Position Statement

Registered Nurse First Assist (RNFA)

Background
The Registered Nurse First Assist (RNFA) is a recognized specialty role for operating room nurses, implemented in certain practice settings in Newfoundland and Labrador. This role was first introduced into the scope of nursing practice in 1998. Upon approval from the then Newfoundland and Labrador Medical Board (now College of Physicians Surgeons of Newfoundland and Labrador), the Newfoundland and Labrador Medical Association and the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), a provincial educational program was developed and offered through the Centre for Nursing Studies, Eastern Health. The first RNs to practice in this role were educated and authorized to practice in cardiac surgery. In 2005 the educational program expanded to prepare RNFAs for practice in other types of surgery.

To guide the development and implementation of the RNFA role, ARNNL published a document entitled Standards Governing Perioperative Nurse Surgery Practice (1999) which reflected the Operating Room Nurses Association of Canada (ORNAC) RNFA recommendations. At that time the position was entitled Perioperative Nurse Surgery Practice (PNS). Since then the title RNFA has been adopted nationally. There have also been advancements in the role and related revision to the national ORNAC guidelines.

This position statement is intended to provide current information and direction for RNs and agencies who:
- currently employ RNFAs and,
- are exploring the potential to introduce this role.

Definition
A RNFA is a perioperative RN with the added education, skills and training to be an assistant in surgery. ORNAC further defines the role as: The experienced perioperative Registered Nurse, with additional education, knowledge and skills in surgery who assists the surgeon to facilitate quality care of patients undergoing surgical procedures. The increasing complexity of patient conditions, diagnoses, and surgical procedures provides the perioperative Registered Nurse who has expanded perioperative nursing education with the opportunity to practice in collaboration with and under the direction of the surgeon. The scope of practice of the RNFA is part of the perioperative nursing practice and encompasses the perioperative, intraoperative, and postoperative phases of the surgical experience (ORNAC, 2007).

Scope of Practice
As a RN the RNFA is accountable to his/her patients, the profession, and the employer to provide safe, competent and ethical nursing practice in accordance with the Standards for Nursing Practice (ARNNL, 2007) and the Code of Ethics for Registered Nurses (CNA 2008). The ARNNL recognizes the need for all RNFAs to obtain the required core and specialty competencies in this area of practice as identified by ORNAC (www.ornac.ca/rnfa). However, the actual practice of the RNFA will be defined in relation to the operative services provided by the employing agency and collaborative surgeon(s). It is also recognized that employers may require the RNFA to perform only a part of the perioperative experience for example, intraoperative responsibilities.
Core Competencies
The RNFA role encompasses six competencies which are further described in a series of indicators (www.ornac.ca/rnfa/competency.phtml). The six core competencies are:

The RNFA is competent to apply the nursing process in all facets of the RNFA role.

The RNFA is competent to exercise critical thinking in all aspects of the RNFA role.

The RNFA is competent to establish and maintain a safe perioperative environment.

The RNFA is competent to provide technical first assistance to the primary surgeon in the operating room and throughout the perioperative period.

The RNFA is competent to work as a professional colleague with the physician and to enhance the effectiveness of care.

The RNFA is competent to provide professionalism and to model professional behaviors to other health care providers.

Specialty Competencies
The RNFA role has different responsibilities to that of a scrub or circulating nurse. For example, the scope of practice for the RNFA during the intraoperative period includes the following specialty competencies:

- tissue handling,
- providing exposure,
- using instruments,
- providing hemostasis, and
- tissue and skin suturing.

Although all RNFAs must adhere to the six core competencies and are educated to perform the above specialty competencies, a surgical program may identify the need for additional competencies appropriate for a context of practice to meet patient needs. Approval must be granted by the agency before a surgical program may add any additional specialty competencies outside the scope of RNFA practice as indicated above and as described by ORNAC’s most recent blueprint. The process for approving the addition of new specialty competencies is outlined in ARNNL’s Scope of Nursing Practice Definition, Decision Making and Delegation (2006) document.

Education
In order to practice in a RNFA role, the registered nurse must complete a post-basic perioperative nursing course that includes both theoretical study and a clinical practicum. The course must be in keeping with the Canadian standards established by ORNAC and as contained in its most recent version of the document Blueprint for Curricula Development for the Role of Perioperative Nurse-Anesthesia (PNA) and Perioperative Nurse-Surgery (PNS, 1996). The Department of Continuing Studies, Centre for Nursing Studies (CNS) is currently the only educational program offering this post-basic nursing course in Newfoundland and Labrador. Entry to this program is based on provincial need, employer sponsorship, and physician support.
Prerequisite criteria for registered nurses entering into the CNS’ RNFA post-basic nursing course include:

- graduate of an approved school of nursing,
- current registration with ARNNL,
- minimum of three years of current perioperative experience,
- current certification in perioperative nursing from the Canadian Nurses Association (CNA),
- successful completion of a post-graduate nursing perioperative course (preferred) and,
- current ACLS certification.

If a new specialty competency is approved that is not included in the RNFA basic educational program, the RNFA and the agency have a responsibility to ensure that the required education is obtained before the competency is performed in practice. A description of what constitutes an acceptable educational program is outlined in the document, *Scope of Nursing Practice Definition Decision Making and Delegation* (ARNNL, 2006).

**Continuing Competence**

Registered nurses practicing in an RNFA role must maintain competence in all core, specialty and approved additional competencies through lifelong learning and practice. This may include re-certification in required areas as identified by the employer such as ACLS and CNA certification. ORNAC has not identified a minimum number of required hours of practice to maintain competency. Therefore, the organization must determine, in consultation with the RNFA and the affiliated surgeon(s), what is required to maintain competence. For guidance on the employer and RN’s responsibilities in maintenance of competence see *Scope of Nursing Practice Definition Decision Making and Delegation* (ARNNL, 2006).

**Quality Assurance Guidelines**

A decision to introduce or continue the RNFA role within an organization should be based on the following:

- **Organizational need**- The actual or potential need for an RNFA role in a surgical program.
- **Patient need**- The safety of patients with or without this role.
- **Context of practice**- The conditions or factors within the practice setting or employing agency that affect and support the RNFA role.
- **Practitioner competence**- The ability of the RNFA to attain and maintain competence. Access to continuing educational programs and clinical experiences are prerequisites to acquiring and maintaining competence.

**Conclusion**

The ARNNL believes that employers, in collaboration with the RNFA, are obligated to ensure that the criteria outlined in this position statement are met to support safe, competent and ethical practice. As the scope of practice for registered nurses continues to evolve, the RNFA role will also evolve and should be reviewed regularly to ensure quality services.
References and Resources


Canadian Operating Room Nursing Journal. (2005). Nurse First Surgical Assistant (NFSA). Quebec: Author


Canadian Operating Room Nursing Journal. (2005), Show Me the $$$! Ontario: Author


Personal Communications Pam Railton, ORNAC RNFA Program, January 7, 2009

World Wide Web Resources

www.ornac.ca/rnfa/competency.phtml

www.ornac.ca/rnfa

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Replaces Standards Governing Perioperative Nurse Surgery Practice (ARNNL, 1999)