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RN First Assisting - 1997 Canadian Update

By Grace A. Groetzsch, RN, BScN, MEd, CPN(C)

Unlike the United States, Canada appears to have little formal history of nurses functioning in a RN first assistant (RNFA) role. On examination, however, perioperative nurses are first assisting in Canada daily, and more recently formally as RNFAs. Other than in the province of Quebec, the term RN first assistant appears to not be formally utilized in Canada. The Operating Room Nurses Association of Canada (ORNAC) has coined the term Perioperative Nurse - Surgery (PNS). This avoids the use of the word "assistant" with its various connotations. Interestingly though, all hospitals who formally utilize perioperative nurses in this role utilize a title that encompasses the word "assistant".

The first Canadian province to formally recognize the RN first assistant role was Quebec in September 1994. Informal lobbying began in 1980 (Perazzelli, 1997), with the first proposal brought forward in 1991 at the Annual Meeting of the Ordre des infirmieres et infirmiers du Quebec [OLLQ]. OLLQ (1995) developed and published a position paper entitled *Perioperative Nursing Care: The Role of the Nurse First Assistant*, and concludes "that the role of nurse

first assistant has a place in the evolving context of professional practice. It answers the community's health-care needs and meets the demands of the health and social services system in the province of Quebec (p. 15)." Original prerequisites for consideration in the program included a minimum five years of perioperative experience, experience in the appropriate surgical service as a scrub nurse, and certification in perioperative nursing from the Canadian Nurses' Association. As of September 1997, three years of perioperative experience will be adequate for entrance into an RNFA program. With a Bachelor's degree (complete or in process) two years of perioperative experience will suffice.

Although Quebec had now endorsed the RN first assistant role, no training programs existed. To bridge the gap until a formalized program could be established in an educational institution, two nurses were trained by a cardiac surgeon at the Heart Institute of Montreal starting in early 1996.

Curriculum from the Heart Institute of Montreal (1995) is divided into three modules. The didactic portion of the course (186 hours) is heavily weighted towards the technical aspects of the intraoperative role. Preoperative and postoperative functions appear to be minimal. Participation in 30 operative procedures with evaluation by mentor surgeons results in successful completion of the third module. Nurses

Abstract

Canada appears to have little formal history of nurses functioning in a RN first assistant (RNFA) role. On recent examination, however, perioperative nurses are first assisting in Canada daily, and several provinces have started programs. The following articles provides an overview of RNFA activities as of April 1997.

Author

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may assume the role of first assistant during single cardiac revascularizations and single valvular replacement procedures only. During complex procedures, the Professional Corporation of Physicians of Quebec stipulates that a medical assistant be in attendance (Daigle, 1996).

The outcomes of the one year pilot project at the Montreal Heart Institute are currently being evaluated. Outcomes to be measured include a comparison of procedural time when a resident, general practitioner, or RNFA assists, case distribution between the three categories of assistant, explanations of these distributions, and morbidity analysis such as rate of deep surgical site infection (First Hand, 1996). All indications (Perazelli, 1997) indicate that the project is a success, although a formal written report is not yet available in English. The program at present continues and is advertised in the *Canadian Operating Room Nursing Journal* (1997) as an "Expanded Role" - In House Program (p. 10).

In September 1996 a plastic program was started at Ste. Justine, Montreal with two nurses enrolled. One nurse, however, left the program for family reasons. The plastic program has 186 structured classroom and study hours, followed by 390 clinical hours, with a stipulated minimum number of specific plastic surgical cases.

The programs at the Heart Institute of Montreal and Ste. Justine are to be replaced by a RNFA program at the University of Trois-Rivieres which accepted its first 42 applicants in the fall of 1996 (Perazelli, 1997). At present, 24 perioperative nurses are registered for the second intake of the program in September 1997. Graduates of the university program will be able to work in all hospitals, unlike those from the hospital based programs. Remuneration for the nurses practising in the role is currently comparable to that of any registered nurse in Quebec.

1996 saw Newfoundland gain recognition for a RN first assistant program. The Newfoundland & Labrador Operating Room Nurses Association (N&LORNA) began lobbying the Association of Registered Nurses of Newfoundland (ARNN) in 1992. In 1995 a document was published which addressed the issue of advanced nursing practice and the need for nurses to take on expanded roles. No position was maintained on the RN first assistant role by the ARNN until November 1996 at which time it positively endorsed the concept of registered nurses functioning as first assistants. Several requests were received from various hospitals and in December, 1996 the Medical Board of Newfoundland & Labrador approved the role for one institute only, the Health

Science Centre, St. John's. The Newfoundland & Labrador Medical Association, the physician's union, has vetoed the position currently for all other hospitals within the province.

At present the Newfoundland program is in the development phase. It is hoped that four nurses will participate in a self-directed learning module, followed by clinical experience within the cardiovascular specialty. The steering committee (Walsh, 1997) has examined the content of the Montreal program and ORNAC's blueprint for curricula development. They are currently creating a job description and determining the role title, along with drafting the prerequisites for acceptance into the program, curriculum details and evaluation methods. It is hoped that the program will be university affiliated and will accept the first four successful applicants some time in 1997.

“ Graduates of the [Trois-Rivieres] University program will be able to work in all hospitals, unlike those from the hospital based programs ”

In Ontario, the College of Nurses of Ontario (CON) has been lobbied by members of the Operating Room Nurses Association of Ontario (ORNAO) since 1993. In a letter to Tyndall (1995) the CON acknowledges that the expectations within the preoperative and postoperative components of the Perioperative Nurse - Surgery role are within the scope of practice of nursing. Concern was expressed relating "to the overall accountability the nurse assumes when she/he formally functions in the "first assistant" role, than to the performance of specific procedures, such as cautery, suturing etc. (p.2)." Resolution of the above concern has to date not occurred. CON (March, 1997) published a document entitled "Determining the Appropriate Category of Care Provider" in which it utilizes the question "Can a RN act as a first assistant in surgical procedures?" The conclusion reached states that the first assistant role is beyond the limits of RNs. The rationale for this conclusion states "The role requires a medium level of autonomy and may involve independent surgical responsibilities in unexpected situations. For example, the surgeon may require more extensive surgical assistance or become unable to continue to intervene for personal or health reasons (p. 14)."

The situation in Ontario is unique in that the legislative and professional branches of nursing are two separate bodies, i.e. the College of Nurses of Ontario, and the Registered Nurses Association of Ontario (RNAO). Every practising nurse must belong to the College of Nurses, however, membership to RNAO is voluntary, with only fourteen percent belonging to the association. Whereas the CON's mandate is public protection, RNAO (1997) is actively seeking to carve out new roles for registered nurses within a reformed health care system. The bottom line, however, remains with the College of Nurses. RN first assisting, however, has occurred in Ontario for decades.

Collins (1997) relates that the Orthopaedic & Arthritic Hospital, Toronto was founded in 1955 by two orthopaedic surgeons, Drs. Bateman and Wright. All operating room nurses were certified by Miss O'Connor, the Chief Nursing Officer, to first assistant at surgery. Operating room nurses routinely sutured, retracted and cauterized vessels until affiliation of the Department of Orthopaedic Surgery with the University of Toronto in 1981. With the introduction of additional orthopaedic surgeons, orthopaedic fellows, and the retirement of Dr. Bateman in 1983, nurses no longer were able to first assist.

“...Nursing practice boundaries have historically expanded and contracted based on the supply and demand situation in other disciplines, particularly medicine ”

The Toronto Western Hospital (Dale, 1996) introduced the concept of a registered nurse surgical assistant for cardiovascular surgery in 1981 receiving approval for the position, from nursing administration, for a "physician assistant" in 1983, just as the Orthopaedic & Arthritic Hospital was phasing out the use of nurses as assistants. This nicely exemplifies the Canadian Nurses Association (1993) statement that nursing practice "boundaries have historically expanded and contracted based on the supply and demand situation in other disciplines, particularly medicine." A reduction in the number of surgical residency positions, an expansion of the cardiac program and the requirement for consistency in patient care was the impetus for the founding of this nursing position, physician assistant. The physician assistant role at Toronto Hospital, Western Division encompasses the preoperative, intraoperative and postoperative phases of a client's

surgical experience, plus research activities.

Preparation for the role has primarily been based on the apprentice model, with no formal educational preparation. The position is remunerated from the cardiac budget, salaried at the current union nurses's rate of pay. In 1994 a second registered nurse was recruited as a physician assistant. The role underwent a title change to "surgical assistant" in 1995 to avoid confusion with a nurse clinician role on the cardiac unit. The untimely death of the second surgical assistant in 1996, coupled with budgetary restraints means that only one surgical assistant currently remains in the position.

The Advanced Practice Committee of the Ontario Operating Room Nurses Association (ORNAO) has been dialoguing with educational institutions since 1995 to develop a university based program for the PNS/PNA roles. Initial efforts with McMaster University in Hamilton were abandoned in 1996 when it became apparent that McMaster University was inflexible in offering the program at anything other than a Master's level of preparation. At present, Ryerson Institute, a degree granting university in Toronto and the Mitchener Institute (formerly the Toronto Institute of Medical Technology) are interested in facilitating the development of a RNFA program. Discussions continue.

The author, however, believes herself to be the first registered nurse in Ontario to be undergoing formalized education offered through a recognized U.S. educational institute to become a RN first assistant, planning to undertake the internship component in Ontario. One perioperative nurse in Niagara Falls has recently completed a RNFA course, however, obtained her internship hours in the U.S. and remains unemployed as a RNFA in Canada. The first registered nurse in Canada to remain in Canada and have the designate RNFA, appears to be Lisa Blaskovits from Alberta.

Blaskovits (1996) outlines her experience in a recent article entitled "The Rocky Road to RN First Assistant". Although the Alberta Association of Registered Nurses is very supportive of the RN first assistant role, the hospital's insurer:

"formally limited my ability to act as a surgical assistant. I would, in future, be able to utilize instrumentation, provide exposure manually or by use of instruments or retractors, provide hemostasis through use of cautery, suction, or clamping and tie appropriate surgical knots. I would not be allowed to suture".

Blaskovits is currently working in another hospital as a Nurse Clinician outside the operating room. As

this is a rural hospital, she is frequently asked to assist with surgery, due to the unavailability of residents and general practitioners, and thus functions as an unpaid RN first assistant on a limited basis. Gawryletz(1997) is a nurse working in Calgary, Alberta who has completed the didactic segment of the same RNFA course as the author. However, she remains stalled in obtaining an internship position.

Although first assisting in the Calgary region has not yet come to fruition, in January 1997, a RN Surgical Assistant program was implemented in nearby Edmonton. Application to the program is currently restricted to registered nurses employed in the operating room suite of the University of Alberta Hospital (1997). The program is limited in its didactic and clinical components to the intraoperative phase of surgery. Nurses apply to learn first assisting for one specific surgical specialty (cardiovascular or neurosurgery or plastic surgery) and are then limited to practising as a surgical assistant in that specialty only. Surgical assistants are reimbursed at the same level as registered nurses with currently no extra money paid for overtime. The impetus for the program is surgeon driven as the number of surgical residency positions declines. At present, four nurses are in the cardiovascular program, four in the neurosurgery program and eight nurses started the plastic surgery program in April 1997.

Simon (1997) states that the Registered Nurses Association of British Columbia (RNABC) recognizes the RNFA role as being within the scope of nursing practice. The British Columbia Operating Room Nurses Group (BCORNG) began lobbying RNABC in 1991, and have been supportive of the concept since its inception. BCORNG and the British Columbia Institute of Technology (BCIT) are actively pursuing recognition of the position in British Columbia (BC) with the Health Administrators Association of BC and provincial government. A PNS program planning team is in place with membership from BCORNG and BCIT. A business plan is being developed, and once approval for the RNFA role is received from the government, BCIT will offer a program. BCORNG and BCIT will contribute funds for curriculum development.

In 1996, the Saskatchewan Union of Nurses approached the Saskatchewan Registered Nurses Association (SRNA) regarding the RNFA role. SRNA is described by Farley (1997) as being silent, but supportive. RNFA practice would be covered under the current scope of nursing practice, but would require a legislative change to the Public Hospital Act. Cur-

rently, the act specifies that only a physician can assist during surgery for reimbursement. Several surgeons are interested in the RNFA concept, and meetings have taken place with the Saskatchewan Operating Room Nurses Group (SORNG). SORNG has monies set aside for a pilot project.

“...No one curriculum is followed and it appears that it is “each man for himself”, with no coordination of activities throughout a province, much less the country” .

Provincial operating room nursing associations continue to lobby their respective nursing association on behalf of the PNS (RNFA) role. The Nurses Association of New Brunswick has passed a resolution ratifying the PNS role. At present, however, no programs exist, nor are there any nurses being trained by individual hospitals.

Nowhere is Rothrock's statement (1993) “the window of opportunity for RN First Assistants is wide open in the 1990's” more applicable than in Canada. Unfortunately, this author's research has identified that no one curriculum is followed and it appears that it is “each man for himself”, with no coordination of activities throughout a province, much less the country. ORNAC needs to continue to not only promote the role, but also influence the manner in which the role is being implemented. With continued acceptance of the role, hopefully this issue will resolve over time, and Canada's RNFA programs will stand as a united front.

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