

Development of an RNFA Program: A Newfoundland and Labrador Adventure

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In early 1994, we began a long adventurous journey. The Chief of Cardiac Surgery for the Health Care Corporation of St. John's was eager to investigate the possibility of creating a nursing role for first assisting in the cardiac operating room. This was a fairly new concept for our organization and presented a unique opportunity and challenge. This idea was presented to the Steering Committee for Advanced Nursing Practice within the organization. The Steering Committee then began a number of initiatives related to researching the role and gaining approval from appropriate organizations for this role.

Process

An ad-hoc committee began reviewing the Registered Nurse First Assistant (RNFA) role. RNFA was the official title used in the United States where this

role was fairly well established; however, the role of nurses first assisting in the operating room in Canada was in its infancy.

In Canada, there were several nurses employed in a Toronto hospital cardiac program (Dale, Bos, & Espin, 1996). These nurses were provided with in-house training and education. Several other nurses also took the initiative to pursue RNFA programs offered in the United States, but had difficulty with recognition and employment in Canada (Blaskovits, 1996; Groetzsch, 1998). In 1996, Quebec initiated the first pilot RNFA program in Canada that successfully educated two nurses for the cardiac operating room.

The Operating Room Nurses of Canada (ORNAC) also recognized this role (1994) and began developing guidelines and a blueprint for curricula development for the first assisting role (1996). The term ORNAC used for the role at this time was Perioperative Nurse

Abstract

This inquiry was to determine the feasibility of creating a nursing role for first assisting in the cardiac operating room in Newfoundland and Labrador. A committee was struck to review the role as it existed in the United States and Canada. Following this, the committee gained approval from appropriate professional associations and began developing the program.

The result is that three nurses are currently working as RNFA's in Cardiac Surgery and two nurses are piloting a RNFA Program for General Surgery.

Authors

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Surgery (PNS), however it has subsequently been changed to RNFA (Farley, 2000). Lobbying was done by this group to have the PNS recognized as an important member of the perioperative team.

While the committee was reviewing the current role in Canada, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), the Newfoundland Medical Board (NMB), and the Newfoundland and Labrador Medical Association (NLMA), were approached and began holding meetings to discuss support and approval for the role. Approval for this role in cardiac surgery was consequently received from these three organizations.

After the preliminary work was completed by the ad-hoc committee, a subcommittee was formed to coordinate curriculum development, to identify the number of RNFA's needed for cardiac surgery, and to facilitate classification in coordination with Human Resources. An important part of this process was to develop a job description for the RNFA in Cardiac Surgery.

Program Development and Delivery

The Perioperative Program and the Centre for Nursing Studies (Continuing Nursing Studies department), two programs within the Health Care Corporation of St. John's, initiated development of the curriculum for the RNFA in Cardiac Surgery. The major tools used to develop the curriculum were: an extensive literature search, ORNAC Blueprint for Curricula Development for the Role of Perioperative Nurse Anesthesia (PNA) and Perioperative Nurse Surgery (PNS) (1996), Core Curriculum for the RN First Assistant (AORN, 1990), various operating room textbooks, medical textbooks, journal articles, and a textbook written for RNFA's (Rothrock, 1993).

It was identified early in the curriculum development process that the program needed to include a theoretical and a clinical component. Developing the theory component for the program using distance education methods was also a priority. The theory included: five self-learning modules, several on-site lectures, and observational experiences in the Cardiac Catheter Laboratory and Peripheral Vascular Laboratory. The clinical component was composed of a suturing and knot-tying workshop and a 225-hour mentored experience with the surgeon (see Table 1).

This program, which began in 1998, was delivered and coordinated by the Continuing Nursing Studies department; however, the Perioperative Program facilitated the delivery of the clinical component of the

program. To date, three nurses have completed the program and are working in this role in cardiac surgery and two nurses are currently enrolled in the program.

When the program was developed an extensive evaluative process was incorporated which included feedback from the learners, managers in the operating room, and surgeons. Based on the feedback, revisions have been made to this program to include the ever-changing practice of cardiac surgery.

After this program was developed we received requests from many other health care boards across Newfoundland and Labrador regarding the possibility of developing a program for general surgery. A program has since been developed for general surgery and is being piloted with two nurses from the Grenfell Regional Health Services Board. The learners in the pilot will complete the program in early 2002. The theoretical and clinical components are very similar to the cardiac surgery program (see Table 2).

Challenges

A number of challenges related to this role and the educational program have yet to be addressed. Two major challenges include approval of programs and recognition.

The Centre for Nursing Studies has already received approval and support from the ARNNL and the NMB within our province. National approval and recognition will now be pursued from ORNAC for the RNFA Programs for Cardiac Surgery and General Surgery. Feedback received from the current offerings of the RNFA for Cardiac Surgery and the pilot for General Surgery will be scrutinized and revisions will be made before application is made for approval.

Recognition is another major challenge, formally for classification and salary and also from peers and other members of the perioperative team.

After the job description for the RNFA in Cardiac Surgery was developed, a formal submission was made to the Provincial Government Classification and Pay Division to obtain reclassification status. Reclassification and increase in salary were denied to the nurses acting as RNFA's. The Provincial Government provided rationale that RNFA's were not acting independently, but working under the direction of the physician. Therefore, it was not considered to be an independent role for nurses. Further initiatives must be made to ensure that RNFA's are recognized financially for their work. They deserve more recognition and compensation for their increased knowledge,

Table 1

RNFA Cardiac Surgery Program Content

<u>Module</u>	<u>Contents</u>	<u>Evaluation</u>
Module One	Section	
Role and Responsibilities of the RNFA	I Scope of Practice	Exam 1
	II Legal Regulation	
	III Ethical Issues	
	IV Communication Skills, Stress Management, and Collaborative Practice	
	V Leadership Skills	Exam 2
	VI Health Care Delivery System	
	VII Nursing Research	
Module Two	Unit:	
Asepsis and Infection Control	1. Chain of Infection	Exam
	2. Body's Response to Infection	
	3. Asepsis	
	4. Infection Control	
	5. Multiple-Resistant Organisms	
Module Three	Unit:	
Cardiovascular System and Surgical Procedures	1. Anatomy and Physiology Review of the Cardiovascular System and Fluid/Lytes/Acid-Base Balance	Exam 1
	2. Diagnostic and Therapeutic Procedures and Monitoring	
	3. Open Heart Procedures	Exam 2
	4. Peripheral Vascular Procedures	
Module Four	Unit:	
Use of the Nursing Process for Clinical Decision Making	1. Patient Assessment and Preparation	Exam
	2. Anesthetic Interventions/Common Drugs/Hemodynamic Monitoring	
	3. Intraoperative Patient Considerations	
	4. Immediate Postoperative Considerations and Evaluation of Outcomes	
	5. Complications and Management of Surgical Crisis	
Module Five	Unit:	
Surgical Techniques Related to the RNFA	1. Soft Tissue Handling	Exam Suturing Workshop Research Paper Mentored experience in the OR with the cardiac surgeon. (225 hours)
	2. Methods of Providing Exposure	
	3. Providing Hemostasis	
	4. Needles and Suturing	
	5. Harvesting Vessels for Grafting	

Table 2

RNFA General Surgery - Program Content

<u>Module</u>	<u>Contents</u>	<u>Evaluation</u>
Module One	Section	
Role and Responsibilities of the RNFA	I Scope of Practice	Exam 1
	II Legal Regulation	
	III Ethical Issues	
	IV Communication Skills, Stress Management, and Collaborative Practice	
	V Leadership Skills	Exam 2
	VI Health Care Delivery System	
	VII Nursing Research	
Module Two	Unit:	
Asepsis and Infection Control	1. Chain of Infection	Exam
	2. Body's Response to Infection	
	3. Asepsis	
	4. Infection Control	
	5. Multiple-Resistant Organisms	
Module Three	Unit:	
Cardiovascular System and Surgical Procedures	1. Self-learning Module for Anatomy and Physiology (Optional)	Exam 1 Exam 2
	2. Anatomic and Physiologic Considerations	
	3. Review of Planned Procedure	
	4. Assisting Considerations	
	5. Evaluation of Postoperative Patient Outcomes	
These five areas of content will focus on the following surgical procedures: (i) General Surgery (Inguinal Hernia Repair, Cholecystectomy, Colon and Small Bowel Resection, Thyroidectomy, and Mastectomy); (ii) Gynecology (Abdominal and Vaginal Hysterectomies, C- Section, and Bladder Neck Suspension); (iii) Urologic Procedures (Prostatectomy and Ureteral Lithotomy); (iv) Peripheral Vascular Surgery (Fem-Pop); and (v) Orthopedics (Total Knee, Total Hip, and Discectomy).		
Module Four	Unit:	
Use of the Nursing Process for Clinical Decision Making	1. Nursing Process	Exam
	2. Cardiac and Hemodynamic Considerations	
	3. Respiratory/Metabolic/Hematopoietic Considerations	
	4. Anesthetic Considerations	
	5. Perioperative Considerations	
Module Five	Unit:	
Surgical Techniques Related to the RNFA	1. Soft Tissue Handling	Exam Suturing Workshop Research Paper Mentored experience (200hrs) in the OR with the general surgeon.
	2. Methods of Providing Exposure	
	3. Providing Hemostasis	
	4. Needles and Suturing and Knot tying	

expertise, and responsibility.

Acceptance by peers and colleagues is also of monumental importance. The nursing shortage and budget deficits have caused our colleagues to question how our role might affect them. They have verbalized such things as, "what else will we have to endure" or "how will this role affect staffing and day-to-day OR functioning"? Other questions of concern for the RNFA include: "Will there be resentment for the RNFA, when our nursing peers feel abandoned, overworked, and understaffed" and "Will our colleagues be there to support us, when there are feelings that we should be functioning in the role of a perioperative nurse?"

Acceptance by physicians is another concern. Physicians who work side-by-side with the RNFA are extremely supportive, while those on the periphery tend to appear resentful. Some physicians believe that nurses are overstepping their boundaries and that the RNFA is actually taking a job from a physician. It is difficult for them to understand that the RNFA is a physician driven role and that there is no one else available or prepared to do this work.

The challenge for the RNFA is to continuously promote, network, and improve working relationships with both peers and physicians. Communication is a vital aspect of the RNFA role. Disseminating information about "who we are and what we do" is essential in order to gain an understanding and appreciation of the role. In Newfoundland and Labrador we are still at the stage where we must continuously define ourselves, therefore, it is important to keep the major players, the community, physicians, nursing colleagues, and our provincial associations informed of our role and responsibility. This will be the first step to successful recognition. Verbalizing the importance and value of the RNFA in the surgical setting should be a priority.

Future

The future looks bright for RNFA's in Newfoundland and Labrador. Initial approval for the RNFA in Cardiac Surgery has expanded to include approval for the RNFA in General Surgery. This is a major step forward for nurses in the province. They will have the opportunity to complete their formal education and become employed by their institutions. Our expectation is that the number of RNFA's within our province will increase. Increased numbers will facilitate more effective lobbying for the role. In this age of deficits and decreasing health dollars, RNFA's will be able to

promote themselves and their value as experienced, cost effective employees. They may also receive the recognition they so richly deserve for their knowledge, expertise and commitment to this expanded perioperative nursing role.

Summary

Our experience in promoting and developing the role of the RNFA in Newfoundland and Labrador was primarily a positive one. Performing an extensive review of the role in the United States and Canada and searching the literature allowed us to put essential elements in place and avoid previous pitfalls. The essential elements included: having approval, support and a formal job description from the agency wishing to educate and hire RNFA's; approval from the provincial nurses association for this expanded role and educational program; and support from appropriate medical associations. By assuring that these elements were in place, a smooth pathway was created for development and implementation of the RNFA role.

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