one baccalaureate nursing program compare in identifying, ranking and weighting topics for inclusion in a surgical nurse internship program?

4. How do the faculty from one baccalaureate nursing program and faculty from one associate degree nursing program compare in identifying, ranking and weighting topics for inclusion in a surgical nurse internship program?

5. How does the identification, ranking and weighting of topics by nursing service staff for inclusion in a surgical nurse internship program compare with the following:

- a. senior nursing students of a baccalaureate program?
- b. senior students of an associate degree program?
- c. faculty of a baccalaureate program?
- d. faculty of an associate degree program?

6. How do the rankings and weightings of all five groups compare with one another?

D. ASSUMPTIONS

For purposes of this investigation, the following assumptions were relied upon:

1. The responses of the participants were honest and accurate.
2. Continued learning is an integral part of a professional career.

E. DELIMITATIONS

This study was delimited to the following:

1. A population of a large southeastern health care and teaching university consisting of nursing faculty, nursing students and related nursing service staff.
2. Topics relevant to the practice of surgical nursing in an inpatient area excluding critical care nursing.

F. DEFINITIONS

For purposes of this study, the following definitions apply:

Adult Health Nursing Faculty. Nursing faculty who teach and supervise student nurses who are enrolled in adult health courses of a baccalaureate degree program.

Associate Degree Nurse. A registered nurse who holds an associate degree in nursing as his/her highest academic credential. The associate degree nurse has been prepared to give technical nursing care.

Baccalaureate Nurse. A registered nurse who holds a baccalaureate degree in nursing as his/her highest academic credential. The baccalaureate degree nurse has been prepared to give professional nursing care.

Coordinator. An instructor of continuing education who coordinates all activities of the nurse internship program.

Continuing Education. Planned learning experiences which go beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice.

Inservice Education. Planned instructional or training programs provided by an employing agency in the work setting and designed to increase competence in a specific area. Inservice education is one aspect of continuing education.

Medical-Surgical Nursing Faculty. Nursing faculty who teach and supervise student nurses who are enrolled in medical-surgical courses of an associate degree nursing program.

Newly Graduated Nurse. The nurse who has graduated from a program preparing registered nurses but who has less than six months' work experience. This group excluded registered nurses who have been licensed practical nurses previously.

Orientation. The basic program to acquaint new staff members with the broad scope of the organization, policies, procedures, specific role, responsibilities and the administrative staff.

Preceptor. A registered nurse who has been selected on the basis of clinical expertise, experience and personal characteristics to provide

interns with a structured support mechanism during a nurse internship program.

Senior Nursing Student in an Associate Degree Program. Senior nursing students who are matriculated in their last semester of an associate degree nursing program.

Senior Nursing Student in a Baccalaureate Program. Senior nursing students who are matriculated in the last semester of a baccalaureate nursing program.

Staff Nurse I. An institutional classification of a registered nurse who has beginning competency in clinical and managerial nursing skills.

Surgical Nurse Internship Program. A ten to twelve month transitional program for beginning registered nurses to develop skills and adjust to the new role and responsibilities of a surgical nurse. Nurse interns who work as staff nurses rotate to three or more clinical units and are assigned to work days, afternoon and night shifts. Experienced registered nurses serve as preceptors for nurse interns and guide them throughout the nurse internship program. An internship coordinator plans educational activities and directs the surgical nurse internship program.

Topical Category. A group of selected topics of a surgical nurse internship program organized into common categories for the convenience of participants' selection and researcher's analysis.

G. SUMMARY

A review of the literature identified numerous descriptions of a variety of nurse internship programs. These nurse internship programs

were examined as to definition and purpose, implementation, and content and method of selection. There was minimal research on outcomes of the nurse internship and no research was found relative to content selection of the nurse internship program.

The chapter on methodology describes the construction of a 68 item instrument used to identify appropriate topics for a surgical nurse internship program. A description of the study population of student nurses of a baccalaureate program and an associate degree program and their faculties and nursing service staff are presented. The statistical design utilized several statistical measures to test the data, ranking and weighting, Kendall's coefficient of concordance W, chi square and mean correlation.

Data were analyzed by examining the rank correlation coefficient within, between each two and among all five groups of nurses. The rankings by all nurses of the 68 topics are presented.

The researcher concluded the research by summarizing the findings, conclusions and recommendations. The study in retrospect outlined an ideal program for a surgical nurse internship based upon the findings of this study.

CHAPTER II

REVIEW OF THE LITERATURE

A. INTRODUCTION

Nurse internship programs have developed in both depth and comprehension during the past twenty years. The literature reviewed for the purpose of this study presented the accomplishments of nurse internship sponsors, who shared with their readers aspirations, styles of implementation and program results.

In reviewing the literature to determine content of a surgical nurse internship program three specific areas were examined: definition and purpose, structure and implementation, and content and methods of selection. These categories of the nurse internship were pertinent to the research problem of identifying the content of a surgical nurse internship.

The purpose of nurse internship programs, as they normally or routinely existed to assist new graduates in the transition from school to service, was investigated. In addition, data describing the purpose of nurse internship programs provided clues for the content of these programs. Coordinators of nurse internship programs were intrigued with the content selection of the neophytes.

Many staff development programs were originated to assist the new registered nurses to adjust to their professional role. It became necessary to identify the simple orientation types from the more highly sophisticated and structured nurse internship programs which focused on

the professional development of a new graduate. The time frame, the participants, the faculty and the sponsors of nurse internship programs were studied, since these aspects supported and facilitated the nurse internship program. Because content was so essential to a positive outcome of the programs, various surveys of content were reviewed.

B. DEFINITION OF PURPOSE

Nursing service managers and educators made numerous attempts to resolve the problem of the transition of the new graduate from school to service. An analysis of these reported attempts identified several common concerns: the presence of an advisor for the new graduate, the expansion of orientation activities and the addition of continuing education as well as the provision of several types of nursing experiences in a more controlled environment.

These staff development programs to assist the new graduate nurse had been given, by their originators, a variety of names: nurse internships, clinical rotations, preceptorships, transitional programs, orientation units and residencies. Each program varied somewhat in its purpose, content and structure. The originators of nurse internship programs frequently included the program definition and purpose in one statement. Therefore, this review of literature examined both aspects, definition and purpose, as one category.

Programs entitled nurse internships were defined by their sponsors in various ways. Ross (1966) characterizes her nurse internship as follows:

A well-defined program that provides guidance for progressive responsibility and authority in the practical situation would help the young graduate over this trying period. (Ross, 1966, p. 40).

Ross's program was a structured one of learning experiences and frequent guidance by supervisors and faculty. The plan of the nurse internship program was to advance the new nurse from basic skills into a more complex practice experience in the clinical nursing setting.

Vivian Ross, University of Florida, J. Hillis Miller Health Center, initiated the nurse internship program to educate the new graduate for team leadership and to give guidance to those "in the throes of assuming full professional responsibility." (Ross, 1966, p. 42) Nursing faculty of this same University of Florida agreed that the nurse internship program would provide continued learning experiences in the right atmosphere for learning.

The "right atmosphere" was deemed important by these pioneering faculties and directors, as it would encourage the interns to explore and grow at their own pace with freedom to disagree with the existing health care delivery system. It was hoped that this plan would provide an atmosphere conducive to learning, would develop trust and foster relaxation.

About the same time, again in Florida, two nursing service directors, Emily Myers and Ella Pott (1966), described their experiences with the nurse internship program. The writers identified a chasm that existed between the nursing education and service, particularly in preparation of graduates for hospital nursing roles. The nurse internship program was their solution to bridge that chasm for their

graduates of associate arts, baccalaureate and diploma programs. Myers and Pott initiated the nurse internship program at Halifax District Hospital in Daytona Beach, Florida, to familiarize the nurse interns with their role, to provide different and varied experiences and as much practice as possible, and to allow sufficient time to give direct care, to develop skills and to increase confidence in themselves.

Definitions of nurse internship programs became more plentiful in the 1970's. It was during that decade that the transition programs described in the literature were termed preceptorships and clinical rotations, as well as nurse internships. Also greater specialization of nurse internship programs were offered for critical care, surgery, community health, psychiatry and mental health.

However, internships with broad nursing experience continued to be described in the literature during the 1970's. The nurse internship program at the University of Chicago Hospital was described by Golub in these terms:

. . . a voluntary three-month program open to any nursing graduate with six months or less experience . . . to assist the beginning practitioner to adjust to her role as a staff nurse and to become acquainted with the institution, its people and the resources available for her development. (Golub, 1971, p. 76)

One year later, in 1972, Martel and Edmunds published a follow-up on nurse internship programs. Their expanded definition and goals were as follows:

. . . to assist beginning practitioners to adjust to their role as registered nurses in staff nurse positions. The specific objectives are to assist them to increase their ability to perform nursing skills, to be comfortable as practitioners with

professional responsibilities and as members of the health team, to feel secure and welcome in the hospital environment in which they work, to be better able to organize and understand the nursing process, and to understand and develop skill in roles of leadership. (Martel and Edmunds, 1972, p. 941-2)

These objectives are reflected in numerous other nurse internship programs that were developed and defined in the literature. In 1974, Hekelman, Schoffner, Mitchell and Bruns, simultaneously developed a nurse internship program for associate degree students and a research project to test its outcome. This nurse internship program within an educational framework proposed to:

. . . offer recently graduated associate degree nurses the opportunity to develop increased clinical skills in the management of nursing care for a group of patients and would assist the graduate in her new role as a staff nurse. (Hekelman et al, 1974, p. 33)

These innovators and researchers believed that the nurse internship program would promote positive goals for the nurse such as increased self-confidence, continuity of care for patients, increased instruction for the individual, controlled workload and decreased competition of graded educational systems.

The following purposes for nurse internship programs were reported with great frequency: the attraction of new graduates, assisting new graduates in gaining security and knowledge, the development of skills and the retention of ideals while functioning as a member of the health care team. There was also emphasis on the appreciation of the broad aspects of health care and adjustment to the nursing role. (Bon Secours, 1975; Fleming et al., 1975; Weiss and

Ramsey, 1977; Burrell et al., 1977; Herda, 1978; Carozza, Congdon and Watson, 1978; Strauser, 1979; Archbold, 1977)

In further development of the program, Carozza et al. (1978), University of Colorado, proposed a comprehensive nurse internship program as noted in these eight objectives:

1. To function independently in the clinical setting.
2. To assume a practicing nurse role rather than a student nurse role.
3. To apply advanced knowledge to the clinical nursing process.
4. To utilize advanced clinical nursing data to examine knowledge base for decision-making.
5. To function as a full member of the health care team.
6. To assume responsibility for continuity of care.
7. To utilize a specific conceptual framework for the assessment, planning, management and evaluation of nursing practice.
8. To examine own role change from student to practicing nurse. (Carozza et al., 1978, p. 15)

The nurse internship program of the Area Health Education Center in the San Joaquin Valley, California, reflected the concepts of the Colorado program. (Weiss and Ramsey, 1977)

Other innovators, Burrell et al., (1977), organized the objectives of their nurse internship program into three levels of progressive abilities:

1. To develop technical skills.
2. To develop perceptual and interviewing skills for independent decision-making.
3. To develop skills of leadership, patient family teaching and crisis intervention. (Burrell et al., 1977, p. 114)

Description of some nurse internship programs indicated the sophistication and breadth of program purposes. For example, the Area Health Education Center pointed out that the purpose for role adjustment was "to increase psychosocial adaptation of the new graduate to the

staff nurse role." (Weiss and Ramsey, 1977) This concept was broadly identified, in simple terms, as an objective of high priority by nearly every author. (Archbold, 1977; Burrell et al., 1977; Coco, 1976; Fleming et al., 1975; Gentry, 1966; Golub, 1971; Hekelman et al., 1974; Martin and Paskowitz, 1976)

C. IMPLEMENTATION OF NURSE INTERNSHIP PROGRAMS

Sponsors

The inservice and staff development departments of nursing service of hospitals provided the leadership in the development of nurse internship programs. Gibbons and Lewison (1980) conducted a survey of hospitals in the Mid-Atlantic states and found that, of 14 institutions with a nurse internship program, all were sponsored through the staff development departments. Faculty of schools of nursing had not been included in the planning and implementation. The majority of these hospitals were medium-sized, 186 to 400 beds; a few were larger institutions of 700 to 1000 beds.

Roell (1981) reviewed nurse internship programs sponsored in various other states and noted that ten hospital sponsors had fewer than 500 beds while four others ranged from 500 to 1058 beds. Community hospitals, as well as university hospitals, sponsored the internships.

Some of the articles reviewed explained that educational institutions co-sponsored the nurse internships with the inservice departments of hospitals. The program at the University of Florida and J. Hillis Miller Health Center was a combined education-service

endeavor to help new graduates develop team leadership skills and expertise in a selected area of nursing practice. This Florida program for baccalaureate graduates was expanded to the Veterans' Hospital, and interns earned four academic credits toward a master's degree in nursing. (Strauser, 1979, p. 1071)

Bitgood (1976) reported on Pacific Hospital's six-month critical care nurse internship that awarded six elective units toward a baccalaureate degree. The program was coordinated with the California State University of Long Beach. The associate degree nurses who were interns participated in a 200-hour didactic program and a 1000-hour supervised clinical laboratory experience in areas of critical care nursing.

Time Frame

The time frame of nurse internships was noted to have a broad range of ten weeks to one year. This one aspect of time frame suggested that a diversity of objectives, content and outcome of the internship program existed. In the fourteen general internships surveyed by Gibbons and Lewison (1981), three time frames were in evidence:

<u>Number of Programs</u>	<u>Time Frame</u>
8	10 to 16 weeks
5	26 weeks
1	52 weeks

The time frame of an internship was extremely important to the sponsor and participants. An adequate amount of time had to be provided if the participants were to become skillful and adjust to their new role. A lengthy internship could be too expensive for the

sponsors if the intern participants were not scheduled to provide a considerable amount of service in patient care.

Participants

The participants of nurse internships were graduates of any one of the three programs in nursing; associate degree, diploma or baccalaureate. Sponsors of internships were free to determine which graduate nurses would participate in the internship program. A review of the literature on nurse internships indicates that eight programs included graduates of all programs and one included experienced nurses who desired a refresher program. (Archbold, 1977; Burrell et al., 1977; Carozza et al., 1978; Fleming et al., 1975; Gibbons and Lewison, 1980; Hekelman et al., 1976; Martel and Edmunds, 1972; Myers and Pott, 1968; Ross, 1966; Strauser, 1979; Weiss and Ramsey, 1977) The sponsors of the internships did not explain their reasons for choosing their participants. Perhaps the flexibility to accept any graduate was a matter of convenience in recruiting and employing all graduates who were available to them.

On the other hand, a few descriptions of internship programs offering academic credit indicated that the program was open to one specific type of graduate, the associate degree graduate or the baccalaureate degree graduate. This stipulation provided the sponsor with a consistent curriculum to deliver to a more homogenous group of interns. (Carozza et al., 1978, p. 16)

Hekelman et al. (1974) offered the internship program to associate degree graduates only. Hekelman explained her rationale in this statement:

Recognition of these three factors: philosophical differences between nursing administration and nursing education, inadequate orientation programs, and the graduate herself, led to the development of a pilot project to provide a structured internship for recently graduated associate degree nurses. (Hekelman et al., 1974)

Salary

Since the emphasis on productivity in nursing service was an issue in the 1970's and the early 1980's, the consideration of nurse interns' salaries was an important one. This financial aspect was also important in selection of content. In order to make the nurse internship cost effective, it was essential that only necessary content be identified and that duplication be avoided. Some institutions recognized that, although nurse interns were employees, they were neophytes and learners and could not be fully productive. One nurse internship program that offered academic credit did not pay full salary to the nurse interns. During the first half (or seven weeks) of the program, new graduates were paid fifty percent of the staff nurse salary, and during the last half they received full salary. (Carozza et al., 1978, p. 17)

In the 1980 survey of Gibbons and Lewison, it was noted that thirteen of the fourteen institutions paid full salary to the interns. They found only one exception in one large institution where interns were paid for only 80 percent of their work time.

In 1981, Shelagh Roell surveyed the nurse internship program of 43 institutions. She found that, in one-half of the cases, nurse interns received less salary than staff nurses.

Since the Joint Commission on Accreditation of Hospital's standards require hospitals to provide orientation and staff development programs for employees, nurse interns tend to receive full salary as do all other orientees of the hospital. (JCAH, 1982)

Clinical Rotations

Nurse internship programs provided numerous experiences in nursing, as well as practice in specialized areas. As the purpose of the internship was to assist the new graduates in their role transition, their sponsors planned learning experiences to include multiple units with tours on all three shifts. Roell (1981) found that unless the internships were for a very specialized area, nearly all literature described general medical and surgical units for intern rotations.

The survey of Gibbons and Lewison (1980) showed that of 14 nurse internships, 11 programs offered rotations to specialty areas, along with medical-surgical experiences. One nurse internship program was specifically for critical care. Another program was for medical-surgical only, and one was for surgery with specialty rotations.

The nurse interns at the Medical College of Virginia had the privilege of choosing clinical rotations. However, Fleming et al. (1975) noted that some favorite units became frequent choices, so directors of nursing and advisors of the nurse internship planned unit rotations considering both the interest of interns and the needs of the hospital. Most unit rotations lasted three to four months, while the operating room and intensive care assignments were for six months.

Some programs rotated nurses to emergency and intensive care

units to provide a greater amount of experience in fast action.

(Fleming et al., 1975; Burrell et al., 1977; Martin and Paskowitz, 1976),

Nurse interns of St. Raphael's Hospital, New Haven, Connecticut, rotated to other clinical areas as they demonstrated a higher level of proficiency of skills.

The first level was composed essentially of technical skills. The second focused on perceptual and interviewing skills necessary for independent decision making and application of theory in staff nursing practice. The third level was aimed at acquiring skills in leadership, patient and family teaching and crisis intervention. (Burrell et al., 1977, p. 114)

Organizational Pattern

Since nurse interns were staff nurses of a nursing service department, they reported directly to the head nurse on the unit. These head nurses expanded their role to accommodate the needs of the program and became associated with the faculty and coordinators. Archbold (1977) reported that, at Mt. Zion Hospital and Medical Center in San Francisco, head nurses had two interns on their units. These head nurses met with the program coordinator to evaluate progress and to discuss the problem of each intern.

Fleming et al. (1975) reported that nurse interns were assigned to units as staff nurses and were supervised by their head nurses. Intern advisors from the staff development department served as resource persons to the head nurses and the interns.

Preceptors

Sponsors of nurse internship's introduced the preceptor concept in the middle and later 1970's. Nurse interns were assigned to preceptors who were immediately available as resource persons to interns on all three shifts. Carozza et al. (1978) stated that preceptors were selected by nursing service administrators and educators because they were good role models, expert clinicians, excellent teachers, and had a desire to work with the interns. Interns were often given the opportunity to select their preceptors or nursing service made preceptors available to interns.

Chagares at Montefiore Hospital, New York, referred to the immediate resource persons as mentors:

The registered nurse mentors are staff members who had demonstrated safe and competent clinical performance . . . are interested in working with new nurses as clinical role models. (Chagares, 1980, p. 22)

C. CONTENT AND METHODS OF SELECTION

The content of the nurse internship program is dependent upon the learning needs of the nurse interns. Various methods of arriving at the program content were reported in the literature.

One of the most sophisticated methods employed in identifying curriculum content was that of Porth (1979) of the University of Wisconsin, Milwaukee. In her decision making model, Porth displayed questions that challenged the curriculum content of the nurse internship program. These questions examined current behaviors of nursing

practice, concepts and skills needed to achieve desired behavior and the most efficient learning sequence in relation to other content taught in the program. Porth concluded her study by introducing a plan to incorporate into the curriculum the concepts and skills found to be most necessary. Porth applied this model to various areas of specialization such as geriatrics, coronary care and community health nursing. (Porth, 1979, p. 81)

Bradshaw (1966) and Fleming et al. (1975) used round robin sessions attended by head nurses, school or nursing faculty and inservice coordinators who contributed their ideas of content based upon personal observations. The programs were evaluated annually and modified as necessary.

Appropriate content was regarded by the majority of authors as one of the crucial issues of the nurse internship. Coordinators utilized the various personnel associated with the program to provide clues which will determine content. Golub (1981) employed these techniques:

1. Interviews with new graduates and students.
2. Library research on new graduate, nursing service expectations and present nursing education programs.
3. Interviews with inservice coordinators and coordinators of existing nurse internships.
4. Personal recollections of the coordinator's own needs as a new graduate.
5. Interviews with the existing nursing staff.

Weiss and Ramsey (1977) engaged in a similar method of arriving at appropriate content for the nurse internship and, in addition, sent questionnaires to head nurses of area hospitals. Internship coordinators of the later 1970's had an advantage of determining

content by utilizing the findings of the earlier sponsored internship programs.

Perhaps the most popular method of determining the curriculum content was the use of questionnaires to those involved with the internship--staff nurses, supervisors, allied health professionals, senior students and nurse interns. Herda (1978) used a skill list to obtain interns' self-evaluation of their proficiency in the application of physiological and psychosocial skills. These data were correlated with clinical observations at two and six-week intervals. Lakovics and Mark (1979) based their internship program content from the topics their interns selected on a questionnaire.

Content of Programs with a General Educational Plan

The review of the literature revealed varying descriptions of content of the nurse internship programs. These programs reflected the creativity of nurses operating in a variety of situations and environments. The content of the programs likewise reflected this diversity and resulting inconsistency. Nurse internships that provided a broad transition to professional practice were sponsored for a period of eight weeks to one year. This time span alone suggested diversity of objectives, operations and outcomes. Nurse internships for specialized units, such as intensive care, were less diversified. Spicer (1979) advocated that coordinators of nurse internships base their curriculum on advanced nursing skills and knowledge development. She stated the following:

Nursing administration must hold new nurses accountable for basic nursing knowledge--to preserve the new nurses' self-image as well as to avoid becoming financially responsible for a review of the basic nursing program. (Spicer, 1979, p. 72)

In researching the literature, five categories of content for general nurse internships have been identified. These are the following:

1. Technical skills, basic and advanced.
2. Perceptual and interviewing skills.
3. Managerial skills.
4. Intervention in a patient care situation.
5. Role adjustment facilitators.

Technical Skills

The review of nurse internship programs revealed an overwhelming focus on development of technical skills. The authors of the articles repeatedly stated that the neophyte nurses were knowledgeable of theory of clinical practice but lacked skill, since they had not had adequate practice. Technical skills were divided into the general basic skills and advanced skills. Both levels included complex procedures. All of the nursing internships for general nursing included clinical skill development in the main focus of the programs. (Archbold, 1977; Burrell et al., 1977; Carozza et al., 1978; Coco, 1976; Cramer, 1979; Hekelman et al., 1974; Herda, 1976; Martin and Paskowitz, 1976; Strauser, 1979; Weiss and Ramsey, 1977)

Burrell et al. (1977) comprehensively itemized the skills requiring additional practice.

1. Catheterizations
2. Colostomy care
3. Administration of enemas
4. Intravenous therapy
5. Nasogastric suctioning

6. Hypothermia
7. Hemovac application
8. Blow bottles
9. Respiratory devices
(Burrell et al., 1977, p. 114)

Perceptual Skills and Interviewing Skills

Perceptual and interviewing skills were identified as content by Burrell et al. (1977). These specific skills were as follows:

1. Applying nursing process to individualized care.
2. Accurate observations.
3. Effective communication with nursing staff, patient and family, other departments and physicians.
4. Record pertinent data on the chart and other records.
5. Function as team member on all shifts.
(Burrell et al., 1977, p. 114)

The ability to function as a team member was often included in the content of the internship program. (Bon Secours, 1975; Carozza et al., 1978; Gentry, 1966; Martin and Paskowitz, 1976; Strauser, 1979) Team leaders, as well as members, utilized the skills defined by Burrell et al. One program advanced the concept of team leader to the more recent trend of primary nursing, and involved the intern in planning a transition from team to primary nursing. (Carozza et al., 1978)

Managerial Skills

The need for the new registered nurse to develop managerial skills was the theme dominating the literature on content of the nurse internship program. (Archbold, 1977; Burrell et al., 1977; Coco, 1976; Martin and Paskowitz, 1976; Strauser, 1979; Weiss and Ramsey, 1977)

The topics related to managerial skills, noted in the literature, were the following:

1. Development of leadership skills.
 2. Problem-solving sessions.
 3. Legal implications and health care delivery.
 4. Quality of assurance programs.
 5. Evaluation of other's performance.
- (Burrell et al., 1977, p. 114)

Strauser (1979) believed that nurses must be guided in evaluating work performance, of self and others. Weiss and Ramsey (1977) included assertiveness training in the curriculum at the San Joaquin Valley Program. The content on managerial skills tended to overlap with other categories, such as interviewing techniques and role adjustment.

Intervention in a Patient Care Situation

Content in the majority of programs consisted of interventions of the nurse into patient care situations and crisis response. The concept of intervention is inherent in providing health teaching to patients and families. This aspect was noted by Herda (1978) and Burrell et al. (1977). Many programs included the crisis interventions of "fast action nursing," emergency measures and cardiopulmonary resuscitation practice in the content. (Archbold, 1977; Carozza et al., 1978; Hekelman et al., 1974; Martin and Paskowitz, 1976; Strauser, 1979)

Role Adjustment

The concept of role adjustment permeated the curriculum throughout the nurse internship program. In practice, skill training and leadership development contributed toward role adjustment and development of a positive self-image. Several authors described unique ways of managing role transition. Weiss and Ramsey (1977) placed adjustment as first priority in the internship and included seminars "to develop skills

in interpreting the perspectives of other health personnel." Archbold (1977) permitted the interns to express their frustrations as he stated they were "grateful for the internship which is a sanctioned idiot period." Martin and Paskowitz (1976) stated that the nurse internship gives graduates orientation to roles as members of the nursing health team. Coco (1976) identified role adjustment seminars.

Burrell et al. (1977) identified the following topics in role adjustment which were at the highest skill level of program development:

1. Demonstrate their ability to provide health teaching to patients and families.
 2. Care for critically ill patients.
 3. Respond appropriately to emergency situations.
 4. Develop leadership skills.
- (Burrell et al., 1977, p. 115)

D. SUMMARY

The literature described a broad range of nurse internship programs. The majority of internships were broad in scope, permitting the new nurse to make the transition from student to professional utilizing the knowledge and skills of general nursing.

The descriptions of nurse internships were diverse. This reflected the creativity of sponsors and the variety of reasons for the program. Content has been organized into the following categories:

1. Technical skills, basic and advanced.
2. Perceptual and interviewing skills.
3. Managerial skills.
4. Interventions in a patient care situation.
5. Role adjustment facilitators.

Various nurse groups have identified content. There was minimal research on outcomes of the nurse internship, but there was a definite

void in research relative to appropriate content selection for the nurse intern or the sponsor. Since the content of the nurse internship program was essential to its success and because it was so extremely important that the nurse internship program be cost effective, it is expedient that the content of a nurse internship program be studied in depth.

CHAPTER III

METHODOLOGY

This study utilized a descriptive research design to answer the statements. The study to determine the essential content for nurse internship programs was needed to provide cost effective and appropriate educational activity. Factors to be considered in the study were the types of institutions that sponsor the program, the participants, the style of implementation and a description of the content historically presented in nurse internship programs.

The Staff Nurse I job description of a large southeastern medical teaching facility served as the frame of reference for identification of the expected competencies of the newly graduated nurse. If there was to be an alignment between those expectations and the needs of the graduating student, an analysis of the specific content of the nurse internship program was required.

A. INSTRUMENTATION

Since there were no instruments available to determine the content for a surgical nurse internship program the intern coordinator constructed a 68 item questionnaire to serve as an instrument.

This instrument was used to obtain the nurse participants' selection of desired content by requesting them to rank and weight 68 topics. The instrument was developed by employing four approaches.

First, the researcher utilized the Staff Nurse I job description of a southeastern university hospital. This description enumerated

specific duties required daily in clinical practice and the periodic responsibilities of a staff nurse. The knowledge and skill requirements of these responsibilities were translated into a list of topics.

The second approach was a review of the literature which resulted in the identification of topics included in various nurse internships. From this, a list of topics appropriate to a surgical nurse internship program was formulated.

As a third approach, the program coordinator of the surgical nurse internship program requested suggestions from the participants regarding content, and organized these suggestions into five topical groupings: professional, personal, patient/family, broad clinical and surgical nursing.

It was noted that the topics for a surgical nurse internship program were broad in scope, and most were equally appropriate for the medical or psychiatric internship programs.

Newly graduated nurses from pediatrics, obstetrics, critical care, operating room and a correctional care facility of the university attended some of the surgical nurse internship program.

Finally, a fourth approach was the selection of desirable content by faculty of schools of nursing and coordinators of internships. (Fleming et al., 1975; Fritsch, 1978; Volker, 1982). These nurses met periodically as Nurse Internship Advisory Council.

The final stage in the development of the instrument consisted of synthesizing the information from these four sources into five categories of topics. Each category consisted of various numbers of topics: professional, 14; personal, 9; patient/family, 14; broad clinical, 15 and surgical nursing, 10.

Pilot Study

A pilot study was conducted to test the instrument for clarity and content validity. Two adult health medical-surgical faculty and two newly graduated registered nurses in addition to two experienced nursing persons in an inpatient surgical nursing service were asked to complete the questionnaire. Based on recommendations of this group, one topic "health prevention" was changed to read "health promotion." The topic "pathophysiology of surgical conditions" was changed to "pathophysiology of specific surgical conditions." The directions for completing the instrument were expanded by providing an example of ranking and weighting five topics on the questionnaire.

The test-retest method was used to establish reliability of the instrument. The instrument was administered to the three groups of nurses. Seven days later the instrument was administered a second time to the same nurses. The Spearman's rho, r_s test was utilized to measure the degree of association between the two tests of the six nurses. The mean correlation coefficient was .72. Since this level of correlation was classified as moderately strong, the research proceeded to utilize the questionnaire.

B. STUDY POPULATION

The subjects for the study were selected from five groups of nurses associated with a large southeastern health care and teaching university. These groups were the following:

1. The entire 56 senior baccalaureate nursing students who were in the last two months of the nursing program were asked to participate

in the study. Fifty-two (92.9%) were female and four (7.1%) were male. Thirty-six or 64 percent of the students responded. Of these respondents, 34 (94.7%) were female, one (2.8%) was male and one (2.8%) did not indicate sex.

2. All 17 female faculty members of a baccalaureate program who taught adult health were asked to participate in the program. Of this group, nine members (56.3%) responded. The members of this group were graduates of master's degree programs in nursing in the United States.

3. All 54 senior associate degree nursing students who were in the last two months of their program were asked to participate in the study. The associate degree nursing student group consisted of 47 female (87.0%) and seven (13.0%) male students. Fifty-two (96.3%) of the associate degree students responded. Of these respondents, 46 (88.5%) were female, five (9.6%) were male and one (1.9%) did not indicate sex.

4. Eight faculty members of an affiliated associate degree program in nursing who taught care of the adult medical-surgical patient were asked to participate in the program. Seven (87.5%) faculty responded. The six female (95.7%) and one male (14.3%) faculty members received their master's degree in nursing in the United States.

5. All 20 of the registered nurses of the inpatient surgery area who met established criteria were asked to participate. The requirements for participation included employment in the inpatient surgical nursing area for at least two years and either an excellent or very good performance evaluation in the year preceding the data collection. Of these respondents, 12 (86%) were female and two (14%) were male.

Fourteen of the 20 nurses (70%) responded. This sample consisted of nurses from baccalaureate, associate degree and diploma programs.

The directors of the associate degree and baccalaureate programs facilitated the distribution and collection of the research materials from both students and faculty.

Since there were no diploma programs in the geographic location of the southeastern university, the study did not include diploma students or faculty. Also very few if any new graduates of diploma nursing programs were employed at this southeastern university center.

Each nurse participant received a packet of materials consisting of:

1. An introductory letter from the researcher
2. A 68 item content questionnaire
3. A demographic questionnaire.

The letter briefly introduced the study on content for nurse internship programs, solicited participation and provided instructions regarding completion of the questionnaire. Participants were asked not to write their names on any of the materials so that anonymity of their responses could be maintained and they were advised of the coding system which established the categories of the nurse groups. Subjects were requested to place their completed questionnaires in the envelop and drop it in a sealed slotted box. The letter stated that return of the questionnaire indicated consent to participate.

The 68 item questionnaire included additional instructions for the participants. They were instructed to rank and weight topics which

they believed should be included under categories of professional, personal, patient/family, broad clinical and surgical nursing. An example of this process was provided on the questionnaire.

Participants were further asked to complete a demographic data sheet that solicited information regarding their age, sex, education, nursing experience and working plans. This data was utilized to assist in the interpretation of results and add to greater specificity of the study. (Appendix A)

C. STATISTICAL DESIGN

This descriptive study of content for a surgical nurse internship program utilized several statistical measures to test the data: ranking and weighting, chi square, Kendall's Coefficient of Concordance W , mean correlation and common variance.

Ranking is the placement of a series of variables in ascending or descending order or the placement of an item in a category of more or less importance than some other item. Ranking is essentially a process of determining the relative position of a topic in relation to others. In this study subjects ranked in ascending order, five sets of categories which contained nine to 15 different topics. In addition to ranking topics, participants applied a percentage weight to each topic. Each set of topics was assigned 100 percentage points. The process of weighting topics further emphasizes the importance or unimportance of the topic in relation to others and tells "how much more" or "how much less" a topic should be included.

Chi square is a nonparametric test of significance appropriate

when data are in the form of frequency counts occurring in two or more categories. The chi square test provides a statistic based on the difference between observed and expected frequencies. The chi square statistic indicates whether the difference between observed and expected frequencies is significant at a specific level, such as .05. Chi square is based on the assumption that there is no relationship between two or more variables. The likelihood of the subjects in the sample falling into the various categories of each variable is a chance occurrence.

Elzey (1974) states that "Chi square tests can be employed with frequencies that are divided into any number of categories. The only requirement for the appropriate use of the chi square test is that the frequencies be independent of one another." A chi square value of one category must be independent of chi square values of other values. Levels of significance of chi square are provided by statistical tables. (Gay, 1976) The formula for chi square is the following:

$$\chi^2 = \frac{\sum (O-E)^2}{E}$$

This formula was applied to the rankings of the five groups of nurses.

Kendall's Coefficient of Concordance W is probably the best nonparametric measure of the extent to which association exists for any number of individuals ranked according to k variables. Champion (1981) states, "The main advantage of W is that it offers a coefficient of association for k variables." It demonstrates the amount of agreement between persons according to any number of dimensions. W is relatively easy to compute and is directly interpretable.

$$\text{The formula } W = \frac{12 \sum_j^n R_j^2 - 3m^2 n(n+1)}{m^2 n(n-1)}$$

was applied to the rankings of five groups of nurses. The assumptions that must be met to use W are the following:

1. The k -variables are mutually independent. (The results in one block do not influence the results within another block.)

2. Within each block the observation may be ranked according to some criterion of interest.

The mean correlation was the average of two or more correlation coefficients. The correlation coefficients were obtained using Kendall's formula. The coefficients were then averaged together to get the mean correlation.

D. DATA ANALYSIS

A correlation coefficient of $W = .65$ was considered to be of practical significant level. The groups who attained this level indicated greater agreement regarding the learning needs of nurse interns.

Correlation coefficients between and among group rankings and weightings were assigned as follows: .90's--very strong, .80's--strong, .70's and .60's--moderate, .50's--minimally acceptable and below .50--useless. The degree of correlation was tested at the .05 level of significance.

The common variance of the correlation coefficient was calculated for the rankings between and among all groups.

CHAPTER IV

ANALYSIS OF DATA

The primary purpose of this study was to determine the content of a surgical nurse internship program. Five different nurse groups were requested to rank and weight 68 selected nursing topics. Correlations of ranks and weights within and among groups of nurses were also obtained. The responses of each nurse group were correlated with one another. Kendall's Coefficient of Concordance W was applied to determine the degree of relationship.

This chapter on the analysis of data consists of six sections. First, the personal characteristics of the respondents are presented with tables and discussions. The second section analyzes the correlations of rankings between and among all nurse groups. This is followed by an analysis of the mean of calculated coefficients between and among nurse groups. In the fourth section the researcher presents an analysis of the coefficient of correlations within groups. The fifth section is comprised of an analysis of data of topics. Each nurse group's rankings and weightings of the five categories of topics are presented and analyzed. The final section concludes the analysis and summarizes the the rank and weight standing and differences in standing of each topic by the total population.

A. PRESENTATION OF PERSONAL CHARACTERISTICS

Table I summarizes the number of respondents by professional preparation levels:

TABLE I
NUMBER OF RESPONDENTS BY PROFESSIONAL PREPARATION

Group	Participants	Popu- lation	Number of Parti- cipants	Percent of Partici- pation
I	Baccalaureate Nursing Students	56	36	64
II	Baccalaureate Nursing Faculty	17	9	53
III	Associate Degree Nursing Students	54	52	96
IV	Associate Degree Nursing Faculty	8	7	87
V	Nursing Service Staff	20	14	70
N =		<u>155</u>	<u>118</u>	<u>74</u>

Some of the respondents did not consistently rank and weight the topics according to directions. Therefore, the inconsistent and inaccurate responses were excluded from the statistical analysis and accounts for the different number of responses listed in Table II. Participants tended to rank topics in preference to weighting. The researcher could apply Kendall's Coefficient of Concordance W to the mean rank of each nurse group but could not apply it to the mean weight of nurse groups.

The personal characteristics of the respondents are presented in Table III. The majority of the nurses, 89 percent, were female; 48 percent were 20 to 29 years of age. The greatest number of respondents were

TABLE II
SUMMARY OF NURSE PARTICIPATION
BY GROUP AND TOPICAL CATEGORY

Group	Total Number of Participants	Number of Responses to Professional	Rank of Participation	Number of Responses to Personal	Rank of Participation	Number of Responses to Pt./Family	Rank of Participation	Number of Responses to Br. Clin.	Rank of Participation	Number of Responses to Surg. Nsg.	Rank of Participation
I	36	27	2	25	2	24	2	20	2	24	2
II	9	6	4	7	4.5	4	4.5	4	4.5	6	4.5
III	52	38	1	40	1	34	1	34	1	34	1
IV	7	5	5	7	4.5	4	4.5	4	4.5	6	4.5
V	14	9	3	10	3	8	3	9	3	11	3
Total	118	85		89		74		71		81	

TABLE III
PERSONAL CHARACTERISTICS OF RESPONDENTS

Characteristic	BSN*	BSF	ADS	ADF	NSS	Total
Age						
20-29 years	30	0	24	0	3	54
30-39 years	2	2	16	2	5	27
40-49 years	1	5	9	3	4	22
50-59 years	0	1	1	2	2	6
No response	3	1	2	0	0	6
Sex						
Male	1	0	5	1	2	9
Female	34	8	46	6	12	106
No response	1	1	1	0	0	3
Graduate						
B.S.	36	6	1	3	5	51
A.D.	0	1	50	0	5	56
Diploma	0	5	0	4	4	13
No response	0	0	1	0	0	1
Advanced Degree						
M.S.N.	0	5	0	5	0	10
Ed.D.	0	1	0	1	0	2
Ph.D.	0	4	0	0	0	4
No response	36	1	52	1	7	97
Years in Nursing						
0 years	19	0	7	0	7	33
1-9 years	3	0	19	4	4	30
10-19 years	0	5	6	1	2	14
20-29 years	0	3	0	2	1	6
No response	14	1	20	0	0	35

*Legend:

BSN: Baccalaureate Student Nurse ADF: Associate Degree Nursing Faculty
 BSF: Baccalaureate Nursing Faculty NSS: Nursing Service Staff
 ADS: Associate Degree Student Nurse

TABLE III (Continued)

Characteristic	BSN	BSF	ADS	ADF	NSS	Total
Years on Faculty						
1-9 years	0	6	0	0	0	6
10-19 years	0	1	0	6	0	7
20-29 years	0	1	0	1	0	2
No response	0	1	0	1	0	1
Not Applicable	36	0	52	0	14	102
Working Plans						
Affiliated Health Care Facility						
Yes	25	9	29	7	14	84
No	9	0	18	0	0	27
Uncommitted	2	0	5	0	0	7
Surgical Nursing						
Yes	18	0	18	0	14	50
No	15	0	27	0	0	42
Uncommitted	3	0	7	0	0	10
Not Applicable	0	9	0	7	0	16

seniors of an associate degree program. All faculty respondents possessed a master's degree and six possessed doctoral degrees.

The nursing experience of the respondents was as follows: 30 had one to nine years, 14 had ten to 19 years and six had between 20 and 29 years' experience.

Eighty-one percent of the faculty had less than 20 years' experience in their positions. Ninety-three percent of the nursing service group had less than 20 years experience in nursing.

The researcher investigated the working plans of the participants as this may indicate their interest in responding to the questionnaire and in being involved with the surgical nurse internship program. Seventy-one percent of the group planned on working at the southeastern university hospital and 42 planned on working in the surgical nursing area.

B. CORRELATIONS OF RANKINGS BETWEEN AND AMONG ALL NURSE GROUPS

The topics for the surgical nurse internship program were organized under five categories: professional, personal, patient/family, broad clinical and surgical. Five groups of nurses ranked the topics of each category in order of importance. The rankings of the five categories by the five groups were correlated utilizing Kendall's Coefficient of Concordance. Table IV illustrates the correlation coefficient of groups, the chi square and level of significance.

TABLE IV
CORRELATION OF RANKINGS OF INTERNSHIP TOPICS
BETWEEN AND AMONG ALL NURSE GROUPS

Category of Topics	BSN & BSF	BSN & ADS	BSN & ADF	BSN & NSS	BSF & ADS	BSF & ADF	BSF & NSS	ADS & ADF	ADS & NSS	ADF & NSS	ALL GROUPS
Professional											
W =	.88	.91	.94	.94	.78	.89	.79	.82	.95	.90	.81
X ² =	22.87	23.66	24.36	24.38	20.44	23.17	20.56	21.29	24.79	23.38	52.53
p ≤	.04*	.03*	.03*	.03*	.08	.04*	.08	.07	.03*	.04*	.00*
Personal											
W =	.92	.93	.93	.96	.96	.87	.91	.89	.92	.99	.88
X ² =	14.69	14.80	14.90	15.30	15.30	13.98	14.49	14.23	14.69	15.80	35.27
p ≤	.07	.06	.06	.05*	.05*	.08	.07	.08	.07	.05*	.00*
Patient/Family											
W =	.68	.67	.75	.77	.70	.44	.65	.72	.84	.85	.54
X ² =	17.60	17.54	19.43	20.21	18.29	11.54	16.95	18.80	21.90	22.21	34.78
p ≤	.17	.18	.11	.09	.15	.57	.20	.13	.06	.05*	.00*
Broad Clinical											
W =	.84	.96	.81	.74	.88	.89	.79	.81	.82	.88	.74
X ² =	23.58	26.75	22.73	20.61	24.74	24.22	22.21	22.56	22.91	24.61	51.97
p ≤	.05*	.02*	.06	.11	.04*	.04*	.07	.07	.06	.04*	.00*
Surgical Nursing											
W =	.84	.75	.86	.97	.63	.91	.90	.62	.74	.91	.71
X ² =	15.88	13.49	15.46	17.48	11.25	16.30	16.24	11.13	13.31	16.36	31.75
p ≤	.07	.14	.08	.04*	.26	.06	.06	.27	.15	.06	.00*
Mean W =	.84	.84	.86	.88	.74	.80	.81	.77	.85	.91	.73

*significant at p < .05

Professional Topics

There was a high degree of concordance among all groups in the rankings of professional topics. The calculated correlation coefficient was .81 and the common variance was 65.6 percent. The chi square value was 52.53. Seven of the between group coefficients in the professional topics category were significant. ($p \leq .05$.) The highest degree of agreement in ranking professional topics was between associate degree students and nursing service staff. ($W = .95$) Overall, the highest degree of agreement was found between the baccalaureate students and all other nurse groups.

Personal Topics

The strongest agreement in ranking personal topics was between the associate degree faculty and the nursing service staff, $W = .99$, $X^2 = 15.80$, $p \leq .05$. Three between group coefficients in the personal category were significant. A high correlation coefficient of $W = .88$, common variance of 77 percent, and a chi square value of 35.27 were noted among all groups of nurses as noted on Table IV.

Patient/Family Topics

The overall degree of concordance on patient/family topics was minimally acceptable, $W = .54$. The magnitude of the common variance of the ranking was 29.2 percent and the chi square value was 34.78. The associate degree faculty and nursing service staff were the only groups with a statistically significant correlation at $p \leq .05$.

Broad Clinical Topics

Five of the between group rank correlation coefficients were significant at $p \leq .05$. See Table IV. There was a moderate to very strong agreement among all groups on responses on this category ($W = .74$.) The common variance of rankings was 54.8 percent and the chi square value was 51.97. The baccalaureate student nurses and associate degree student nurses had the highest degree of agreement ($W = .96$.) Chi square was significant at $p \leq .05$.

Surgical Nursing Topics

The degree of rank correlation coefficient of all nurses regarding surgical topics was moderate ($W = .71$.) The magnitude of the common variance of rankings was 50.4 percent and the chi square value was 31.75. This is actually lower than the average overall rank correlation, $W = .73$. See Table IV. The baccalaureate students and the nursing service staff had the highest level of agreement on surgical topics, and were the only two groups to have a significant correlation ($W = .97$, $X^2 = 17.48$.)

C. MEAN OF CALCULATED COEFFICIENTS OF CORRELATION BETWEEN AND AMONG NURSE GROUPS

The mean correlation coefficients between and among groups was calculated as shown on Table IV. The nursing service staff and the associate degree faculty had the highest mean of rankings on all topical

categories ($W = .91$) with a common variance of 82.8 percent. The nursing service staff and the baccalaureate students also showed a high degree of agreement ($W = .88$) with a common variance of 77.4 percent. The baccalaureate students and the associate degree faculty had the third highest between group mean correlation coefficient ($W = .86$) with a common variance of 74 percent.

The lowest between group mean correlation coefficient was that between the baccalaureate faculty and associate degree students ($W = .74$) and a common variance of 55 percent. This was followed by the associate degree faculty and the associate degree students ($W = .77$) and a common variance of 59 percent.

All groups were compared with one another on all sets of topics. The overall mean ranking correlation coefficient for all groups on all topics was $W = .73$ with a common variance of 53.3 percent. This degree of association was considered to be moderately high. A moderate to strong agreement was found across all groups of nurses.

D. COEFFICIENT OF CORRELATIONS WITHIN GROUPS

Kendall's Coefficient of Concordance and chi square tests were applied to all of the data collected for the five categories of topics. Table V shows the degree of agreement within each nurse group.

TABLE V
 STATISTICAL DATA WITHIN GROUPS
 OF RANKED TOPICS

Topic	BSN	BSF	ADS	ADF	NSS	All
Professional						
$W_2 =$	.23	.33	.33	.67	.58	.43
$X^2 =$	79.67	26.11	164.77	43.86	68.47	
$p \leq$	.00	.02	.00	.00	.00	
Personal						
$W_2 =$	.31	.33	.28	.49	.42	.36
$X^2 =$	62.64	18.36	88.37	27.00	33.58	
$p \leq$	.00	.02	.00	.001	.00	
Patient/Family						
$W_2 =$	.23	.36	.21	.46	.37	.32
$X^2 =$	71.63	18.83	92.56	23.80	37.99	
$p \leq$	.00	.13	.00	.03	.00	
Broad Clinical						
$W_2 =$	.27	.44	.33	.50	.30	.37
$X^2 =$	75.89	24.50	155.97	27.73	37.51	
$p \leq$	.00	.04	.00	.02	.001	
Surgical Nursing						
$W_2 =$	.21	.23	.22	.45	.45	.31
$X^2 =$	45.57	12.40	66.86	24.38	44.97	
$p \leq$	.00	.20	.00	.004	.00	
Mean $W_2 =$	.25	.34	.37	.51	.42	

There was a moderate to useless level of correlation of rankings within all nurse groups. The associate degree faculty had the highest correlation coefficient in ranking professional topics.

Mean. The mean of the coefficient of all rankings was calculated for each group of nurses to determine the amount of agreement within each nurse group. (See Table V.)

The associate degree faculty had a mean correlation coefficient of $W = .51$ and a common variance of 26 percent. Other coefficient means were as follows: nursing service staff, $W = .42$ and a common variance of 26 percent, associate degree students, $W = .37$ and a common variance of 13.7 percent, baccalaureate faculty, $W = .34$ and a common variance of 11.6 percent and the baccalaureate students, $W = .25$ and a common variance of 6.3 percent.

Mean correlation coefficient of categories. The mean correlation coefficient of rankings was calculated for each category to determine agreement among all nurse groups. The highest mean correlation coefficient was calculated in ranking professional topics, $W = .43$ and a common variance of 18 percent. Other mean correlation coefficients of rankings and common variances were as follows: broad clinical, $W = .37$ and a common variance of 14 percent; personal, $W = .36$ and a common variance of 13 percent; patient/family, $W = .32$ and a common variance of 10 percent and surgical nursing, $W = .31$ and a common variance of 9.6 percent.

Chi square. The chi square test was employed in analyzing the correlation of rankings of internship topics between and among all nurse groups and within each nurse group. (See Table V) The chi square statistics were used as an indicator of the strength of the difference of the observed and expected frequencies at a level of $p \leq .05$. If the chi square value was not significant at the $p \leq$ level, the correlation coefficient of the ranking and weightings was considered insignificant.

These data indicated that all nurse groups with the exception of the baccalaureate nursing faculty had significant chi square values on all categories of topics. The associate degree students had the highest significant chi square values of the rankings and the baccalaureate student nurses had the second highest chi square values of the rankings. The chi square values of the ranked categories paralleled the correlation coefficient of rankings.

E. ANALYSIS OF DATA OF TOPICS

The rank and mean rank for each of the 68 topics by each nurse group were calculated. These data revealed the rank order of topics for the surgical nurse internship program by each group of nurses. The weight standing and mean weight of each of the topics, by each nurse group were also determined. The weight of each topic is used as an indicator of how much importance the nurse gave each topic. Weights assigned by the study population are instructive relative to the amount of time that should be devoted to respective topics.

Baccalaureate Student Nurses

Although the overall baccalaureate students' response to the questionnaire was reasonably good, the actual number of responses was low due to inconsistent or inaccurate rankings and weightings.

Professional topics. In terms of the professional category, the students' three highest ranked topics were identical to the three highest ranked topics selected by all nurse groups: effective documentation, problem solving and legal aspects. The professional topics receiving the lowest ranking by these students were also among the lower ranked topics of the entire group of nurses: health care economics, interdepartmental relationships and politics of health care. These data are illustrated in Table VI and Appendix D.

Students assigned the highest weights to their three higher ranked topics which was also in accordance with all other nurses. However, baccalaureate students generally had an inconsistent pattern of assigning weights to rank. The higher ranked topics, strategies for decision making and implementing nursing standards received lower weight standings of nine and seven respectively. Baccalaureate students gave low weightings to interdepartmental relationships, health care economics and politics of health care. However, the entire group of nurses gave low weights to only the latter of the three topics.

Baccalaureate students ranked professional topics as seen in the following table:

TABLE VI
 SUMMARY OF RANKS AND WEIGHTS OF PROFESSIONAL TOPICS
 SELECTED BY BACCALAUREATE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Effective Documentation	1	4.11	1	17.08
Problem Solving	2	5.07	3	10.96
Legal Aspects	3	5.78	2	12.73
Strategies for Decision Making	4	5.96	9	7.64
Implementating Nursing Standards	5	6.37	7	7.88
Management Strategies and Skills	6	7.04	4	9.57
Professional Role and Relationships	7	7.07	10	6.75
Quality Assurance	8	7.30	5	8.46
Conflict Management	9	8.11	6	8.04
Change Process	10	8.63	11	6.48
Trends and Issues in Nursing	11	8.89	8	7.75
Health Care Economics	12	9.63	13	4.68
Interdepartmental Relationships	13	9.85	12	5.71
Politics of Health Care	14	11.19	14	4.50

Personal topics. The baccalaureate students' first three choices of personal topics were also the first three choices of all other nurses: time management, effective communication and assertiveness training.

These students' three lowest ranked topics compared with the ranked topics of all other nurses: interpersonal relationships, group dynamics and values clarification.

Baccalaureate students as well as all other nurses assigned the greatest weight to the three high ranking topics; time management, effective communication and assertiveness training.

Descending weights were assigned to their three least favored topics: interpersonal relationships, group dynamics and values clarification. The ranks and weights are presented in Table VII and the ranking and weighting of all nurses are presented in Appendix D.

TABLE VII
SUMMARY OF RANKS AND WEIGHTS OF PERSONAL TOPICS SELECTED BY
BACCALAUREATE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Time Management	1	3.04	1	19.42
Effective Communication	2	3.60	2	16.70
Assertiveness Training	3	3.80	4	14.20
Stress Management	4	4.08	3	14.62
"Burnout" Prevention	5	5.04	5	12.92
Leadership Development	6	5.24	6	12.41
Interpersonal Relationships	7	5.88	7	9.41
Group Dynamics	8	6.64	9	7.67
Values Clarification	9	7.68	8	8.00

Patient/family topics. Two high choices of the baccalaureate student nurses were also among the high choices of the entire group. The high choices were patient/family teaching and discharge planning. Baccalaureate students gave high ranking to care of the dying patient which ranked seventh among all nurses. Three of the four lowest ranked topics, as seen in Table VIII, were also ranked low by the entire nurse group. (See Appendix D) These topics were: aspects of rehabilitation, mobility and immobility, cultural/religious values and health care.

Baccalaureate students assigned most weight to discharge planning, patient/family teaching and grief and loss. The students were in general agreement with all other nurses with two highly weighted topics: discharge planning and patient/family teaching. The students gave least weight to cultural/religious values in accordance with all other nurses. Their other two low weighted topics, therapeutic touch and mobility and immobility received higher weights by other nurses. Student nurses gave high weights to their highly ranked topics and low weights to the lower ranked topics.

Broad clinical topics. Two of the five high choices of the students were also the high choices of all other groups: emergency care-- shock and hemorrhage and fluid therapy and electrolyte balance. Baccalaureate students gave a high ranking to pharmacology update which was seventh in rank among all nurse groups. The students' lowest ranked clinical topics were ranked low by all nurses. These were the following: decubitus care, oncology update and review of the nursing process. The ranks are shown in Table IX and the group comparisons are in Appendix D.

TABLE VIII
 SUMMARY OF RANKS AND WEIGHTS OF PATIENT/FAMILY TOPICS
 SELECTED BY BACCALAUREATE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Patient/Family Teaching	1	3.42	2	14.44
Discharge Planning	2	4.21	1	14.92
Care of the Dying				
Patient	3	6.46	4	10.21
Grief and Loss	4	6.92	3	11.00
Family Dynamics	5	6.96	9	7.37
Crisis Intervention	6	7.10	6	9.04
Nutritional Assessment and Support	7	7.21	8	7.42
Pain Theory and Intervention	8	7.40	5	9.22
Health Promotion	9	7.69	7	7.60
Patient/Family Behavioral Problems	10	8.48	10	7.35
Therapeutic Touch	11	9.25	13	5.63
Aspects of Rehabilitation	12	9.50	11	6.47
Mobility and Immobility	13	10.13	12	5.89
Cultural/Religious Values and Health Care	14	10.29	14	5.31

TABLE IX
SUMMARY OF RANKS AND WEIGHTS OF BROAD CLINICAL TOPICS
SELECTED BY BACCALAUREATE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Emergency Care--Shock and Hemorrhage	1	3.67	2	13.89
Fluid and Electrolyte Balance	2	5.40	5	9.17
Pharmacology Update	3	5.95	4	9.42
Advanced Life Support	4	6.00	9	8.12
Respiratory Care	5	6.20	3	9.96
Care of the Critically Ill Patient	6	7.27	15	4.77
Patient Assessment by Systems	7	8.00	1	14.26
Clinical Judgment Skills	8	8.02	8	8.35
Central Venous Pressure Monitoring	9	8.20	10	7.35
Total Parenteral Nutrition	10	8.22	11	6.87
Nursing Diagnosis/ Care Plans	11	9.25	6	8.52
Nursing Grand Rounds	12	10.25	12	6.13
Decubitus Care	13	10.30	7	8.40
Oncology Update	14	11.35	13	6.06
Review of the Nursing Process	15	11.90	14	4.79

As noted in Table IX, baccalaureate students assigned high weights to two of their high ranked topics, emergency care--shock and hemorrhage and respiratory care. However, they gave 14.26 percent, their highest weight, to their seventh ranked topic, patient assessment by systems. The students gave the lowest weights to care of the critically ill, review of the nursing process and oncology update. All other nurses gave lowest weight only to care of the critically ill patient.

Surgical nursing topics. In accordance with the overall mean rank baccalaureate students ranked three surgical topics: pre and post operative teaching care, pathophysiology of specific surgical conditions and rehabilitation of the surgical patient as their top choices. Their two least desired topics, limb reattachment and wound debridement, were also the least desired topics of all other nurses. They ranked tracheostomy care in eighth place compared to all nurses ranking it as sixth choice. Their rankings and weightings are shown in Table X and the group comparison in Appendix D.

Baccalaureate students assigned a high average of 21.39 percent weight to their first choice, pre and post operative care, a high 16.81 percent to their second choice, pathophysiology of specific surgical conditions and a high 14.67 percent to rehabilitation of the surgical patient. The students' lowest weighted topics, limb reattachment and care of drainage tubes, received the least weight by all other nurses. However, the students gave low weights to tracheostomy care which was fifth highest among all nurses.

TABLE X
SUMMARY OF RANKS AND WEIGHTS OF SURGICAL NURSING TOPICS
SELECTED BY BACCALAUREATE STUDENT NURSES

Topics	Rank of Ranks	Mean Rank	Weights of Weights	Mean
Pre and Post Operative Teaching/Care	1	2.63	1	21.39
Pathophysiology of Specific Surgical Conditions	2	4.04	2	16.81
Rehabilitation of the Surgical Patient	3	4.96	3	14.67
Care of Drainage Tubes	4	5.50	9	8.35
Oral/Pharyngeal Suctioning	5.5	5.83	4	11.24
Coping with Alteration of Body and Image/Life Styles	5.5	5.83	7	9.24
Ostomy Care	7	5.88	5	10.26
Tracheostomy Care	8	5.92	8	8.91
Wound Debridement	9	6.79	6	9.92
Limb Reattachment	10	7.63	10	7.81

Baccalaureate Nursing Faculty

Nine of the seventeen adult health faculty of the baccalaureate program participated in the research study.

Professional topics. The faculty identified three of the five topics selected by all groups as their highest choices: effective documentation, problem solving and decision making. Three of the faculty's least desired topics were among those of least interest to all nurses: trends and issues in nursing, politics of health care and interdepartmental relationships. These data are presented in Table XI and Appendix D.

The faculty agreed with the baccalaureate students on three of the five top choices: effective communication, problem solving and strategies for decision making. Faculty and their students also agreed on three of the four lowest ranked topics: interdepartmental relationships, politics of health care and trends and issues in nursing.

The faculty did not consistently place equivalent weights with ranks of the professional topics. Highly ranked problem solving received the greatest weight and professional role and relationships received next highest. Their third highest weight was assigned to health care economics, however, this was in sixth place among all nurses. Other weights were scattered among the professional topics. The faculty's lowest weighted topics, change process and trends and issues in nursing, were among the lowest weighted topics by all nurses. Faculty gave low weight to legal aspects, however, all nurses gave this topic a high third place weight.

TABLE XI
 SUMMARY OF RANKS AND WEIGHTS OF PROFESSIONAL TOPICS
 SELECTED BY BACCALAUREATE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Effective Documentation	1	3.58	9	7.57
Professional Role and Relationships	2	4.50	2	15.00
Strategies for Decision Making	3	5.33	6.5	9.29
Management Strategies and Skills	4.5	6.00	6.5	9.29
Problem Solving	4.5	6.00	1	18.75
Legal Aspects	6	6.83	12	5.83
Conflict Management	7	7.17	4	10.43
Health Care Economics	8	7.75	3	11.00
Implementing Nursing Standards	9	7.83	5	9.57
Change Process	10	8.33	13.5	5.00
Interdepartmental Relationships	11	9.00	8	8.14
Quality Assurance	12	9.17	10.5	7.00
Politics of Health Care	13	11.67	10.5	7.00
Trends and Issues in Nursing	14	11.83	13.5	5.00

Personal topics. The faculty's first three selections of personal topics were high ranking topics of all nurses: time management, stress management and effective communication, as presented in Table XII and Appendix D.

The baccalaureate faculty and their students agreed on two high ranking topics: time management and effective communication. They also agreed with the students and other nurses on two lower ranked topics, group dynamics and values clarification.

In accordance with their students and all other nurses, the faculty generally assigned heavy weights to the highest ranked choices and low weights to the topics of least interest.

TABLE XII
SUMMARY OF RANKS AND WEIGHTS OF PERSONAL TOPICS SELECTED
BY BACCALAUREATE NURSING FACULTY

Topics	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Time Management	1	2.14	3	15.63
Stress Management	2	3.29	4.5	11.25
Effective Communication	3	4.29	1	16.43
"Burnout" Prevention	4	4.71	2	15.71
Leadership Development	5	5.57	4.5	11.25
Interpersonal Relationships	6.5	5.71	6	10.71
Assertiveness Training	6.5	5.71	7	9.38
Group Dynamics	8	6.43	8.5	8.57
Values Clarification	9	7.14	8.5	8.57

Patient/family topics. The baccalaureate faculty agreed with other nurses in giving a high ranking to crisis intervention and a low ranking to therapeutic touch. These data are shown in Table XIII and Appendix D.

The faculty assigned the highest weight to discharge planning in agreement with their students and all other nurses. Other weight assignments had a low level agreement with students and all other nurses. The faculty had a generally dissimilar pattern of assigning equivalent weights to ranked topics.

The baccalaureate faculty and their students had a low level of agreement in ranking the patient/family topics, as exhibited in Table IV (p. 44). Both groups placed care of the dying patient and grief and loss within their first five ranks; they placed aspects of rehabilitation and therapeutic touch as some of the least desired topics. The students' highest ranked and weighted topics, patient/family teaching and discharge planning, were the eighth and ninth choices of the faculty.

Broad clinical topics. The faculty agreed with all other nurses on the three high ranking topics: emergency care—shock and hemorrhage, care of the critically ill patient, and clinical judgment skills. They agreed with all other nurses on three of the five lowest ranking topics: nursing grand rounds, review of the nursing process and central venous pressure monitoring. These data are illustrated in Table XIV and Appendix D.

In accordance with other nurses, the baccalaureate faculty assigned high weights to two of the three highest weighted topics, clinical judgment skills and patient assessment by system.

TABLE XIII

SUMMARY OF RANKS AND WEIGHTS OF PATIENT/FAMILY TOPICS
SELECTED BY BACCALAUREATE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Crisis Intervention	1	3.75	6	11.88
Grief and Loss	2	4.00	8	9.50
Care of the Dying Patient	3	4.50	2	14.17
Pain Theory and Intervention	4	5.50	7	10.00
Nutrition Assessment and Support	5	6.00	5	12.00
Patient/Family Behavioral Problems	6	6.75	4	13.00
Mobility and Immobility	7	7.50	13.5	4.25
Patient/Family Teaching	8	8.00	9	9.17
Discharge Planning	9	8.50	1	14.38
Cultural/Religious Values and Health Care	10	9.00	10	9.00
Aspects of Rehabilitation	11	9.25	11	7.00
Family Dynamics	12	9.75	12	5.00
Therapeutic Touch	13	10.75	13.5	4.25
Health Promotion	14	11.75	3	13.57

TABLE XIV
 SUMMARY OF RANKS AND WEIGHTS OF BROAD CLINICAL TOPICS
 SELECTED BY BACCALAUREATE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Emergency Care--Shock and Hemorrhage	1	3.25	5	11.00
Care of the Critically Ill Patient	2.5	4.00	15	5.00
Clinical Judgment Skills	2.5	4.00	1	19.38
Advanced Life Support	4	4.25	7.5	10.00
Pharmacology Update	5.5	7.00	2.5	13.00
Patient Assessment by Systems	5.5	7.00	2.5	13.00
Respiratory Care	7	8.00	12.5	6.25
Total Parenteral Nutrition	8	8.25	10	9.00
Fluid and Electrolyte Balance	9.5	9.75	11	7.50
Decubitus Care	9.5	9.75	7.5	10.00
Oncology Update	11	10.00	4	12.00
Nursing Grand Rounds	12.5	10.75	9	9.67
Nursing Diagnosis/Care Plans	12.5	10.75	12.5	6.25
Review of Nursing Process	14	11.25	6	10.25
Central Venous Pressure Monitoring	15	12.00	14	5.60

The faculty agreed with all other nurses in assigning low weights to two of the three lowest weighted topics, central venous pressure and care of the critically ill patient. The faculty's assignment of weights did not follow a pattern of high weights to high ranks. They ranked care of the critically ill patient second, but assigned it the least weight. Other assigned weights were not generally related to the assigned rank.

The baccalaureate faculty and their students agreed on three of the five high ranking topics: emergency care--shock and hemorrhage, pharmacology update and advanced life support. They also agreed on three low ranked topics: nursing grand rounds, review of the nursing process and oncology update. Baccalaureate faculty and their students gave high weights to patient assessment by systems and pharmacology update. They agreed on assigning low weights to care of the critically ill patients.

Surgical nursing topics. Baccalaureate faculty members agreed with their students and all other nurses in assigning high rank to pre and post operative teaching, pathophysiology of specific surgical conditions and care of drainage tubes. Their first ranked, coping with alterations in body image/lifestyle, was ranked fifth by all groups.

In accordance with their baccalaureate students and all nurse groups, faculty gave low ranking to wound debridement and limb reattachment. There was low level of agreement among all nurses on the ranking of the other surgical nursing topics. Faculty assigned heavy weights to three of the five highly ranked topics in accordance with all

others: pre and post operative teaching/care, pathophysiology of specific surgical conditions and rehabilitation of the surgical patient.

Faculty agreed with their students and all other nurses in assigning low weights to only one topic, care of drainage tubes. The ranks and weights are shown in Table XV and Appendix D.

TABLE XV
SUMMARY OF RANKS AND WEIGHTS OF SURGICAL NURSING TOPICS
SELECTED BY BACCALAUREATE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Coping with Alterations in Body Image/Life Style	1	3.17	2	18.13
Pre and Post Operative Teaching/Care	2	4.00	1	21.15
Care of Drainage Tubes	3.5	5.00	9.5	6.67
Pathophysiology of Specific Surgical Conditions	3.5	5.00	4	13.57
Rehabilitation of the Surgical Patient	5	5.17	3	16.25
Ostomy Care	6.5	5.33	5.5	9.17
Tracheostomy Care	6.5	5.33	5.5	9.17
Oral/Pharyngeal Suctioning	8	6.83	9.5	6.67
Limb Reattachment	9	7.33	7	8.00
Wound Debridement	10	7.83	8	7.50

Associate Degree Students

Fifty-two senior associate degree students ranked and weighted topics relating to content for the surgical nurse internship program. However, some rankings and weightings were discarded due to incomplete or inconsistent responses.

Professional topics. Associate degree student nurses agreed with all other nurses in ranking two of the three highest ranked topics: effective documentation and problem solving. Students chose implementing nursing standards above all other topics, however, this topic ranked fifth in the professional category. In accordance with all other nurses, the associate degree students, agreed on the three least desired topics: health care economics, trends and issues in nursing and politics of health care. These data are presented in Table XVI and Appendix D.

The students agreed with all other nurses in assigning high weights to two highly desired topics, effective documentation and legal aspects. Associate degree students assigned the second heaviest weight to implementing nursing standards which tied for third choice by all other nurses. They assigned low weights to two of the three least weighted topics: politics of health care and trends and issues in nursing. Generally, the students assignment of weights did not have a relationship to their rank standing of the topic.

Personal topics. In accordance with all other nurses, associate degree students gave high ranks to three personal topics: time management, effective communication and stress management. Their three lowest ranked topics were the least favored of all nurse groups:

TABLE XVI
 SUMMARY OF RANKS AND WEIGHTS OF PROFESSIONAL TOPICS
 SELECTED BY ASSOCIATE DEGREE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Implementing Nursing Standards	1	3.54	2	11.55
Effective Documentation	2	3.82	1	14.72
Problem Solving	3	4.86	4	9.66
Legal Aspects	4	5.32	3	11.02
Professional Role and Relationships	5	6.87	5	9.00
Quality Assurance	6	7.43	6	8.64
Strategies for Decision Interdepartmental Relationships	7	7.59	8	7.61
Conflict Management	8	8.01	9	6.72
Management Strategies and Skills	9	8.05	7	7.98
	10	8.83	11	5.98
Change Process	11	8.93	10	6.62
Health Care Economics	12	9.93	12	5.70
Trends and Issues in Nursing	13	10.33	13	5.35
Politics of Health Care	14	11.49	14	5.17

leadership development, values clarification and group dynamics.

Table XVII and Appendix D illustrate these data.

In accordance with other nurses, the students assigned the greatest amount of weight to the three highest ranked topics and they assigned the least weight to their two lowest preferences. The students' three highest weighted topics agreed with the entire group of nurses.

TABLE XVII
SUMMARY OF RANKS AND WEIGHTS OF PERSONAL TOPICS SELECTED
BY ASSOCIATE DEGREE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Time Management	1	3.22	2	14.88
Effective Communication	2	3.32	1	16.53
Stress Management	3	3.61	3	14.78
"Burnout" Prevention	4	4.88	4	11.11
Interpersonal Relationships	5	5.10	5	9.80
Assertiveness Training	6	5.41	7	9.30
Leadership Development	7	5.69	6	9.54
Values Clarification	8	6.22	8	8.93
Group Dynamics	9	7.54	9	7.60

Patient/family topics. Students ranked highly two of the three topics which were consistent high choices of other nurses: crisis intervention and patient/family teaching. The associate degree students ranked health promotion as their second choice, however, it was ranked in eighth place by all other nurses. Two of their low ranked topics,

therapeutic touch and cultural/religious values and health care, were among the least preferred topics of all other nurses. See Table XVIII and Appendix D.

Student nurses assigned highest weights to their three highest ranked topics and low weights to two of three low weighted topics. This pattern of weights was similar to all other nurse participants.

Broad clinical topics. Associate degree students ranked one of the three overall highest ranked topics as their highest preferences, emergency care--shock and hemorrhage. The students' second and third choices were fluid and electrolyte balance and advanced life support. However, these topics tied for fifth place ranking by all other nurses. Students, as well as other nurses, gave low ranks to central venous pressure monitoring, and review of the nursing process. See Table XIX and Appendix D.

Students assigned high weights to two topics: emergency care--shock and hemorrhage, and fluid and electrolyte balance. Their high weighting of emergency care--shock and hemorrhage was in accordance with other nurses. The students' low weighting of nursing grand rounds and review of nursing process was similar to the weighting pattern of other nurses. The students generally assigned high weights to their high choices and low weights to low choices.

Surgical nursing topics. Student nurses' highest choices, pre and post operative teaching/care and pathophysiology of specific surgical conditions, were also high choices of all nurses.

TABLE XVIII
 SUMMARY OF RANKS AND WEIGHTS OF PATIENT/FAMILY TOPICS
 SELECTED BY ASSOCIATE DEGREE NURSING STUDENTS

Topics	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Crisis Intervention	1	3.77	1	14.27
Health Promotion	2	4.99	2	12.95
Patient/Family Teaching	3	5.68	3	12.83
Pain Theory and Intervention	4	6.03	4	10.38
Grief and Loss	5	6.69	6	9.93
Care of the Dying Patient	6	6.82	5	10.34
Aspects of Rehabilitation	7	7.26	7	8.94
Nutritional Assessment and Support	8	8.00	9	8.15
Mobility and Immobility	9	8.47	13	6.69
Discharge Planning	10	8.51	8	8.40
Therapeutic Touch	11	8.85	10	8.14
Patient/Family Behavioral Problems	12	9.22	11	7.42
Cultural/Religious Values and Health Care	13	10.09	14	6.03
Family Dynamics	14	10.41	12	7.22

TABLE XIX
 SUMMARY OF RANKS AND WEIGHTS OF BROAD CLINICAL TOPICS
 SELECTED BY ASSOCIATE DEGREE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Emergency Care--Shock and Hemorrhage	1	3.50	1	13.04
Fluid and Electrolyte Balance	2	5.51	2	10.19
Advanced Life Support	3	5.57	3	9.22
Care of Critically Ill Patient	4	5.91	13	5.13
Respiratory Care	5	6.21	4	9.18
Patient Assessment by Systems	6	6.32	5	8.53
Total Parenteral Nutrition	7	7.03	9	6.59
Clinical Judgment Skills	8	7.06	6	7.76
Pharmacology Update	9	7.68	7	7.42
Nursing Diagnosis/Care Plans	10	9.10	8	7.32
Central Venous Pressure Monitoring	11	9.34	11	6.22
Decubitus Care	12	9.85	10	6.43
Oncology Update	13	10.90	12	5.51
Review of Nursing Process	14	11.90	14	4.55
Nursing Grand Rounds	15	12.12	15	4.09

Their second highest choice, tracheostomy care, was ranked sixth by all other nurses. They agreed with all other nurses in only one low ranked topic, limb reattachment. These data are presented in Table XX and Appendix D.

The associate degree students agreed with other nurses in assigning high weights to pre and post operative care and pathophysiology of specific surgical conditions. They generally agreed with all other nurses in assigning low weights to ostomy care, care of drainage tubes and limb reattachment. Students assigned considerably high weight to topics of low rank: wound debridement, rehabilitation of the surgical patient and coping with alterations of body image/lifestyle.

TABLE XX
SUMMARY OF RANKS AND WEIGHTS OF SURGICAL NURSING TOPICS
SELECTED BY ASSOCIATE DEGREE STUDENT NURSES

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Pre and Post Operative Teaching/Care	1	2.88	1	15.63
Tracheostomy Care	2	3.90	5	11.15
Pathophysiology of Surgical Conditions	3	5.03	2	12.83
Oral/Pharyngeal Suctioning	4	5.09	6	10.14
Care of Drainage Tubes	5	5.29	8	8.95
Ostomy Care	6	5.96	10	8.38
Wound Debridement	7	6.22	7	10.13
Rehabilitation of the Surgical Patient	8	6.32	4	11.21
Coping with Alterations in Body Image/Life Styles	9	6.35	3	11.87
Limb Reattachment	10	7.96	9	8.39

Associate Degree Faculty

Seven faculty members who taught medical-surgical nursing in an associate degree program responded to the questionnaire.

Professional topics. Two of the three highest ranked topics by associate degree faculty were high choices of all other nurses: problem solving and effective documentation. The faculty's lowest ranked topics were in agreement with all other nurses: trends and issues in nursing and politics of health care.

In accordance with other nurses the associate degree faculty assigned most weight to their three highest ranked topics and the least to their two lowest ranked topics. The associate degree faculty and their students agreed in assigning high ranks and weights to problem solving and effective documentation. However, the faculty gave second rank to strategies for decision making while associate degree students ranked it seventh. The associate degree students ranked implementing nursing standards first while the faculty ranked it ninth place. Faculty and their students also agreed on low ranks and weights for three topics: politics of health care, trends and issues of nursing and health care economics, as presented in Table XXI and Appendix D.

Personal topics. As seen in Table XXII, and in agreement with all other nurses, the faculty gave high ranks to these three topics: time management, effective communication and stress management. They gave low rankings to group dynamics and values clarification, in accordance with all other nurses. The associate degree faculty and students

TABLE XXI
 SUMMARY OF RANKS AND WEIGHTS OF PROFESSIONAL TOPICS
 SELECTED BY ASSOCIATE DEGREE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Problem Solving	1	1.80	1	16.00
Strategies for Decision Making	2	3.20	3	9.43
Effective Documentation	3	3.40	2	11.29
Management Strategies and Skills	4	5.40	6	7.86
Legal Aspects	5.5	7.00	4	8.57
Conflict Management	5.5	7.00	10	6.43
Quality Assurance	7	7.20	7	7.57
Professional Role and Relationships	8	7.40	5	8.40
Implementing Nursing Standards	9	7.80	8	6.71
Change Process	10	8.40	9	6.57
Interdepartmental Relationships	11	8.80	11	5.00
Health Care Economics	12	11.40	12	4.43
Trends and Issues in Nursing	13	12.80	14	3.17
Politics of Health Care	14	13.40	13	4.80

TABLE XXII
 SUMMARY OF RANKS AND WEIGHTS OF PERSONAL TOPICS
 SELECTED BY ASSOCIATE DEGREE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Time Management	1.5	2.71	1	18.57
Effective Communication	1.5	2.71	5	10.57
Stress Management	3	3.71	2	14.86
Assertiveness Training	4	4.57	3	13.29
Interpersonal Relationships	5	4.71	6	9.57
Leadership Development	6	5.14	4	11.71
Group Dynamics	7	6.00	8	7.14
"Burnout" Prevention	8	7.00	7	7.71
Values Clarification	9	8.43	9	6.43

agreed on three high ranking topics: time management, effective communication and stress management. They agreed on two low ranking topics, values clarification and group dynamics.

Faculty assigned the most weight to their high ranking topics, with the highest weight to time management and stress management. These topics also received high weights by their students and all other nurses.

The associate degree faculty agreed with their students and other nurses in assigning low levels of weights to group dynamics and values clarification. The faculty gave a low level of weight to "burnout" prevention while all other nurses including the associate degree students gave it middle of the scale weightings. The faculty generally gave high weights to high ranking topics and low weights to the least desired.

Patient/family topics. The associate degree faculty's high rankings agreed with other nurses on only topics, discharge planning and patient/family teaching. Faculty agreed with other nurses on three low ranked topics: mobility and immobility, therapeutic touch and cultural/religious values and health care. In accordance with other nurses, the faculty's two high ranked topics received a high percentage of weight: patient/family teaching and discharge planning. See Table XXIII and Appendix D. The two lowest ranked topics, therapeutic touch and cultural/religious values and health care received less weight by the associate degree faculty and all other nurses.

Associate degree faculty and their students agreed on only two highly ranked topics, health promotion and patient/family teaching and two low ranked and weighted topics, therapeutic touch and cultural/religious values and health care.

Associate degree faculty and their students gave high weights to patient/family teaching. However, the associate degree students gave crisis intervention highest weight and faculty gave it the fifth highest weight. Faculty gave considerable more weight to discharge planning than their students.

Broad clinical topics. Associate degree faculty agreed with other nurses in ranking one of the three high preferences, emergency care--shock and hemorrhage. In accordance with other nurses, the faculty gave low ranking to oncology update and central venous pressure. These data are presented in Table XXIV and Appendix D.

TABLE XXIII
 SUMMARY OF RANKS AND WEIGHTS OF PATIENT/FAMILY TOPICS
 SELECTED BY ASSOCIATE DEGREE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Discharge Planning	1	2.00	2	12.67
Health Promotion	2	3.25	4	9.33
Patient/Family Teaching	3	4.00	1	13.00
Nutritional Assessment and Support	4	6.50	11.5	4.67
Aspects of Rehabilitation	5	6.75	3	9.40
Pain Theory and Intervention	6	7.50	6	8.86
Crisis Intervention	7	8.00	5	9.14
Family Dynamics	8	8.25	10	4.80
Patient/Family Behavioral Problems	9	8.50	11.5	4.67
Care of the Dying Patient	10	8.75	8	6.57
Grief and Loss	11	9.25	9	6.17
Mobility and Immobility	12	9.50	7	7.67
Therapeutic Touch	13	10.50	13	3.75
Cultural/Religious Values and Health Care	14	12.25	14	2.20

TABLE XXIV
 SUMMARY OF RANKS AND WEIGHTS OF BROAD CLINICAL TOPICS
 SELECTED BY ASSOCIATE DEGREE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Patient Assessment by Systems	1	2.75	2	11.50
Emergency Care--Shock and Hemorrhage	2	3.00	4	10.17
Pharmacology Update	3	3.25	3	10.86
Clinical Judgment Skills	4	5.25	1	11.83
Care of the Critically Ill Patient	5.5	7.75	14	3.25
Nursing Diagnosis/Care Plans	5.5	7.75	6	7.60
Advanced Life Support	7	8.00	7	7.33
Respiratory Care	8	8.25	8.5	5.80
Fluid and Electrolyte Balance	9	8.50	5	7.50
Nursing Grand Rounds	10	9.75	12	3.80
Review of the Nursing Process	11	10.00	15	1.75
Total Parenteral Nutrition	12	10.75	10	5.71
Decubitus Care	13	11.25	13	3.40
Oncology Update	14	11.50	11	5.50
Central Venous Pressure Monitoring	15	12.25	8.5	5.80

Two of the faculty's highest ranked topics received the most weight, patient assessment by systems and emergency care--shock and hemorrhage.

Faculty assigned highest weight to clinical judgment skills which was highly weighted by other nurses. With a few exceptions, the faculty assigned weights in relationship to the rankings of topics.

Both the associate degree faculty and their students assigned high ranks to the same two clinical topics, emergency care--shock and hemorrhage and care of the critically ill patient. They both assigned low ranks to topics: central venous pressure monitoring, decubitus care, oncology update and review of the nursing process. Associate degree faculty and their students had a low level of agreement in giving weight to broad clinical topics.

Surgical nursing topics. The faculty's three high preferences were in accordance with high preferences of all nurses: pre and post operative teaching/care, rehabilitation of the surgical patient and coping with alterations of body image/lifestyle. The faculty gave low rankings to two topics, wound debridement and limb reattachment, which was consistent with the low rankings of other nurse groups.

The faculty's highest ranked topics received the highest weights, as presented in Table XXV. Other assigned weights were scattered, with no apparent relationship to rank placement. Associate degree faculty gave low weights to oral/pharyngeal suctioning and ostomy care which was not in accordance with other nurse groups. See Appendix D.

TABLE XXV
SUMMARY OF RANKS AND WEIGHTS OF SURGICAL TOPICS
SELECTED BY ASSOCIATE DEGREE NURSING FACULTY

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Pre and Post Operative Teaching/Care	1	1.83	1	20.00
Rehabilitation of the Surgical Patient	2	3.67	2	15.00
Coping with Alterations in Body Image/Lifestyle	3	4.75	3	13.00
Care of Drainage Tubes	4	5.00	7.5	8.00
Ostomy Care	5	5.33	9	7.50
Tracheostomy Care	6	5.50	7.5	8.00
Pathophysiology of Surgical Conditions	7	6.08	4	11.50
Oral/Pharyngeal Suctioning	8	6.17	10	7.00
Wound Debridement	9	7.17	5	10.29
Limb Reattachment	10	9.50	6	8.86

Associate degree faculty and their students agreed on only one highly ranked topic, pre and post operative and teaching/care. They agreed on only one low ranked topic, limb reattachment. Faculty and students agreed on weighting two highly desired topics: pre and post operative teaching/care and coping with alterations in body image/life styles. There was some agreement in giving low weights to ostomy care.

Professional Nursing Service Staff

Fourteen of the 20 selected professional nursing service staff responded to the questionnaire.

Professional topics. The nursing service staff agreed with all other nurses on three high ranking topics: effective documentation, problem solving and legal aspects. The staff also agreed on low ranked topics: politics of health care, trends and issues in nursing and health care economics, as seen in Table XXVI and Appendix D.

In accordance with other nurse participants, the nursing service staff gave high weights to two desired topics--problem solving and effective documentation. They agreed with other nurses in giving low weights to trends and issues in nursing and the politics of health care.

The nursing service staff generally assigned weights in relationship to ranked topics.

Personal topics. Nursing service staff ranked three topics high in accordance with other nurse respondents: time management, effective communication and stress management. These nurses agreed with all other nurses in ranking two topics with low scores, group dynamics and values clarification. These ranks are presented in Table XXVII and Appendix D.

Nursing service staff assigned heaviest weights to their highest ranked and lowest weights to the lowest ranked topics.

Patient family topics. Nursing service staff agreed with all other nurses in ranking two of the three most preferred topics, patient/

TABLE XXVI
 SUMMARY OF RANKS AND WEIGHTS OF PROFESSIONAL TOPICS
 SELECTED BY PROFESSIONAL NURSING SERVICE STAFF

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Problem Solving	1	2.56	4	11.17
Effective Documentation	2	3.56	1	16.00
Legal Aspects	3	5.11	3	11.43
Implementing Nursing Standards	4	5.50	2	11.64
Conflict Management	5	5.72	5	9.62
Quality Assurance	6	5.89	6	9.07
Strategies for Decision Making	7.5	6.44	9	7.42
Professional Role and Relationships	7.5	6.44	7	8.62
Management Strategies and Skills	9	8.33	8	7.93
Interdepartmental Relationships	10	9.67	10	5.67
Change Process	11	10.11	11	5.00
Trends and Issues in Nursing	12	10.78	13	3.90
Health Care Economics	13	11.11	12	4.55
Politics of Health Care	14	13.78	14	3.11

TABLE XXVII
 SUMMARY OF RANKS AND WEIGHTS OF PERSONAL TOPICS
 SELECTED BY PROFESSIONAL NURSING SERVICE STAFF

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Effective Communication	1	2.95	1	18.40
Time Management	2	3.20	4	14.83
Stress Management	3	3.30	3	15.29
Assertiveness Training	4	3.70	2	15.60
Leadership Development	5.5	5.50	5	12.21
Interpersonal Relationships	5.5	5.50	7	8.46
"Burnout" Prevention	7	6.10	6	10.64
Group Dynamics	8	7.10	8	8.14
Values Clarification	9	7.65	9	6.91

family teaching and pain theory and intervention. In accordance with other nurses they gave low ranks to two of the three least desired topics, cultural/religious values and health care and therapeutic touch. Their rankings are presented in Table XXVIII and Appendix D.

In accordance with all other nurses, the nursing service staff assigned most weight to their highest ranked topics discharge planning and patient/family teaching. They agreed with all other nurses in assigning the least weight to cultural/religious values and health care. Other weight assignments were scattered with no pattern relationship to rank.

Broad clinical topics. Nursing service staff agreed with all other nurses on two of the three high ranking topics: emergency care--shock and hemorrhage and clinical judgment skills. They agreed with all other nurses in giving low ranks to two of the three least desired topics, central venous pressure monitoring and nursing grand rounds. These data are presented in Table XXIX and Appendix D.

Nursing service staff agreed with other nurses in weighting two of the three desired topics, emergency care--shock and hemorrhage and clinical judgment skills. In accordance with other nurses they gave low weights to central venous pressure monitoring, nursing grand rounds and care of the critically ill patient. Other weights assigned by the staff of nursing service did not relate to the assigned ranks.

Surgical nursing topics. The nursing service staff agreed with all other nurses in ranking the three most preferred topics: pre and post operative teaching/care, rehabilitation of the surgical patient and pathophysiology of specific surgical conditions.

TABLE XXVIII

SUMMARY OF RANKS AND WEIGHTS OF PATIENT/FAMILY TOPICS
SELECTED BY PROFESSIONAL NURSING SERVICE STAFF

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Patient/Family Teaching	1	3.30	2	14.67
Pain Theory and Intervention	2	4.13	3	11.67
Discharge Planning	3	4.38	1	15.69
Crisis Intervention	4	4.88	5	9.83
Grief and Loss	5	6.50	4	10.50
Aspects of Rehabilitation	6	6.75	9	6.60
Health Promotion	7	7.13	6	8.00
Nutritional Assessment and Support	8	8.38	8	7.09
Mobility and Immobility	9	9.38	10	6.08
Family Dynamics	10	9.50	13	4.40
Patient/Family Behavioral Problems	11.5	9.63	12	5.25
Care of the Dying Patient	11.5	9.63	7	7.33
Therapeutic Touch	13	10.13	11	5.82
Cultural/Religious Values and Health Care	14	11.13	14	3.70

TABLE XXIX

SUMMARY OF RANKS AND WEIGHTS OF BROAD CLINICAL TOPICS
SELECTED BY PROFESSIONAL NURSING SERVICE STAFF

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Emergency Care--Shock and Hemorrhage	1	4.67	1	11.92
Clinical Judgment Skills	2	4.94	3	11.15
Nursing Diagnosis/Care Plans	3	5.33	2	11.80
Care of Critically Ill Patient	4.5	6.56	13	5.00
Fluid and Electrolyte Balance	4.5	6.56	6	8.00
Patient Assessment by Systems	6	6.78	4	10.42
Review of Nursing Process	7	7.22	5	8.92
Advanced Life Support	8	7.50	7	7.73
Pharmacology Update	9	8.00	11	6.29
Respiratory Care	10	8.11	9	7.08
Total Parenteral Nutrition	11	8.83	8	7.36
Oncology Update	12	10.56	12	5.17
Decubitus Care	13	10.83	10	6.46
Nursing Grand Rounds	14	11.33	14	5.40
Central Venous Pressure Monitoring	15	12.78	15	4.55

Likewise, the two of the three least desired topics of the nursing service staff were in accordance with other nurse groups' lowest preferences: limb reattachment and wound debridement. These data are presented in Table XXX and Appendix D.

Nursing service staff were in accordance with other nurse groups in assigning high weights to pre and post operative teaching/care and pathophysiology of specific surgical conditions and low weight to limb reattachment.

The assignment of weights appeared to have little relationship to ranking except for the highest and two lowest ranked topics.

TABLE XXX
SUMMARY OF RANKS AND WEIGHTS OF SURGICAL NURSING TOPICS
SELECTED BY PROFESSIONAL NURSING SERVICE STAFF

Topic	Rank of Ranks	Mean Rank	Rank of Weights	Mean Weight
Pre and Post Operative Teaching/Care	1	1.55	1	19.60
Rehabilitation of the Surgical Patient	2	4.18	8	8.23
Pathophysiology of Specific Surgical Conditions	3	4.36	2	12.43
Care of Drainage Tubes	4	4.82	4	10.92
Coping with Alterations in Body Image/Lifestyles	5	5.45	7	9.39
Tracheostomy Care	6	5.55	5	10.73
Oral/Pharyngeal Suctioning	7	5.91	3	11.21
Ostomy Care	8	6.55	6	9.43
Wound Debridement	9	7.55	9	7.73
Limb Reattachment	10	9.09	10	5.64

Analysis of the Summary Rank Standings of Each Topic by Total Population

The summary rank and weight standings were determined by averaging the ranks and weights assigned to the 68 topics by the five groups of nurses. Also the differences in these standings were calculated. The topics have been arranged within their categories from the highest to the lowest rank. Each of the five categories were analyzed, summarized and arranged.

Professional Category. A review of the ranking under the professional category shows that the nurse population as a whole selected effective documentation as an important topic to be included in the surgical nurse internship program. Problem solving ranked second as a topic which should be taught to interns. Effective documentation and problem solving require a high degree of knowledge and personal skill of the nurse. Whereas, legal aspects, the third highest ranked topic, is a theoretical content topic.

The eight topics that received moderate ranks all tended to require a great amount of knowledge and skill for effective performance. There was moderate agreement among the nurse population on the ranking of the eight topics: strategies for decision making, implementing nursing standards, professional role and relationships, management strategies and skills, conflict management, quality assurance, change process and interdepartmental relationship.

The three lowest ranked professional topics were broad in context and were knowledge-based rather than skilled-based topics. Again the total population showed a high level of agreement in giving low ranks to these three topics: health care economics, trends and issues in nursing and politics of health care.

In analyzing Table XXXI, summary of professional topics, it appears that all nurses assigned nearly the same weight as rank to professional topics. Legal aspects, trends and issues in nursing and politics of health care had equivalent or nearly equivalent weight values. The topic, strategies for decision making, was ranked fourth overall, but was prioritized in the eighth to ninth place in the weighting. Quality assurance ranked ninth, but was prioritized seventh in the weighting procedure.

Personal category. Analysis of the highly ranked personal category indicates that two desired topics required knowledge and repeated skill applications. Time management and effective communication were identified as topics that should be included as content in the surgical nurse internship program. Stress management was ranked third.

The nurse population had high correlation in ranking medium choice personal topics, assertiveness training and "burnout" prevention. Nurses gave low rankings to personal topics such as leadership development, group dynamics and values clarification.

The correlation coefficient of the personal category topics was highest of all five topical categories. In this category, the nurses' ranks and weights in each of the topics were almost always equivalent.

TABLE XXXI

SUMMARY OF RANK AND WEIGHT STANDINGS AND DIFFERENCE OF
EACH PROFESSIONAL TOPIC BY TOTAL POPULATION

Topic/Category	Rank Standing	Weight Standing	Difference
<u>Professional</u>			
Effective Documentation	1	2	-1
Problem Solving	2	1	+1
Legal Aspects	3	3.5	- .5
Strategies for Decision Making	4	8.5	-4.5
Implementing Nursing Standards	5	3.5	+1.5
Professional Role and Responsibilities	6	5	+1
Management Strategies and Skills	7	8.5	-1.5
Conflict Management	8	6	+2
Quality Assurance	9	7	+2
Change Process	10	12	-2
Interdepartmental Relationships	11	10	+1
Health Care Economics	12	11	+1
Trends and Issues in Nursing	13	13	0
Politics of Health Care	14	14	0

Three of the nine topics received identical weights and ranks. The other six topics were within one rank difference, as presented in Table XXXII.

TABLE XXXII

SUMMARY OF RANK AND WEIGHT STANDING AND DIFFERENCE OF EACH PERSONAL TOPIC BY TOTAL POPULATION

Topic	Rank Standing	Weight Standing	Difference
<u>Personal</u>			
Time Management	1	2	-1
Effective Communication	2	1	+1
Stress Management	3	3	0
Assertiveness Training	4	4	0
"Burnout" Prevention	5	5	0
Interpersonal Relationships	6	7	-1
Leadership Development	7	6	+1
Group Dynamics	8	8.5	+ .5
Values Clarification	9	8.5	- .5

Patient/Family Category

In the patient/family category, most of the agreement was in selecting topics of least importance. The coefficient of correlation of patient/family topics was not significant at the $p \leq .05$. (Table IV p.43) As noted in Table XXXIII, most nurses ranked patient/family teaching as their first choice, followed by crisis intervention, pain theory and intervention and discharge planning.

TABLE XXXIII

SUMMARY OF RANK AND WEIGHT STANDING AND DIFFERENCE OF
EACH PATIENT/FAMILY TOPIC BY TOTAL POPULATION

Topic	Rank Standing	Weight Standing	Difference
<u>Patient/Family Topics</u>			
Patient/Family Teaching	1	2	-1
Crisis Intervention	2	4	-2
Pain Theory and Intervention	3	5	-2
Discharge Planning	4	1	+3
Grief and Loss	5	7	-2
Nutritional Support and Assessment	6	9	-3
Care of the Dying Patient	7	6	+1
Health Promotion	8	3	+5
Aspects of Rehabilitation	9	8	+1
Patient/Family Behavioral Problems	10	10	0
Family Dynamics	11	12	-1
Mobility and Immobility	12	11	+1
Therapeutic Touch	13	13	0
Cultural/Religious Values and Health Care	14	14	0

Of least importance were cultural/religious values, therapeutic touch, mobility and immobility and family dynamics. There was little agreement among nurses on the ranking of the remaining topics: grief and loss, nutritional support and assessment, care of the dying patient, health promotion and aspects of rehabilitation.

The nurses applied nearly the same weight as rank to eight of the fourteen topics. Discharge planning was assigned the greatest weight but was ranked only in fourth place. Care of the dying patient was given more weight (sixth) than its rank standing (seventh). Health promotion was placed third in weight, but ranked eighth as a selection to be included in the curriculum of the surgical nurse internship program.

Broad Clinical Category

Nurses indicated high agreement in ranking 15 broad clinical topics. (Table IV p. 43) Fast action topics, emergency care--shock and hemorrhage, and care of the critically ill, were top choices. Clinical judgment skills, patient assessment, advanced life support and fluid and electrolyte balance, also ranked high. Medium rankings were given to pharmacology update, respiratory care, nursing diagnosis/care plans and total parenteral nutrition. Nurses gave low rankings to decubitus care, review of the nursing process, nursing grand rounds, oncology update and central venous pressure monitoring. Table XXXIV illustrates these preferences.

TABLE XXXIV

SUMMARY OF RANK AND WEIGHT STANDING AND DIFFERENCE OF
EACH BROAD CLINICAL TOPIC BY TOTAL POPULATION

Topic	Rank Standing	Weight Standing	Difference
<u>Broad Clinical Topics</u>			
Emergency Care—Shock and Hemorrhage	1	1	0
Care of the Critically Ill Patient	2	15	-13
Clinical Judgment Skills	3	3	0
Patient Assessment by Systems	4	2	+ 2
Advanced Life Support	5.5	6	.5
Fluid and Electrolyte Balance	5.5	5	+ .5
Pharmacology Update	7	4	+ 3
Nursing Diagnosis/Care Plans	9	7	+ 2
Respiratory Care	8	8	0
Total Parenteral Nutrition	10	10	0
Decubitus Care	11	9	+ 2
Review of the Nursing Process	12	12	0
Nursing Grand Rounds	13	14	- 1
Oncology Update	14	11	+ 3
Central Venous Pressure Monitoring	15	13	+ 2

All nurses weighted emergency care--shock and hemorrhage as the most important broad clinical topic. Of the other fourteen clinical topics, eight topics were ranked and weighted the same or within one rank difference. Care of the critically ill patient ranked second as a choice but was last when weights were assigned. These results are presented in Table XXXIV.

Surgical Nursing Category

Nurses indicated a high level of agreement in ranking surgical nursing topics, as noted in Tables IV (p.43) and XXXV. The surgical topics with a broad application were ranked highest: pre and post operative teaching/care, pathophysiology of specific surgical conditions, rehabilitation of the surgical patient, care of drainage tubes and coping with alterations of body image/lifestyles. Overall, nurses ranked specific skills and procedures, tracheostomy care, ostomy care, oral/pharyngeal sunctioning, wound debridement and limb reattachment, as less important internship topics.

The nurses' first two choices in ranking surgical nursing topics were also the highest weighted topics. These were pre and post operative teaching/care and pathophysiology of specific surgical conditions. All nurses ranked and weighted limb reattachment as their last choice. The other eight surgical nursing topics were given weights equivalent to the assigned ranks within one rank placement.

TABLE XXXV

SUMMARY RANK AND WEIGHT STANDING AND DIFFERENCE OF
EACH SURGICAL NURSING TOPIC BY TOTAL POPULATION

Topic	Rank Standing	Weight Standing	Difference
<u>Surgical Nursing Topics</u>			
Pre and Post Op Teaching/Care	1	1	0
Pathophysiology of Specific Surgical Conditions	2	2	0
Rehabilitation of the Surgical Patient	3	3	0
Care of Drainage Tubes	4	9	-5
Coping with Alterations in Body Image/Life Styles	5	4	+1
Tracheostomy Care	6	5	+1
Ostomy Care	8	8	0
Oral/Pharyngeal Suctioning	7	6	+1
Wound Debridement	9	7	+2
Limb Reattachment	10	10	0

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

I. SUMMARY

Purpose of the Study

The purpose of this study was to determine those topics deemed essential curriculum of a surgical nurse internship program. Topics were ranked and weighted by five groups of persons associated with nursing.

Importance of the Study

Nursing educators and administrators of nursing service have joined one another in mutual effort to reduce the frustrations of first employment of new registered nurses. One solution to the dilemma, reported in the literature, was to provide a nurse internship that focused on smoothing the role transition, assisting with the development of complex skills and providing conferences on appropriate topics for the novice nurse. As this effort was costly in terms of time and money, it was vitally important that the curriculum of the internship program be cogent to the developmental needs of the nurse interns.

II. FINDINGS

The following findings are based upon analysis of the data collected from the study population. Major findings are presented below.

Professional Category

1. The concordance coefficient for all nursing groups in ranking professional topics was significant at the $p \leq .05$ level.

2. The nurse groups with the highest agreement between groups were: a. the nursing service staff and the associate degree students, b. the baccalaureate students and the associate degree faculty, and c. the baccalaureate students and nursing service staff.

3. Seven of the ten between group concordance coefficient in the professional topic category were significant at $p \leq .05$.

4. The highest ranked and weighted professional topic was effective documentation.

5. The lowest ranked and weighted professional topics were trends and issues in nursing and politics of health care.

Personal Category

1. The concordance coefficient reflection of the personal topic category of all nurse groups were statistically significant at the $p \leq .05$ level.

2. Three of the ten between group correlation coefficients were statistically significant: a. baccalaureate student nurses and nursing service staff, b. baccalaureate faculty and associate degree students, and c. associate degree faculty and nursing service staff.

3. The highest ranked and weighted personal topics were time management and effective communication.

4. The lowest ranked and weighted personal topics were group dynamics and values clarification.

Patient/Family Category

1. A minimally acceptable correlation coefficient of ranks of patient family topics was found among all groups, $W = .54$.

2. The degree of agreement in the patient/family category was found to be statistically significant between the associate degree faculty and the nursing service staff. All other correlation coefficients between group rank were not significant.

3. Patient/family teaching and crisis intervention were the highest ranked topics.

4. Discharge planning and patient/family teaching received the highest weight.

5. Cultural/religious values and health care and therapeutic touch were the lowest ranked and weighted topics.

Broad Clinical Category

1. The concordance coefficient for all nurse groups was significant, $p \leq .05$.

2. The between group concordance coefficients were significant for the following groups: a. baccalaureate students and their faculty, b. baccalaureate students and associate degree students, c. baccalaureate faculty and associate degree students, and d. associate degree faculty and nursing service staff.

3. Emergency care--shock and hemorrhage was the highest ranked and weighted topic.

4. Care of the critically ill patient was the second highest ranked topic, but received the lowest weight.

5. Clinical judgment skills was the third highest ranked and second highest weighted topic.

6. Central venous pressure monitoring was the lowest ranked topic and the second lowest weighted topic.

7. Oncology update ranked second lowest and received a low weight.

Surgical Nursing Topics

1. The calculated concordance coefficients were significant at $p \leq .05$ for all nurse groups.

2. The rankings of the baccalaureate students and nursing service staff were the only groups with a significantly high concordance coefficient.

3. The highest ranked and weighted topics were pre and post op teaching and pathophysiology of specific surgical conditions.

4. Limb reattachment was the lowest ranked and weighted topic.

5. Wound debridement was the second lowest ranked topic and received the fourth lowest weight of the ten topics.

6. Care of drainage tubes received the second lowest weight.

III. CONCLUSIONS

On the basis of the analysis of data and the research findings, these are the conclusions:

1. The senior baccalaureate students and their nursing faculty agreed strongly in ranking professional and broad clinical topics. Their overall agreement in ranking all categories of topics was very strong.

2. The senior associate degree students and their nursing faculty did not agree significantly in ranking any of the topics for a surgical nurse internship program. However, their mean agreement of rankings was moderately strong.

3. The senior students of the baccalaureate and associate degree programs agreed very strongly in ranking professional and broad clinical topics. Their overall agreement in ranking all five categories of topics was very strong.

4. The faculties of a baccalaureate and an associate degree nursing program agreed strongly in ranking the professional and broad clinical topics. The faculties mean ranking indicated a very strong agreement.

5. The agreement between the nursing service staff and the other four groups, in the ranking of topics, occurred in the following degrees:

a. baccalaureate students - extremely strong in ranking professional, personal and surgical nursing topics. They had a very strong agreement on ranking all topics.

b. the associate degree students - extremely strong in ranking professional topics. Their overall agreement in ranking all topics was very strong.

c. baccalaureate faculty - no agreement in ranking any of the topical categories. However, their overall mean agreement was very strong.

d. associate degree faculty - very strong to extremely strong in ranking professional, personal, patient/family and broad clinical topics. Their mean agreement was extremely strong.

6. There was moderately strong agreement among all nurses in ranking all topics.

IV. RECOMMENDATIONS

The following recommendations are proposed in view of the findings and conclusions of this study:

1. Staff development educators and coordinators of nurse internships may utilize the ranking and weighting of topics as strong rationale in planning their curriculum for new professional nurses. These educators should attend to the differences in choices of the associate degree and baccalaureate student nurses and plan the curriculum appropriately.

2. Supervisory and staff nurses who work with the novice nurse would find it helpful to know how students ranked topics. With this information they could better orient new nurses to their role and assist them in developing skills and confidence in practice.

3. Nursing faculty and staff development educators might wish to review together the rank and weights of the topics. Modification in time allotments and expansion of the topics might be considered in curriculum planning for each educational area.

4. The low ranking of some topics will need further investigation. One topic, health care economics, received low ranking by all groups. Did this indicate that nurse groups believe new nurses have adequate knowledge and skills in their role in cost containment?

5. The ranking and weighting of 68 items in five categories on the questionnaire was considered by many participants to be a heavy assignment. The questionnaire could be revised in this manner:

- a. Researchers may simplify the process by asking participants to select fewer topics to be ranked and weighted.

b. Weighting topics was laborious, difficult for participants and provided little information due to the poor response of participants. The relative weight of a topic could be left to the discretion of the coordinator in planning the specific program.

c. Periodically, staff development instructors could survey the same five groups of nurses with a similar questionnaire and request "write in" topics. The process could be on-going and thereby develop an up-to-date continuing education curriculum for nurse interns.

d. Coordinators of the internship could use the delphi technique with nurse groups to determine appropriate topics.

It can be noted that the first category of topics, professional, had the highest correlation coefficient of rankings by all nurse groups. Whereas the last two categorized topics, broad clinical and surgical nursing topics, had the lowest correlation coefficients of rankings. The length of the questionnaire may have been a causation factor. Since the researcher is most interested in ascertaining the appropriate surgical and clinical topics these categories could be presented prior to the professional and personal topics.

CHAPTER VI

THE STUDY IN RETROSPECT

In this research study nurses have been given the opportunity to state their wishes for content of a surgical nurse internship program. The positive outcome has stimulated a generous, definite identification of highly desired topics for curriculum content.

This study in retrospect provides the researcher with the opportunity to describe the content of an ideal surgical nurse internship program. The selection of topics and content will combine the utilization of the findings of this research, personal experiences in working with new registered nurses and the message of the people of the U.S. to health care providers of the 1980's. This message repeatedly states their expectations for the delivery of cost effective, quality health care which must be accessible to all persons. This care is provided in a highly complex social, cultural and technological environment. These trenchant demands for health care are reflected in all areas, plans and programs of the health care system. The impact of the message can be recognized by nurse coordinators and interns of a surgical nurse internship program.

The content for the program must capture the interest of nurse interns, stimulate their motivations for continued learning and be meaningful and supportive in their daily nursing practice. For some interns and on some occasions, the surgical nurse internship program may provide a necessary review of complex subject matter. However, it has

been learned through this research and is the researcher's observation that the majority of new nurses desire to add more depth to their knowledge and have additional opportunities to practice complex nursing skills within a structured program.

The selected content of the ideal surgical nurse internship program will include the three highest ranked topics of each of the five categories with one additional topic, financial management and the staff nurse.

Professional Category

The topics selected for the professional category are effective documentation, problem solving and legal aspects. In addition, the researcher chose to include financial management and the staff nurse.

Effective documentation. Nurse interns frequently practice in a dynamic patient care environment with multiple and simultaneous predictable and unpredictable activities in progress. These new nurses must convert this fast action, their observations and assessments into a systematic chronological account on patients' records, incident reports and administrative reports. All documentation must be complete, accurate, timely, professionally and legally acceptable. This is, indeed, a big order for an experienced nurse and a colossal demand for a new nurse!

Frequently nurse interns have experienced different systems of documentation during their student affiliations and upon employment learn to adapt to the system of their health agency. Coordinators of internships could plan the seminar on documentation to include basics as well as the technological advances of computerized information systems.

The hospital's policies and procedures on charting and reporting are basic tools to be included in the seminar.

The School of Nursing of the University of St. Thomas (1984) defined educational objectives on charting which have been modified and could be included in the surgical nurse internship program. These are the following:

1. Explain multiple purposes of the client record.
2. Describe the components of the problem-oriented record.
3. Explain how the nurse documents within the problem-oriented system.
4. Describe the components of the source-oriented system.
5. Explain how the nurse documents within the source-oriented system.
6. Identify guidelines for the documentation of pertinent data.
7. Identify the role of computerized information systems.
8. Explain ways in which the nurses can legally protect themselves through good documentation.
9. Explain the purposes of the incident report.
10. Explain how incident reports are completed and routed.
11. Identify the role of administrative reports in the hospital system.
12. Explain how the nurse completes administrative records.

The seminar on effective documentation can be integrated with the seminar on care of the critically ill so that a systematic process is achieved in recording observations and findings.

Problem solving. All nurse participants of this research study ranked problem solving as highly important for inclusion in the surgical nurse internship program. As the researcher values the skills required in problem solving, it will be included in the ideal design along with the concepts of the change process.

Problem solving skills are inherent aspects of the professional nurse who coordinates the care of several patients. In referring to problem solving, Fain (1981) stated, "The ability to handle problems early and effectively enables one to tackle the expected problems with greater vigor and thus the course of one's career will proceed in a smoother fashion."

The dynamic hospital environment operating at its best presents numerous opportunities for problem solving and change at the unit level. Change is not a problem itself but is a major problem source and may be implemented with a process similar to problem solving. Both processes are similar to the nursing process which includes assessing, planning implementing and evaluating. The goal of the nursing process is to prevent or solve problems or initiate a change in the patients' life. Nurse interns can utilize their already familiar nursing process in problem solving and change and develop greater skills inherent in the process. The seminar on problem solving and change will include these educational objectives:

1. Analyze the processes: nursing, change and problem solving.
2. Select a problem encountered in nursing and apply the problem solving process of defining, implementing a solution and evaluating the outcome.

3. List several alternatives to the solution and identify possible outcomes of each alternative.

4. Identify a change in protocol occurring in the nursing service department and apply the change process with its similarities to problem solving.

5. Describe conflict that may arise as a result of change and the alternatives to managing the conflict.

6. Explore various ways to deal effectively with conflict at the nursing unit level.

Legal aspects. Legal aspects, which scored a high interest among the nurses, has broad application to the role and responsibilities of the new staff nurse. This topic will be approached comprehensively and with specific application to surgical nursing. The educational objectives of the graduate program developed by the School of Nursing of the University of Massachusetts (1985) could be utilized as a base for the seminar on legal aspects. Modification of these educational objectives for the surgical nurse internship problem are the following:

1. Analyze the state nurse practice act in terms of the changing scope of nursing practice and the rights and responsibilities of nurses.

2. Examine the nature of nursing's social contract with the public and its continued relevance for modern professional nursing practice specifically applied to the surgical nursing practice.

3. Evaluate the clinical practice of surgical nursing from the standpoint of legal accountability.

4. Examine the concepts of negligence and malpractice as applied to health care providers and specifically the nurse and the role of the courts in settling disputes.

5. Identify patients rights as defined by law and the corresponding duties of the surgical nurse.

6. Identify the types of ethical dilemmas confronting surgical nurses, and develop a systematic framework for ethical decision making.

7. Analyze the legislative process and demonstrate how it can be effectively utilized by surgical nurses to create positive change aimed at the improvement of patient care services and for the advancement of professional nursing practice.

8. Develop an understanding of the methods used by regulatory agencies to promulgate regulations and identify appropriate points in the process where nurses could provide input into their development.

9. Differentiate the meaning of numerous surgical consent forms and other patient consent forms utilized in the surgical patient care units.

Financial management and the staff nurse. Chances are the nurse interns' financial management concerns have been personal and focused on making it through school, semester by semester. The position of registered nurse may be the first full time, better salaried position they have ever enjoyed. The feeling of overnight "personal wealth and financial security" may be enhanced in the hospital's "land of plenty" as the new nurses simply order the available patient supplies and expensive equipment. New nurses see the staffing schedule as a great plan when there is a bountiful assignment of registered nurses. The nation's dilemma of health care costs may not have totally reached the enthusiastic nurse interns who are energetically providing quality, total patient care.

Staff nurses generally have little or no involvement in preparing a hospital budget, but they have much involvement in the expenditure of it. They possess varying degrees of cost consciousness and knowledge of hospital financial management. The nurse internship program is an appropriate opportunity to teach the enthusiastic nurses of the cost containment strategies and enlist their involvement and creativity in future hospital plans.

The educational objectives for the seminar may include the following:

1. Define financial terms used in hospital operations.
2. Describe the nation's financial dilemma of health care during the 1980's..
3. Identify cost containment strategies promoted by the American Hospital Association, Federal government and the local management groups.
4. Name methods to develop cost consciousness among staff of the hospital.
5. Prepare a cost report of nurse staffing utilizing an alternative mix of registered nurses, licensed practical nurses and nursing assistants.
6. Describe a patient classification system related to cost of human and material resources.
7. Identify the financial aspects of human resource management: salary, fringe benefits, absenteeism, turnover, recruitment, staff development, parking and cafeterias.
8. Describe nursing policy and standards that impact upon cost of delivering patient care.

9. Plan productivity improvement for your unit personnel.
10. Identify cost effective use of equipment and materials.
11. Justify the cost of maintaining inventory levels of linens, medical supplies, pharmaceuticals and equipment.
12. Describe cost effective nursing strategies to decrease the length of patient hospitalization.

Personal Category

The ideal nurse internship program includes the personal topics of time management, effective communication and stress management. Nurses who have mastered the skills of these functions can be happier and successful in both their personal and professional lives.

Time management. In this day of fast action and cost containment in the health care industry, it is reasonable to include time management in the surgical nurse internship program. Time is money!

Time management requires that a nurse have a deep understanding of the broad picture of the nursing process and the impact of the environmental factors. Also nurses need to know what is expected of them by their employers.

The seminar on time management might have these objectives:

1. Identify the purposes of time management.
2. Explain the categories of work that nurses must consider in daily time planning.
3. Identify common time-wasters which could apply to nursing.
4. State the steps the nurse managers follow to maximize use of their time.

5. Distinguish between efficiency and effectiveness in daily nursing activities.

6. State goals and time frames for important accomplishments.

Effective communication. Nurses indicated a strong agreement of the importance of effective communication. Perhaps these nurses join the many new professionals who desire to qualify their services by qualifying their communication skills. As communication is an integral part of our lives, effective communication skills of the new nurses may be crucial to their professional and personal success in the years to come. In the complex health care system the harsh ineffective communication of some persons can dehumanize providers of care as well as the clients. Nurses must be skilled to respond effectively.

Communication of registered nurses tends to be from person to person so the coordinators of surgical nurse internship programs can approach this topic from the interpersonal aspects. Content might concentrate on theory and practice of verbal communication. Interns could reflect on the characteristics of language that make communication difficult such as the difference in meaning of words to different people. Nurse interns might be alerted to the reflection of personality and culture on their communications. As speaking, listening and receiving feedback are vital to understanding one another, new nurses could participate in communication skill-directed sessions.

By virtue of their clinical practice as students, nurse interns have been involved in multidisciplinary health professional groups. Now

as a professional their involvement requires an ability to communicate effectively with problem solving and decision making groups. Coordinators of surgical nurse internship programs could coach interns during simulated seminars as well as be present to individual interns to plan their therapeutic group sessions.

The professional nurse who is skillfully persuasive in public speaking may open new avenues of success for her profession as well as herself. The activities of nurse interns could be directed toward opportunities for presentations in various health care aspects.

We communicate whether or not we intend to do so. Nurse interns may review the characteristics of nonverbal communication. There are important messages transmitted through facial expression, posture, body movement, tone and appearance. The nurse interns who may be anxious and concerned may be helped to be aware of their messages via their image.

The seminar on effective communication could include these educational objectives:

1. Describe a positive nurse-patient relationship which can be facilitated by communication skills.
2. Describe the respect a nurse must have for the patient as a person.
3. Identify effective communication techniques utilized with patients, staff and peers.
4. List the intervention utilized to reduce anxiety, enhance coping and adaptation.
5. Identify positive and negative nonverbal messages which are frequently transmitted by nurses.

6. Identify the positive and negative characteristics of oral presentations.

Stress management. Stress management is a topic with both personal and professional application. It is particularly appropriate for the nurse employed in a hospital as the acute care environment is alive with demands and events. Also new nurses frequently realize the broad and serious responsibility of the nursing profession which impacts deeply upon new conscientious nurses. As a result the nurses may experience anxiety which may cause them to leave their employment.

In the ideal design of a surgical nurse internship program, the participants will have opportunities to:

1. Examine the concepts of anxiety, stress, coping and adaptation.
2. Understand the sources of anxiety and stress in a hospital upon an individual.
3. Identify their anxiety and stress and their behavioral responses.
4. Identify the individual and group behavioral responses to anxiety and stress.
5. Describe measures to prevent and controls stress in themselves and their peers.
6. Name coping and adaptation measures to develop in their personal and professional lives.

Patient/Family Category

In the more recent years providers of health care have concentrated more on the patient/family approach to care giving. This approach is certainly with merit at the same time it adds to the complexity of planning, implementing and evaluating nursing care.

The findings of this research study to determine content of a surgical nurse internship program, indicated low agreement of patient/family topics. However, three highly ranked topics of the patient/family category will be included in my ideal program. These topics are patient/family teaching, crisis intervention and pain theory.

Patient/family teaching. The seminar on patient/family teaching includes some of the concepts of the curricula of the Schools of Nursing of the Universities of St. Thomas (1984) and Massachusetts (1985).

Nurses attending the seminar in patient/family teaching will have the opportunity to:

1. Formulate a philosophy of nursing which describes nursing's teaching responsibility to patients and families.

2. State the need for teaching which may be based upon direct or indirect responses or the patient's diagnosis.

3. Assess learning needs of the patient and family, based upon the following:

- a. motivations which may include health, cultural or religious beliefs.

- b. physiopsychosocial development that may affect the teaching content.

- c. patient/family knowledge level related to the subject.

4. Design appropriate educational experiences based upon identified learning needs under the domains of cognitive, psychomotor and affective.

5. Demonstrate the instructional plan with the use of audio or visual aids and predict expected outcome.

6. State measurement criteria for evaluation of teaching plans.

Crisis intervention. Surgical nursing in an acute care hospital tends to be associated with patients and families in crisis. Since nurses are immediately accessible to patients and families, they are in a position to assume a leadership role in crisis intervention. Successful crisis intervention requires broad knowledge and skills of nurse practitioners. It is based on the nursing process, incorporates the concepts of the behavioral sciences and the artful utilization of the therapeutic self. Mastery of crisis intervention is achieved with experience, conscious effort and reflection. Nurses may or may not ever recognize their effectiveness in crisis intervention. It may be left to their patient and their families who may eventually adapt and express their recognition of the positive support provided by the nurses.

Surgical nurse interns have the basic knowledge and beginning skills to provide crisis intervention to patients and families. The nurses' confidence will be enhanced and their effectiveness become reality with additional discussion and practice of crisis intervention. Coordinators of surgical nurse internship programs may plan these educational objectives on crisis intervention:

1. Describe crisis in an appropriate conceptual approach to family-centered nursing.
2. Examine the components of the nursing process which can be applied to a crisis situation of a patient or family in returning to a state of equilibrium.
3. Describe nursing intervention of family therapy which can facilitate their communication, decision making ability and understanding of one another to tolerate or resolve their conflicts.

4. Explain how the concept of crisis intervention can be utilized on all levels of prevention: primary, secondary and tertiary.

5. Identify various types of patient or family crisis of which surgical nurses become involved.

6. Plan realistic and therapeutic interventions that are applicable to various patient or family crisis involving surgical patients.

Pain theory. Nurses have the responsibility to assist patients who are experiencing pain. Vigilant nurses must observe patients in a wide variety of activities and select the appropriate relief measures for them. Surgical nurses of an acute care hospital are probably called upon more often than other nursing areas to minister palliative measures to patients.

Early in their profession, nurses realize that pain medication alone does not answer the calls for analgesics of many patients. Surgical nurse interns will be helped considerably to attend a seminar on pain theory with the following educational objectives:

1. Examine your personal beliefs of pain and patients' complaints of pain.

2. Describe various classifications of pain.

3. Describe physician and nurse's approaches to the patient with pain.

4. Identify health providers' opinions that inhibit assessment of the patient with pain.

5. Describe how people contend with pain.

6. Describe specific theories of pain relief measures.

7. Name the guidelines for using and individualizing pain relief measures.
8. Describe a desirable nurse-patient relationship with patients in pain.
9. Examine the potency, effects and untoward effects of analgesics, tranquilizers and potentiators.
10. State guidelines for utilizing noninvasive pain relief measures.
11. Describe the general pain assessment tool and application to patient type.
12. Describe the McGill Assessment Tool and application to patient type.

Emergency care--shock and hemorrhage. Nurse interns realize that surgical patients are vulnerable to shock or hemorrhage and may be coded at any hour of the day or night. Shock may be due to numerous pathophysiological conditions. The problems of shock due to cardiac arrest by hemorrhage will be included in the seminars and practice. Concepts of the program of the University of Texas (1982) were used.

While the incidence of cardiac arrest occurring on the pre and post operative units is actually very low, the entire health team periodically practices the implementation of emergency measures, cardiopulmonary resuscitation. This coordinated practice may account for the successful interventions when the actual emergencies arise with the surgical patient.

The surgical nurse internship program will include "mock code" practice which stimulates a degree of stress on the participants to

perform quickly and accurately. The critique following the sessions provides participants opportunities to modify their response and examine the emergency equipment and medications. The educational objectives for the seminar on cardiopulmonary resuscitation are:

1. State the major causes of cardiac arrest.
2. Describe the pathophysiology underlying the problem of cardiac arrest.
3. Identify the behavior and appearance of a patient going into cardiac arrest.
4. Define the emergency of cardiopulmonary resuscitation.
5. Demonstrate the sequence of
 - a. one rescuer
 - b. two rescuers
6. Describe the immediate "after shock" care given to the patients.
7. Describe the appropriate nursing management in working with family or significant others of patients in shock.

The educational objectives for care of patients with hypovolemic shock are based upon the plan of Langfitt (1984). They are the following:

1. Define hemostasis.
2. Identify normal factors causing vasoconstriction.
3. Explain the process of platelet aggregation.
4. Name five acquired defects in hemostatic disorders of blood vessels.
5. List at least two congenital defects in hemostatic disorders of blood vessels.

6. Define thrombocytosis and its significance.
7. Define thrombocytopenia and its significance.
8. Define hypovolemic shock.
9. List at least five common etiologies of hypovolemic shock.
10. Explain the pathophysiology of hypovolemic shock.
11. Describe the presenting signs and symptoms of hypovolemic shock.
12. Formulate several nursing interventions for hypovolemic shock.
13. Name eight complications of hypovolemic shock.

Pathophysiology of specific surgical conditions, clinical judgment skills and care of the critically ill. The real world of nursing presents patients with multiple diagnoses of varying and changing degrees of illness. The new practitioner must meet this challenge with accuracy and speed, and retrieve from memory the knowledge and skills applicable to the patient's vague or specific signs or symptoms. The professional nurse is responsible to perform assessment skills, early identification of new difficulties and respond to treatment modalities. By law the nurse must perform these functions competently and responsibly.

The ideal nurse internship program will provide time, and guided practice for the nurse interns to continue to develop these complex skills. Three high ranked topics, clinical judgment skills, pathophysiology of specific surgical conditions and care of the critically

ill have a logical learning sequence. The seminars for these topics will integrate the content and clinical practice sessions will follow. Initially the nurse interns will review and practice assessment skills. These educational objectives are appropriate for the seminar on assessment:

1. Name four skills used in assessment.
2. Identify four signs one checks by inspection.
3. Demonstrate and describe three types of palpation.
4. Describe rebound tenderness.
5. Describe the purposes of percussion.
6. Demonstrate the percussion procedure including positioning of the plexor and pleximeter.
7. Identify five sounds produced by percussion.
8. Describe auscultation and its application to body organs.
9. Name several extraneous factors which distort auscultation.

The next sequence of clinical seminars focuses on pathophysiology of specific surgical conditions. Broad educational objectives have been developed which can be applied to any specific surgical condition. The educational objectives formulated by the nursing faculty of School of Nursing of the University of Massachusetts (1985) are applicable to the seminar:

1. Discuss normal physiologic mechanisms which maintain dynamic equilibrium in the human body's relationship with the environment.
2. Describe selected concepts of disordered physiology which lead to disease and discomfort in the adult human.

3. Explain the concepts of positive and negative feedback as related to human functioning.

4. Relate disordered physiology to events occurring in the person's social and physical environment when appropriate.

5. Describe the impact of disordered physiology on the individual and family.

6. Describe the psychological and social mechanisms developed by individuals to deal with the impact of disordered physiology.

7. Discuss the importance of clear communication among health professionals and their clients in situations involving physiology.

8. Relate action of selected drugs to disordered physiology.

9. Develop clinical inferences on nursing diagnosis based on knowledge of disordered functioning in the human.

Coordinators of surgical nurse internship programs may apply the educational objectives of pathophysiology to specific surgical conditions such as, renal, cardiovascular or gastrointestinal. The seminar focuses on nursing interventions for the patient and family. These interventions require nursing judgment, thus the development of these skills are integrated into the plan.

Care of the critically ill patient may be integrated in the clinical seminars. Nursing care of these patients requires a high level of nursing assessment and judgment based upon knowledge. These assessment skills have been identified by Roberts (1976) and are appropriate for surgical nurse internship programs:

1. Describe behavioral assessment of the patient by noting: conscious level, consistency of behavior, control of movement and characteristics of the patient's background.
2. Observe and record the emotional assessment of the patient by identifying any feelings of loneliness, helplessness, hopelessness, anger, anxiety, alteration in body-image or depersonalization.
3. Note the environmental assessment affecting the patient in terms of stimulus from the environment, space and territoriality, sensory overload (environmental) sensory deprivation and sleep deprivation.
4. Describe the physiological assessment of the patient by observing the sclera color and condition of pupils, skin color, temperature, arterial and venous blood pressure and sounds of the chest, heart and bowel.
5. Determine the status of the three major systems: pulmonary, cardiac and renal by noting the functions of rate, rhythm and regularity.
6. Develop a systematic plan for observing and assessing the patient who manifests many problems simultaneously.
7. Demonstrate timely, accurate and comprehensive documentation of patient status.
8. Identify appropriate nursing interventions relative to patient status and prepare a nursing care plan.

Pre and post operative teaching and care. The surgical nurse interns have generally had good student exposure to basic surgical nursing. However, the many different types of surgery and the complexity of equipment used for surgical patients, pose a threat to

the new nurse. The seminars on pre and post operative care and teaching should convert this maze of equipment and nursing intervention into an understanding and systematic approach to providing nursing care to patients with various surgical problems.

These educational objectives may be used for seminars and practice sessions:

1. Describe the purpose of pre operative teaching and care.
2. Name physical or emotional conditions that pose an added threat to the surgical patient.
3. Describe physical or emotional conditions that may cause postponement or cancellation of surgery.
4. Identify pre operative nursing responsibilities.
5. Prepare a pre operative teaching plan.
6. List the items included on a pre operative check list.
7. Identify the required nursing observations and interventions of the post operative patient.
8. Demonstrate the initiation, maintenance and discontinuation of intravenous therapy, oxygen therapy, oral, gastric and pulmonary suction.
9. Describe the purpose of early ambulation.
10. Name several nursing interventions for post operative complications.
11. Demonstrate three different types of dressing application procedures.
12. Describe the purpose and maintenance of four drainage tubes.
13. Prepare the content of a discharge plan for a surgical patient.

Rehabilitation. Surgical nurse interns have opportunities to provide rehabilitative nursing care for patients with diverse health problems. Modern medical technologies have implemented aggressive remedies for these health problems. These varied applications may include limb reattachments, major revision procedures of head and neck as well as the more common orthopedic, cardiovascular, gastrointestinal or neurological surgery requiring rehabilitative measures.

Nurse interns as well as their patients may experience a series of emotional reactions in viewing the outcomes of radical surgery. Coordinators of surgical nurse internship programs can guide the new nurses in helping patients deal with newly acquired disabilities.

The description of rehabilitation nursing care of Brunner and Suddarth (1984) and Hall and Weaver (1974) served as a reference in identifying seminar content. The following educational objectives may be utilized:

1. Describe an interdisciplinary approach to rehabilitation.
2. Contrast the major rehabilitation theories and their influence on nursing practice.
3. Identify the emotional response of patients who are experiencing a newly acquired disability and/or image change.
4. Formulate a nursing care plan for a patient and family who have the potential for development of deformities and complications related to immobility.
5. Describe the pathophysiology and sociological states which occur with a prolonged illness and disability and determine appropriate nursing intervention and management strategies.

6. Identify the significance of continuity of care from the hospital to the home or extended care for patients requiring rehabilitation assistance.

7. Describe current legislature relative to rehabilitation services.

8. Review the rehabilitative service available to persons in the immediate community.

Summary

The content of the ideal surgical nurse internship program provides a broad approach to clinical practice and continued education for interns in an ever changing health care world. Interns with their individual needs and aspirations, knowledge and skills are accepted into the new profession. Their development continues.

The cycle continues.

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APPENDIXES

APPENDIX A

LETTER TO PARTICIPANTS

AND INSTRUMENT

The University of Texas Medical Branch at Galveston

Medical School
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals at Galveston



Dear Participant,

In order for nurse-internship programs to be effective, viable and contribute to professional growth, the selection of content and experience is of vital concern. Otherwise, such programs may be perceived as extensions of the student role at best, or remedial programs for new graduates at worst. Your cooperation is solicited in contributing to the development of curriculum content for nurse internship programs in general, and programs in the surgical nursing area, in particular.

The topics listed below have been identified in the literature as appropriate for workshops, seminars and such programs.

You are asked to rank in the order of importance those topics which you think are most important during the crucial period in the year following graduation. Also, you are asked to assign a percentage weight to the topics you have ranked as important. Please write the most appropriate number adjacent to the topic listed. (#1 being most important).

Please do not write your name on the questionnaire or envelope. The questionnaire will remain anonymous and a code number appears on the envelope which establishes the category of your group, e.g. student, faculty, nursing service.

Upon completion of the questionnaire place it in an envelope and put it in the slotted box.

Return of the questionnaire implies your consent to participate.

Your contribution to this study is highly valued.

Sincerely,

Rosemary Fritsch R.N., M.A.

Rosemary Fritsch, R.N., M.A.
Director of Surgical Nursing

QUESTIONNAIRE

The selection of appropriate content and experience for the nurse internship is vital to the success of the program. You are requested to do the following:

1. Rank in the order of importance those topics which you think are most important during the crucial period in the year following graduation. (#1 is the highest importance, etc.)
2. You may omit topics you believe unimportant.
3. Apply a percentage of weight to each topic ranked. Each group has a total of one hundred percent.

For example:

	Rank	Weight
1. Infection Control	3	20
2. Cardio-pulmonary Resuscitation	1	30
3. Safety	2	25
4. Aseptic Technique	4	15
5. Medication Administration	5	10
		100%

Professional

	Rank	Weight
1. Conflict Management	_____	_____
2. Problem Solving	_____	_____
3. Change Process	_____	_____
4. Legal Aspects	_____	_____
5. Quality Assurance	_____	_____
6. Trends & Issues in Nursing	_____	_____
7. Health Care Economics	_____	_____
8. Politics of Health Care	_____	_____
9. Strategies for Decision Making	_____	_____
10. Professional Role & Relationships	_____	_____
11. Management Strategies & Skills	_____	_____
12. Interdepartmental Relationships	_____	_____
13. Implementing Nursing Standards	_____	_____
14. Effective Documentation	_____	_____
		100%

Personal

1. Time Management	_____	_____
2. Stress Management	_____	_____
3. Assertiveness Training	_____	_____
4. Leadership Development	_____	_____
5. Effective Communication	_____	_____
6. "Burnout" Prevention	_____	_____
7. Interpersonal Relationships	_____	_____
8. Group Dynamics	_____	_____
9. Values Clarification	_____	_____
		100%

<u>Patient/Family</u>	<u>Rank</u>	<u>Weight</u>
1. Crisis Intervention	_____	_____
2. Pain Theory & Intervention	_____	_____
3. Grief and Loss	_____	_____
4. Therapeutic Touch	_____	_____
5. Family Dynamics	_____	_____
6. Patient/Family Teaching	_____	_____
7. Discharge Planning	_____	_____
8. Aspects of Rehabilitation	_____	_____
9. Mobility and Immobility	_____	_____
10. Cultural/Religious Values & Health Care	_____	_____
11. Health Promotion	_____	_____
12. Nutritional Assessment & Support	_____	_____
13. Patient/Family Behavioral Problems	_____	_____
14. Care of the Dying Patient	_____	_____
		100%

Broad Clinical Topics

1. Ductus Care	_____	_____
2. Oncology Update	_____	_____
3. Total Parenteral Nutrition	_____	_____
4. Fluid & Electrolyte Balance	_____	_____
5. Pharmacology Update	_____	_____
6. Advanced Life Support	_____	_____
7. Emergency Care - Shock & Hemorrhage	_____	_____
8. Care of the Critically Ill Patient	_____	_____
9. Nursing Grand Rounds	_____	_____
10. Central Venous Pressure Monitoring	_____	_____
11. Respiratory Care	_____	_____
12. Nursing Diagnosis/Care Plans	_____	_____
13. Clinical Judgment Skills	_____	_____
14. Review of the Nursing Process	_____	_____
15. Patient Assessment by Systems	_____	_____
		100%

Surgical Nursing Topics

1. Pre and Post Op Teaching/Care	_____	_____
2. Care of Drainage Tubes	_____	_____
3. Ostomy Care	_____	_____
4. Tracheostomy Care	_____	_____
5. Oral/Pharyngeal Suctioning	_____	_____
6. Wound Debridement	_____	_____
7. Pathophysiology of Specific Surgical Conditions	_____	_____
8. Rehabilitation of the Surgical Patient	_____	_____
9. Coping with Alterations in Body Image/Life styles	_____	_____
10. Limb Re-attachment	_____	_____
		100%

Please complete this portion of the questionnaire. This demographic information may assist the investigator in interpretation of results and provide greater specificity.

Age _____

Sex _____

Graduation from: Baccalaureate program _____

Associate degree program _____

Diploma program _____

If appropriate:

Enrolled in program

Completed

Program

Masters in Nursing

Other Masters, please specify:

Ed.D.

Ph.D.

If appropriate:

Length of time in nursing _____ years

Type of position(s) _____

Length of time on faculty _____ years

Type of teaching assignment(s) _____

If appropriate:

Plan to work at U.T.M.B.? Yes _____ No _____

Plan to work in surgical nursing area? Yes _____ No _____.

APPENDIX B

REQUESTS FOR APPROVAL

AND RESPONSES

The University of Texas Medical Branch at Galveston

Medical School
 Graduate School of Biomedical Sciences
 School of Allied Health Sciences
 School of Nursing

Marine Biomedical Institute
 Institute for the Medical Humanities
 UTMB Hospitals at Galveston



April 17, 1984

MEMORANDUM TO: Vernon E. Thompson, Executive Vice President
 for Administration & Business Affairs
 Alvin L. LeBlanc, M.D., Vice President
 for University Hospitals
 Patricia Kuykendall, R.N., M.S.N., Exec. Director
 of Surgical Operating and Acute Care Support Services
 Stephanie Worthen, R.N., M.S.N., Director
 of Research/Evaluation Nursing Services

FROM: Rosemary Fritsch, R.N., M.A.
 Director of Surgical Nursing

RE: RESEARCH STUDY TO FULFILL REQUIREMENTS FOR MY
 DOCTORAL DISSERTATION

I wish to request your approval to conduct a research study in partial fulfillment of my doctoral degree from the University of Tennessee.

The topic of this study is "Determination of Content of a Surgical Nurse Internship". As the attached abstract states, I wish to collect data from University of Texas Medical Branch School of Nursing and Galveston College graduating nursing students, their faculty and selected nursing service staff.

When I began this study in 1981, the nurse internship/residency programs were fully supported by hospital administration and nursing service. Recently there has been a modification in concept and implementation of the internship program. However, I feel confident that I can conduct this research professionally and explain the changes to the involved subjects.

The findings of this research may be useful to faculty and nursing service and applicable to their existing, approved programs.

Your consideration is sincerely appreciated as any substitution of participants would be extremely expensive in time and money and serve no useful purpose.

Rosemary Fritsch, R.N.
 Rosemary Fritsch, R.N., M.A.
 Director of Surgical Nursing

RF/aj
 Attachment

The University of Texas Medical Branch at Galveston

Medical School
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals at Galveston



April 27, 1984

Mrs. Ruth Bender R.N. M.S.
Director, Associate Degree
Nursing Program
Galveston College
Galveston, Texas 77550

Dear Mrs. Bender:

I wish to request your approval to conduct a research study in partial fulfillment of my doctoral degree from the University of Tennessee.

The topic of this study is "Determination of Content of a Surgical Nurse Internship". As the attached abstract states, I wish to collect data from University of Texas Medical Branch School of Nursing and Galveston College graduating nursing students, their faculty and selected nursing service staff.

When I began this study in 1981, the nurse internship/residency programs were fully supported by hospital administration and nursing service. Recently there has been a modification in concept and implementation of the internship program. However, I feel confident that I can conduct this research professionally and explain the changes to the involved subjects.

The findings of this research may be useful to faculty and nursing service and applicable to their existing, approved programs.

Rosemary Fritsch R.N.
Rosemary Fritsch, R.N., M.A.
Director of Surgical Nursing

RF/aj
Attachment

approved:
Bill [Signature]
4-27-84
Vice President, Occupational Programs
Galveston College

approved:
Ruth E. Bender, R.N. M.S.
Chairperson, Associate
Degree Nursing Department
Galveston College

 The University of Texas Medical Branch at Galveston

Medical School
 Graduate School of Biomedical Sciences
 School of Allied Health Sciences
 School of Nursing

Marine Biomedical Institute
 Institute for the Medical Humanities
 UTMB Hospitals at Galveston



May 3, 1984

M E M O R A N D U M

TO: Rosemary Fritsch, R.N., M.A.
 Director of Surgical Nursing

FROM: Marjorie Forster *Marjorie Forster*
 Director of Sponsored Programs-Academic

SUBJECT: OSP # 84-87

Under the Institutional Review Board's mechanism for reviewing minimal risk protocols, your project assigned OSP #84-87 entitled "Determination of Content of a Surgical Nurse Internship"

has been approved on May 2, 1984. I am, therefore, pleased to inform you that you may proceed with this project effective immediately.

Project Directors of approved projects are responsible for reporting to the Institutional Review Board any unanticipated adverse reactions observed during the conduct of the project as well as any severe or serious side effects whether anticipated or unanticipated.

Should your project require modification which alters the risk to the subject or the method of obtaining informed consent, the project must be reevaluated by the Institutional Review Board before the modification is initiated.

Completed subject consents should be maintained in the designated place for at least three years after the termination of the project. A copy of the completed consent document should be offered to the subject.

MF/nh

SCHOOL OF NURSING
THE UNIVERSITY OF TEXAS MEDICAL BRANCH
GALVESTON, TEXAS

APPROVAL FORM FOR RESEARCH AND/OR EVALUATION STUDIES

Title of Study Determination of Content of a Surgical Nurse Internship

Research Evaluation

Investigator Rosemary Fritsch, RN., MS.

Title Director, Surgical Nursing Service, UTMB

Affiliation of Investigator Adjunct Faculty, School of Nursing

Collaborators/or Committee Chairman _____

Name to Contact for Information Rosemary Fritsch, RN., MS.

Telephone Extension 2047

It is recommended the action on this study be for:

Approval

Approval with the following conditions:

Deferred in order to:

Disapproval because of:

[Signature]
Chairman, Research Committee

11-27-81
Date

RS:dbg
11-30-81

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS
ALVESTON, TEXAS

HOSPITAL ADMINISTRATION

APPROVAL FORM FOR RESEARCH/EVALUATION STUDIES IN WHICH HOSPITAL EMPLOYEES OR PRACTICE
ARE SUBJECTS

Title of Study DETERMINATION OF CONTENT OF A SURGICAL NURSE INTERNSHIP

Activity Director ROSEMARY FRITSCH, R.N., M.A. Title DIRECTOR OF SURGICAL NSG.

Department SURGICAL OPERATING AND ACUTE CARE Collaborators XXX
SUPPORT SERVICES

A DOCTORAL DISSERTATION

Name to contact for information ROSEMARY FRITSCH

Telephone extension 6645


THIS STUDY HAS BEEN:

APPROVED

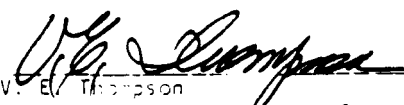
APPROVED WITH THE FOLLOWING CONDITIONS:

DEFERRED IN ORDER TO:

DISAPPROVED BECAUSE OF:



Alvin L. LeBlanc, M.D.
Vice President for University Hospitals



V. E. Thompson
Executive Vice President for
Administration and Business Affairs

THE UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS
GALVESTON, TEXAS
DEPARTMENT OF NURSING

APPROVAL FORM FOR EXTRA DEPARTMENTAL NURSING RESEARCH AND EVALUATION
STUDIES OR INTRADEPARTMENTAL NURSING RESEARCH

TITLE OF STUDY DETERMINATION OF CONTENT OF A SURGICAL NURSE INTERNSHIP

RESEARCH XXX EVALUATION _____

ACTIVITY DIRECTOR ROSEMARY FRITSCH, R.N., M.A.

TITLE DIRECTOR OF SURGICAL NURSING

DEPARTMENT SURGICAL OPERATING AND ACUTE CARE COLLABORATORS A DOCTORAL
SUPPORT SERVICES DISSERTATION

NAME TO CONTACT FOR INFORMATION ROSEMARY FRITSCH, R.N.

TELEPHONE EXTENSION 6645 DATE APRIL 17, 1984

It is recommended this action on this study be for:

APPROVAL

APPROVAL WITH THE FOLLOWING CONDITIONS:

*Approval by the Institutional Review Board
Approval of the Executive Director for Surgical Operating and Acute Care Support Services
A description should take the form of a proposal, 7-8 pp, which to include the study*

DETERMINED IN ORDER TO:

DISAPPROVAL BECAUSE OF:

Patricia Kuykenall
Patricia Kuykenall, R.N., M.S.N.
Executive Director for Surgical
Operating and Acute Care Support
Services

Stephanie Worthen
Stephanie Worthen, R.N., M.S.N.
Director of Research/Evaluation

APPENDIX C

STAFF NURSE I

JOB DESCRIPTION

THE UNIVERSITY OF TEXAS MEDICAL BRANCH
JOB DESCRIPTION

Staff Nurse I
1059

Formulated: May 10, 1981

Reviewed: November 7, 1981

Revised: November 30, 1981

SUMMARY

Function.....Under supervision, performs routine nursing care procedures and on a progressive basis as determined through demonstrated competence, performs increasingly more complex nursing cares. Assists in the planning and evaluating of nursing care for the assigned patients. Participates in clinical nursing research. Serves as a patient advocate within the health care delivery system.

Scope.....Works in variable patient care situations. Responsible for the safety, comfort, nursing care and treatment of assigned patients according to established legal, ethical and institutional standards. Shift accountability. Adheres to the philosophy, objectives, standards, policies and procedures of the department and organization.

DUTIES

Typical

Clinical Practice Skills:

- Demonstrates ability to utilize nursing process and skills, take nursing histories and assessments including those of newly admitted patients, document conditions and/or situations of varying patient acuity, observe patient's responses, select and carry out routine comfortive and therapeutic nursing measures for the assigned patients. Assists other health care personnel in the performance of patient activities of daily living as indicated by the patient's plan of care.
- Delivers nursing care such as administering medications and treatments as prescribed by a licensed physician consistent with current approved policies and procedures.
- Executes physician's orders in accordance with legal, ethical and institutional standards.
- Demonstrates ability to observe and record signs, symptoms and behaviors of patients. Presents the assessment of changes, the proposed revision of interventions and desired outcomes to appropriate nursing personnel. Delivers the designated therapeutic nursing interventions to assigned patients consistent with the stated medical plan of care.
- Demonstrates ability to participate in setting priorities and planning for short and long term health goals with the patient and/or family. Assists with patient's discharge planning and learns to incorporate the goals into a written nursing care plan.
- Implements, utilizes and begins to modify nursing care plans to provide care based on behavioral and biological status of patient.
- Documents the implementation of the plan of care as patient condition, acuity and receptivity changes. Notifies appropriate nursing, medical personnel of changes in patient status.

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Staff Nurse I

Participates in patient rounds as per unit policy. Follows Infection Control measures.

Responsible for the safety, comfort, care and treatment of assigned patients consistent with policies and procedures of the department and organization.

Maintains patient's privacy and confidentiality of information and records.

Is reliable in performance of duties, courteous and understanding of the requirements and/or needs of other members of the health team.

Assists with identifying patient care problems for investigation and/or clinical research.

Adheres to standards of nursing practice as defined in: a) Texas Nurse Practice Act/Board of Nurse Examiners, Standards of RN Role and Responsibilities, b) Licensure and Practice, c) Standards of the American Nurses Association, d) Standards of Practice as stated in the Joint Commission on Hospitals Manual.

Patient Care Responsibilities:

Accountable for the nursing care delivered to assigned patients.

Participates in shift report to provide continuity of patient care.

Monitors, identifies and communicates to appropriate nursing, medical personnel conditions, needs, situations affecting the patients/unit environment such as unusual occurrences, irregular activities related to patients/families, visitors.

Provides and/or may assist others in providing current documentation of nursing care in patient's record.

Serves as a patient advocate within the health care delivery system.

Adheres to the appropriate dress code of the department.

Cooperates with unit and hospital regulations. Reports on duty consistently and promptly.

Performs related duties as required.

Periodic

Participates in unit meetings and environmental rounds as per unit policy.

Records and reports unusual occurrences.

Maintains annual re-certification in basic life support. Initiates cardio-pulmonary resuscitation.

Demonstrates ability to use unit safety devices such as fire extinguishers, patient evacuation procedures.

Performs proper procedures for care of deceased patients and organ transplant/bank situations.

Participates in quality assurance programs and nursing committee activities. In collaboration with others, assists in setting standards of care.

Assists students with patient care activities. Accepts physician telephone orders on an emergency basis.

Participates in inservice and continuing education programs to maintain and increase own clinical competency. Participates in self evaluation.

Identifies and recommends unit inservice needs; contributes to the development of staff through participation in orientation and inservice programs.

May be transferred to another unit in area by the appropriate nursing manager for the purpose of providing unit coverage on an equitable basis.

APPENDIX D

RANK AND WEIGHT

STANDINGS OF EACH TOPIC

TABLE XXXVI
RANK STANDING OF EACH TOPIC

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Professional Topics</u>						
Effective Documentation	1	1	1	2	3	2
Problem Solving	2	2	4.5	3	1	1
Legal Aspects	3	3	6	4	5.5	3
Strategies for Decision Making	4	4	3	7	2	7.5
Implementing Nursing Standards	5	5	9	1	9	4
Professional Role and Relationships	6	7	2	5	8	7.5
Management Strategies and Skills	7	6	4.5	10	4	9
Conflict Management	8	9	7	9	5.5	5
Quality Assurance	9	8	12	6	7	6
Change Process	10	10	10	11	10	11
Interdepartmental Relationships	11	13	11	8	11	10
Health Care Economics	12	12	8	12	12	13
Trends and Issues in Nursing	13	11	14	13	13	12
Politics of Health Care	14	14	13	14	14	14
<u>Personal Topics</u>						
Time Management	1	1	1	1	1.5	2
Effective Communication	2	2	3	2	1.5	1
Stress Management	3	4	2	3	3	3
Assertiveness Training	4	3	6.5	6	4	4
"Burnout" Prevention	5	5	4	4	8	7
Interpersonal Relationships	6	7	6.5	5	5	5.5
Leadership Development	7	6	5	7	6	5.5
Group Dynamics	8	8	8	9	7	8
Values Clarification	9	9	9	8	9	9

TABLE XXXVI (Continued)

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Patient/Family Topics</u>						
Patient/Family Teaching	1	1	8	3	3	1
Crisis Intervention	2	6	1	1	7	4
Pain Theory and Inter- vention	3	8	4	4	6	2
Discharge Planning	4	2	9	10	1	3
Grief and Loss	5	4	2	5	11	5
Nutritional Support and Assessment	6	7	5	8	4	8
Care of the Dying Patient	7	3	3	6	10	11.5
Health Promotion	8	9	14	2	2	7
Aspects of Rehabilitation	9	12	11	7	5	6
Patient/Family Behavioral Problems	10	10	6	12	9	11.5
Family Dynamics	11	5	12	14	8	10
Mobility and Immobility	12	13	7	9	12	9
Therapeutic Touch	13	11	13	11	13	13
Cultural/Religious Values and Health Care	14	14	10	13	14	14
<u>Broad Clinical Topics</u>						
Emergency Care--Shock and Hemorrhage	1	1	1	1	2	1
Care of the Critically Ill Patient	2	6	2.5	4	5.5	4.5
Clinical Judgment Skills	3	8	2.5	8	4	2
Patient Assessment by Systems	4	7	5.5	6	1	6
Advanced Life Support	5.5	4	4	3	7	8
Fluid and Electrolyte Balance	5.5	2	9.5	2	9	4.5
Pharmacology Update	7	3	5.5	9	3	9
Respiratory Care	8	5	7	5	8	10
Nursing Diagnosis/Care Plans	9	11	12.5	10	5.5	3
Total Parenteral Nutrition	10	10	8	7	12	11

TABLE XXXVI (Continued)

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Broad Clinical Topics</u>						
Nursing Grand Rounds	13	12	12.5	15	10	14
Decubitus Care	11	13	9.5	12	13	13
Review of the Nursing Process	12	15	14	14	11	7
Nursing Grand Rounds	13	12	12.5	15	10	14
Oncology Update	14	11	13	14	14	12
Central Venous Pressure Monitoring	15	9	15	11	15	15
<u>Surgical Nursing Topics</u>						
Pre and Post Operative Teaching/Care	1	1	2	1	1	1
Pathophysiology of Specific Surgical Conditions	2	2	3.5	3	7	3
Rehabilitation of the Surgical Patient	3	3	5	8	2	2
Care of Drainage Tubes	4	4	3.5	5	4	4
Coping with Alterations in Body Image/Life Styles	5	5.5	1	9	3	5
Tracheostomy Care	6	8	6.5	2	6	6
Oral/Pharyngeal Suction- ing	7	5.5	8	4	8	7
Ostomy Care	8	7	6.5	6	5	8
Wound Debridement	9	9	10	7	9	9
Limb Reattachment	10	10	9	10	10	10

TABLE XXXVII
WEIGHT STANDING OF EACH TOPIC

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Professional Topics</u>						
Problem Solving	1	3	1	4	1	4
Effective Documentation	2	1	9	1	2	1
Legal Aspects	3.5	2	12	3	4	3
Implementing Nursing Standards	3.5	7	5	2	8	2
Professional Role and Relationships	5	10	2	5	5	7
Conflict Management	6	6	4	7	10	5
Quality Assurance	7	5	10.5	6	7	6
Management Strategies and Skills	8.5	4	6.5	11	6	8
Strategies for Decision Making	8.5	9	6.5	8	3	9
Interdepartmental Relationships	10	12	8	9	11	10
Health Care Economics	11	13	3	12	12	12
Change Process	12	11	13.5	10	9	11
Trends and Issues in Nursing	13	8	13.5	13	14	13
Politics of Health Care	14	14	10.5	14	13	14
<u>Personal Topics</u>						
Effective Communication	1	2	1	1	5	1
Time Management	2	1	3	2	1	4
Stress Management	3	3	4.5	3	2	3
Assertiveness Training	4	4	7	7	3	2
"Burnout" Prevention	5	5	2	4	7	6
Leadership Development	6	6	4.5	6	4	5
Interpersonal Relationships	7	7	6	5	6	7
Group Dynamics	8.5	9	8.5	9	8	8
Values Clarification	8.5	8	8.5	8	9	9

TABLE XXXVII (Continued)

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Patient/Family Topics</u>						
Discharge Planning	1	1	1	8	2	1
Patient/Family Teaching	2	2	9	3	1	2
Health Promotion	3	7	3	2	4	6
Crisis Intervention	4	6	6	1	5	5
Pain Theory and Intervention	5	5	7	4	6	3
Care of the Dying Patient	6	4	2	5	8	7
Grief and Loss	7	3	8	6	9	4
Aspects of Rehabilitation	8	11	11	7	3	9
Nutritional Assessment and Support	9	8	8	9	11.5	8
Patient/Family Behavioral Problems	10	10	4	11	11.5	12
Mobility and Immobility	11	12	13.5	13	7	10
Family Dynamics	11	9	12	12	10	13
Therapeutic Touch	13	13	13.5	10	13	11
Cultural/Religious Values and Health Care	14	14	10	14	14	14
<u>Broad Clinical Topics</u>						
Emergency Care--Shock and Hemorrhage	1	2	5	1	4	1
Patient Assessment by Systems	2	1	2.5	5	2	4
Clinical Judgment Skills	3	8	1	6	1	3
Pharmacology Update	4	4	2.5	7	3	11
Fluid and Electrolyte Balance	5	5	11	2	5	6
Advanced Life Support Nursing Diagnosis/Care Plans	6	9	7.5	3	7	7
Respiratory Care	7	6	12.5	8	6	2
Respiratory Care	8	3	12.5	4	8.5	9
Decubitus Care	9	7	7.5	10	13	10
Total Parenteral Nutrition	10	11	10	9	10	8

TABLE XXXVII (Continued)

Category	All Groups	BSN	BSF	ADS	ADF	NSS
<u>Broad Clinical Topics</u>						
Oncology Update	11	13	4	12	11	12
Review of the Nursing Process	12	14	6	14	15	5
Central Venous Pressure Monitoring	13	10	14	11	8.5	15
Nursing Grand Rounds	14	12	9	15	12	14
Care of the Critically Ill Patient	15	15	15	13	14	13
<u>Surgical Nursing Topics</u>						
Pre and Post Operative Teaching/Care	1	1	1	1	1	1
Pathophysiology of Specific Surgical Conditions	2	2	4	2	4	2
Rehabilitation of the Surgical Patient	3	3	3	4	2	8
Coping with Alterations in Body Image/Life Styles	4	7	2	3	3	7
Tracheostomy Care	5	8	5.5	5	7.5	5
Oral/Pharyngeal Suctioning	6	4	9.5	6	10	3
Wound Debridement	7	6	8	7	5	9
Ostomy Care	8	5	5.5	10	9	6
Care of Drainage Tubes	9	9	9.5	8	7.5	4
Limb Reattachment	10	10	7	9	6	10

VITA

Rosemary R. Fritsch was born in Sylvania, Ohio, where she received her early education. She attended The Athenaeum of Ohio in Cincinnati and was awarded a Bachelor of Science degree in Secondary Education. She taught junior high students for several years, and then entered a diploma nursing program at the Mercy School of Nursing, Toledo, Ohio.

After several years of experience as a nurse administrator and educator, she attended Columbia University, New York, and received a Master's degree in Administration of Hospital Nursing Service. During her professional experiences as a nurse administrator, she developed and implemented nurse internship programs at the Medical College of Virginia, Richmond, Alexandria Hospital, Alexandria, Virginia, Piedmont Hospital, Atlanta, Georgia, St. Mary's Medical Center, Knoxville, Tennessee, and the University of Texas Medical Branch Hospitals, Galveston.

Her Doctoral degree of Education was awarded by the University of Tennessee, Knoxville, in March, 1986. She is presently teaching nursing administration in the graduate School of Nursing, University of Massachusetts, Amherst. She is a member of Sigma Theta Tau, Pi Lambda Theta and Phi Kappa Phi.