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Nurse Manager Interns: A Proactive Approach to Developing Leadership Talent and Solidifying Succession Planning

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Strong clinicians are often thrust into management roles without appropriate training, leading to burnout, frustration, and turnover. This article outlines how an academic health system developed a 24-month nurse manager internship to train and mentor promising future leaders and to also build a pipeline for this difficult-to-fill role.

In 2015, an experienced nurse manager and the assistant director were asked by their health system to assume responsibility for a procedural unit with a newly vacated manager position. As they walked through how they would handle this transition, they questioned why a current manager was being asked to assume an additional unit. The organization had many opportunities for training in addition to having an amazing pool of future leaders, who if well prepared, should be positioned to step into these roles. The 2 leaders talked about succession plans on their units and who they were grooming for future leadership positions—and then they discussed the lack of focus on future leaders in the profession in general. They talked about how frontline staff might be afraid of the nurse manager role—the misperception of losing their friends, working long hours, taking on more responsibility, and in many cases, doing so with not a lot of praise. And then they started wondering whether they could help by better preparing nurses for leadership roles.

One of the team members had a typical new manager transition experience. He had great clinical experience, fantastic mentors, a great boss, but no real leadership experience. As a leader, he was a novice. On his first day, he was given the keys to the office and turned loose. This is a familiar story told by new leaders who feel very underprepared for the responsibilities of the role.1 As a profession, nursing has spent years of time and research examining first-year turnover in new graduate nurses, transition to practice programs, and outcomes associated with frontline nurse mentorship. But the profession has inexplicably not put the same focus on new nursing leaders. The nurse manager role is perhaps one of the most difficult, and most important, in our entire profession.2-4 This is the professional that will interview and hire every single person that touches a patient. It is the nurse manager that will manage an organization’s multimillion-dollar budget and whose decisions will determine whether the organization makes, or loses, money. It is the manager that will determine whether quality problems are followed up on, if behavioral issues are dealt with timely, and if professional organization best practices are implemented in the patient care model. Selecting and training a great nurse manager is perhaps one of the most important decisions, and investments, that executive nursing leaders make. Choose wisely, and the organization will have a well-run, smoothly operating business being led by someone that can be trusted and who is making great decisions for patients. Choose poorly though, and hospitals open themselves up to liability by hiring

KEY POINTS

- Internships have proven to be valuable in developing future managers and streamlining the pipeline of applicants for vacant leadership positions.
- Like BSN residencies, focused internships and transition to practice programs can better prepare nurses moving into a leadership role and position them for success and longevity.
- A focus on recruitment of interns in non-inpatient areas of practice is critical.
subpar employees. A leader who fails to correct recurring clinical missteps increases organizational costs due to higher turnover rates from unengaged and unmotivated employees. They also impact the organization’s reputation because, let’s face it, word travels fast in this age of social media.

Determined to confront these issues, this article describes how a tertiary, academic health system

### Figure 1. Sample of the NMI Curriculum for Modules 1 and 2.

| Timeframe | Content | Intern/Mentor Work | Courses | Meet and Greets |
|-----------|---------|--------------------|---------|-----------------|
| **Module I** | Complete nurse manager inventory and review results with mentor | • Introductions to key personnel in department and in organization • Complete American Organization of Nurse Executives’ nurse manager inventory tool and review results with mentor (Appendix A) • Establishing relationships with unit coordinators, employees, physicians and partners • Learn patient care for the unit and complete any unit-specific competencies • Review of specific care variation and quality outcomes • Add to email groups: hospital leadership, nursing operations, nurse managers, nursing leadership, medical director partnership and others • Secure phone, pager, cell phone stipend, computer, keys and office space • Obtain all computer access (Lawson, O2, Goal Performance System, Smart Square, Kronos, The Learning Connection and Position Manager) • Review rules and guidelines for scheduling and payroll. Ensure competency validation in Kronos and Smart Square | • Kronos • Smart Square • Leadership Development Series: Payroll • Leadership Development Series: Managing in a union environment | • Unit physicians, staff and licensed independent practitioners • Employee Relations personnel • Nurse manager – Resource Management Center • Nurse manager – Education and Development |
| **Module II** | The Science: Managing the Business of Nursing – Human Resources Management • Recruitment • Interviewing • Onboarding | • Ensure competency validation in iCIMS • Review interview techniques, questions, rules and legal issues around interviewing • Review position control document • Build executive summary for new positions • Place new position requests via iCIMS • Discuss onboarding of new employees • Intern should attend all unit interviews and actively participate • Discuss labor laws and practices • Review the unions at the health system and the differences • Begin orienting to developing the unit staff scheduling, including overall schedule matrix, FTEs and designing a scheduling model | • Position manager • E-Library Reading: ○ The Trophy Generation: Millennials in the Workplace • Leadership Development Series: Interviewing skills • Leadership Development Series: Onboarding • Leadership Development Series: Position control | • HR recruiter • Contract staffing recruiter (agency) • BSN residency coordinator • Requisition committee • Labor relations coordinator |
conceived and designed a 24-month nurse manager internship program. The goal was to help give new leaders the tools they need to be successful and to ensure that the keys to the office are being left in great hands.

WHY AN INTERNSHIP?  
As the team evaluated what they wanted this program to be, they looked at several models. The University HealthSystem Consortium (UHC)/AACN Nurse Residency Program is highly acclaimed for their attention to integrating new graduate nurses into practice. Residency programs are highly successful, some demonstrating over 95% retention rates in their first year. These programs combine mentorship, didactic training, and other support while the new employee still completes a clinical orientation into their new position. The team felt that a year might be too short, and that the once-per-month frequency of residency meetings wouldn’t be enough support in the manager role. The group also evaluated rural nurse residency concepts that combine traditional residency techniques with distance learning. However, this concept was quickly dismissed due to the need for onsite interaction with staff members and mentors. Although this concept may work well for areas that lack proximity for in-person participation, in an urban area, this just wasn’t ideal.

Next, the group also assessed the University of Nebraska’s Post Graduate Nursing Fellowship program, the Robert Woods Johnson Fellowships, and RWJ Health Policy Fellowships. Fellowships are really focused more on fine tuning the “already experienced” employee and didn’t seem like it would be an appropriate fit for what this program was trying to accomplish, especially considering that all the candidates were novice leaders.

After much deliberation, the team selected an internship, which is essentially “being paid to train.” This needed to be a real opportunity for a very intensive, hands-on experience for the new leader. This was their chance, not only to learn the key functions of the nurse manager role, but also to build extraordinary bonds with their mentor, evaluate the position for fit, and to eventually take over the reins before being let completely loose down the road. One key consideration though was that the program could not go on indefinitely. This was another reason for choosing an internship. Internships have definite ends. Using examples of internships from Wall Street, as well as looking at new physician intern programs, the decision was made to develop a program that has a definite end point so that neither the intern, nor the organization, would get stuck in a situation that wasn’t working out.

BUILDING THE PROGRAM  
In January 2015, the team considered how they could make the leadership transition experience better. After weeks of brainstorming and looking at conceptual models, the group arrived at what they felt was a great proposal for a model that would work within the health system. Several conceptual models were evaluated including the Canadian Competencies Required of Nurse Managers, the Nursing Leadership Institute Competency Model, as well as the American Organization of Nurse Leaders (AONL) Nurse Manager Leadership Partnership Learning Domain Framework. Ultimately the AONL model was chosen for its best practice model combining business skills, leadership skills, and personal development activities into a single plan. This, coupled with the AONL Nurse Manager Competencies, provided a realistic picture of what every new nurse manager needed to learn as a part of their orientation.

The Nurse Manager Internship (NMI) was initiated in the summer of 2015 when, after a presentation to the chief nursing officer (CNO) of the organization, the team received approval to bring in an initial cohort of up to 4 interns as a one-time trial. The next several months were spent developing the program, which included curriculum development, designing an application process, determining selection criteria, and shoring up what experiences an intern needed to have before they were deemed competent. New job descriptions were also developed, and the organization’s legal team was engaged to work out the very important component of the contract that interns sign acknowledging the program’s 24-month completion requirement.

These items were all put into a program document that outlines what each intern was expected to accomplish in each module. Modules included Finance, Human Resources, Strategic Planning, Communication, and much more (Figure 1). Working with the organization’s education and development team, multiple experts reviewed the curriculum and determined that it would be best started as an 18- to 24-month internship. This would be enough time for a true novice to complete all the items, but also gives enough flexibility for a more experienced intern to move through it more quickly if they so desired. At the end of the 24-month period, the internship would officially end, and the employee would need to find a position suitable for them. This is designed to help push the intern toward completion of the program, while also ensuring that interns who are struggling will not be able to sit in the position in perpetuity. Finally, it forces mentors to have critical conversations with their mentees on a regular basis so that everyone is prepared as the internship nears an end.

The curriculum of the NMI is designed to create flexible leaders that can work outside of their comfort zone. By learning general skills and techniques of the nurse manager role, it is expected that interns could essentially pick up a new unit in any division and be
very comfortable with the day-to-day operations. So, even though they train in a specific area of the organization, their skill set is easily transferable to other areas of practice. This broader picture view of leadership development helps managers retain flexibility and fluidity in their practice, and gives the organization leaders that can be used in a variety of ways depending on the needs of the system.

Accepting a NMI position requires the intern to officially move from their current job code into a newly designed job code for the salaried Internship. They are not given a choice as to which clinical division they are placed in—it is based solely on anticipated manager needs in the organization—although they are asked their preference at the time of their interview. Once a candidate accepts an internship position, they are paired with an expert nurse manager on a clinical unit for the next 2 years. Mentors are selected based on several factors. First, the organization chooses someone with extensive experience who has the patience to mentor someone for such a long period of time. A significant effort is made to pair personality types to ensure that the intern and mentor will get along and work well together. In addition, anticipation of future manager openings can influence which division and mentor is chosen, because interns are placed selectively toward future positions. They get permanent office space, and move in to the unit. Soon after starting, the NMI and mentor work together to identify the education and experience needs of the intern. The curriculum provides courses, lectures, training, and other resources to help the intern develop. However, based on the needs assessment, each intern may choose to attend different offerings. Each day, the intern and the mentor work together to run the unit. Like a residency, this provides the intern with constant mentorship from a person they will grow to trust. Like an on-the-job orientation, the intern learns new skills and gets to start working in the nurse manager role right away. But unlike those other items, they never have full responsibility for the unit, and they are given constant mentorship and development opportunities for a remarkably extended period. Over time, the intern will take over much of the daily responsibility for the unit, and the mentor will slowly back away. This process allows the NMI to gradually take accountability for their progress and for the mentor to properly evaluate their skills. By the end of the program, the NMI should be running much of the daily operations of the unit independently. As each module is validated by the mentor, they check off the components and move on to the next thing. This checklist can then be utilized as the employee’s transition to practice competency validation for regulatory requirements should they move into a permanent nurse manager position. Formal evaluations with the interns are done by their mentor after 6 months and then annually, and each intern should also be having regular meetings with their director for informal follow-up (Figure 2). In addition, each intern and their mentor complete an assessment at the beginning and end of the program to more objectively evaluate their progress.

**SELECTION PROCESS**

In January 2016, the first cohort of nurse manager interns was solicited internally, mostly from word of mouth through the nursing directors who had identified good candidates among their workforce. In addition, the position was posted on the hospital’s external career website. Twenty candidates expressed interest and officially applied for the position in January 2016. To ensure the very best candidates were selected, a panel of current expert leaders was assembled to evaluate the candidates. Each candidate interviewed was brought in for a 45-minute, in-person panel interview. Interview questions were developed ahead of time, and the group of leaders took turns asking from the pre-approved list, with the flexibility to deviate as the conversation warranted. At the conclusion of the interview process, each candidate was given an opportunity to ask questions of the group, and in addition, they were asked to rank their preference of division assignment should they be given an NMI position. Very noteworthy is that of the 14 candidates interviewed, 13 of them listed progressive care, ambulatory or critical care as their first choice. No one really wanted to stray very far from their primary area of clinical nursing experience.

At the conclusion of the panel interview, the team met and discussed each candidate. Pros and cons were talked about, as well as future potential. But in the end, the key reflective question the group always asked was “Is this person going to be a great nurse manager someday?” Eventually, the group decided to send 4 individuals on to the next round of interviews, which was with the executive team. Each candidate then met with the CNO and the chief operating officer (COO). At the completion, program leaders met with the senior team, reviewed everyone’s feedback, and decided on the final candidates and their placement. Over time, this process changed and added 1 layer of interviews with the key nursing directors prior to the executive team. Otherwise, the interview and selection process have remained the same over the cohorts. This interview and selection process very closely mimics the selection process for non-NMI nurse manager candidates. Knowing that interns are hopefully going to be moving into nurse manager roles, it was a logical decision to put them through the same selection rigor as other candidates. This ensured that no one went through the program that was clearly not suited for the nurse manager role.
OUTCOMES

The nurse manager Intern program has been a success at our organization (Figure 3). Cohort I had 20 applicants, 14 interviews, and 4 applicants were selected to become interns. All of them were placed within the acute care division and learned under experienced med/surg managers. Of those 4 interns, each of them was eventually placed into a permanent nurse manager position, all on acute care units.

Cohort II launched in 2018 with 21 applicants, and this time, only 3 interns were selected. This year, the critical care and perioperative divisions were interested in selecting an intern for their division as well. The 3 interns were placed, with 1 in acute care, 1 in perioperative/procedural, and 1 in critical care. Another first for the program was a mid-year entry into Cohort II. A candidate presented to the organization looking for a leadership position. Although an excellent candidate, this individual needed just a bit more time before they were ready. But they were also a candidate that had exceptional potential and, we knew, had a leadership future with the organization. So, the decision was made to place them into Cohort II of the NMI program. This group finished the program very quickly and, in about 18 months, had all secured full-time positions as a nurse manager. Interestingly, the NMI working in critical care ended up taking a position in the perioperative/procedural division, and the perioperative/procedural intern took a position in the acute care division. This clearly demonstrated that the program met its intent of developing fluid and flexible leaders and that the internship was generic enough that the interns could apply their new skills across divisions.

Cohort III began quickly after, in 2019. Marketing for the program was significantly increased this year with ads on the hospital website, the internal intranet page, and a more coordinated overall effort to get the word out. In addition, for Cohort III, the decision was made to close applications to external applicants. Cohort III saw 35 applicants and only 3 were selected. Two were placed into the acute care division, and the other was intended to be a hybrid that would spend half their time in perioperative and half in acute care. However, at the last minute, acute care demonstrated a much more significant need for nurse manager candidates, and the intern was moved wholly over to the acute care division. One Cohort III intern has already completed the program after just 8 months and recently accepted a full-time nurse manager position. The other 2 are highly successful in their NMI positions and will be completing the program shortly.

Finally, Cohort IV started in January 2020. When the COVID-19 pandemic struck in March 2020, 14 applicants had submitted applications, and interviews were being scheduled. However, the inability to conduct in-person interviews felt wrong with this level of a position, so the process was stopped until in-person interviews could resume. Regardless, the acute care directors still were able to identify 2 additional candidates for the program. They conducted their own interviews and were so impressed, that they asked for permission to hire these 2 into the NMI program and start them immediately without the normal panel interview process. They received special permission from the CNO and the COO, and we have now moved these 2 individuals into the first slots of Cohort IV. The organization anticipates hiring up to 8 interns in the fourth cohort.

Combining all 4 cohorts, there have been a total of 81 applicants, 13 interns, and 9 of those have been promoted into full-time nurse manager positions. One hundred percent of the interns that have completed the program to date have been hired into nurse manager roles. Only 1 of those 9 is no longer in their role, for a 3-year retention rate of 89%. As of this writing, there are 4 interns still in an active cohort, there are plans to hire up to 6 more, and there is currently only 1 nurse manager vacancy in the organization. Additionally,
3 NMI candidates have been promoted directly into nurse manager roles without being selected for the NMI program, and multiple other NMI candidates have been promoted into supervisor or other leadership positions. This program has been very successful at building new leaders, giving candidates for nurse manager positions the tools they need to be successful, and reducing the number of vacant nurse manager positions needing to be filled in the organization. This program is building significant bench strength in future leaders that not only give the organization experience in all nurse manager positions, but also guarantees a pipeline of future leaders that can quickly fill pending or actual vacancies in the nurse manager role without any gap in coverage.

LESSONS LEARNED

Though this program has been highly successful, there are several lessons that have been learned along the way. First, marketing is very important. The first 2 cohorts did not have as robust of a marketing plan, and the number of applicants demonstrates that. Interviews, videos, photos, articles, and anything that could be put together after Cohort II greatly improved the candidate pool. Second, recruitment from specialty divisions is critical. Perioperative services had only 2 applicants over 4 cohorts that were from that division. Building up leaders in specialty services is just as important as with inpatient teams, and there might need to be a more intense focus to develop unique ways to motivate and engage future leaders in the noninpatient areas. Finally, inpatient candidates were very reluctant to choose a non-inpatient site as their preference for the internship. There is an opportunity to better promote the ambulatory, procedural, mental health, rehab, and other units as viable options to candidates. As the results show, it is not so important where a candidate completes their internship, but that the material is translatable to other areas regardless of where they get their final position.

NEXT STEPS

Next for the program will be completing the candidate selection for Cohort IV once in-person interviews are allowed. The organization has plans to hire approximately 6 more interns to help staff pending positions in the ambulatory division as well as 3 new acute care floors that are being built in the newest tower. In addition, the leadership team is considering developing an OR-specific intern cohort to target future perioperative leaders that have been so difficult to identify up to this point. Finally, each director is beginning to work on formal succession plans within all levels of their leadership to ensure a seamless transition should vacancies occur in the future.

CONCLUSION

In conclusion, while nursing leaders are in short supply, it is imperative that the approach to hiring the leaders of the future must be proactive. It is not acceptable to just throw them into a department and wish them luck. Organizations must be willing to commit the time, money, and resources to making them great and ensuring that they have a toolbelt stocked with everything they need. The nurse manager intern program is no doubt costly to the organization. But to have seasoned, poised leaders ready to step in to the next vacancy is a benefit that cannot be minimized. The retention rates have demonstrated success for the program, and not having to post each of those nurse manager positions, or have interim managers taking over while a search is conducted, has undoubtedly saved the organization millions of dollars.

There is a saying out there about nurses eating their young. Let’s not throw them to the lions either. Giving them a proper mentorship program, coupled with appropriate, real-time skills training, can be the answer to ensuring that the next generation of leaders is always ready when they are needed the most.

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