

The Rocky Road to RN First Assistant

By Lisa Blaskovits, RN, (CNOR)

Sometimes ignorance is a blessing. Had I known three years ago what I know today, I may have decided to become an interior decorator instead of a R.N. Surgical Assistant. However, in hind sight, I have to say it has been the most challenging, exciting, and satisfying work I have ever done in my nursing career.

This is not to say the work is finished. Becoming a certified R.N. First Assistant appears to have been the easy part. Developing infrastructure, from a national, all the way to an institutional perspective, has become the time consuming task. We have, as a group, made great strides and we are well on our way to having the R.N. Surgical Assistant accepted as a standard in urban institutions. My story is just a small cog in the big wheel, but many have found it interesting, informative, and even inspirational. So I relate it here.

ORNAC's 1993 Conference Introduced the R.N.F.A. to Canadian OR Nurses

I had first heard of the concept of the R.N. Surgical Assistant in May, 1993 when one of my nursing colleagues attended a lecture by Dr. Jane Rothrock in Quebec City during the National Conference of the Operating Room Nurses Association of Canada. We discussed it upon her return, and decided it wasn't an unreasonable concept. We were, at the time, both members of the Open Heart Team at the Holy Cross Hospital in Calgary. During the initial phase of bypass surgery, when the second surgeon was harvesting the

great saphenous vein, the scrub nurse assisted the first surgeon to open the chest, harvest the Internal Mammary Artery and go on Cardiopulmonary Bypass. Throughout the surgery, the scrub nurse was expected to maintain hemostasis in the leg wound until the wound was closed at the end of surgery.

And so, in our estimation, we were already Surgical Assistants performing many of the necessary tasks. It was just a matter of becoming certified and recognized.

To become certified, I would have to attend a course in the United States, as a Canadian course had not yet been developed. To do this, I had prerequisites to meet. I required a U.S. nursing license, CNOR certification (equivalent to CNA - perioperative nursing certification) and ACLS certification.

I chose to write the U.S. nursing (NCLEX) exams in California as that state has reciprocity across the U.S. After six weeks of daily study sessions I found myself at the Los Angeles County Fairgrounds in Pomona, California with 10,000 other hopefuls. This was an experience burned into my memory.

Back home in Canada, I threw myself into an ACLS course offered by a local college, and later that year, travelled to Helena, Montana to sit for the

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CNOR exams. All this behind me, I could concentrate on the Registered Nurse First Assistant course itself. After surveying several colleges in Sacramento, Phoenix, Arizona, and Media, PA, I decided on Linfield College in Portland, Oregon. It was closer to Calgary and this would save on travel and communication expenses. The course and its co-ordinator were also very flexible in meeting my particular needs and restrictions as a foreign student in their institution.

I drew up a proposal outlining the course, and my wish to intern at the Holy Cross Hospital and distributed the proposal to the Department of Cardiovascular/Thoracic Surgery and the Administrative offices.

Surprisingly enough, the surgeons were incredibly receptive, encouraging and supportive, and all five agreed to precept my internship. Nursing Administration was somewhat more skeptical. Regardless, I had paid my tuition and was determined to go as far as I could with this. I flew to Portland for the two weeks of didactic and lab training and returned to Calgary to commence my internship.

160 Hours of Surgical Time Required

I was required to log 160 hours of straight surgical time to complete my RNFA internship. I was also required to show competency in all areas specific to surgical assisting: exposure and visualization, tissue handling, hemostasis and suturing.

Because of my unique situation and being able to claim only 30 minutes to one hour of surgical assisting time for three to five- hours of scrub, I was allowed to collect intern hours retroactively for two years. This allowed me to meet all requirements for the surgical assistant internship within the allotted six week time period.

As the Chief of Cardiovascular/Thoracic Surgery, Dr. V. Aldrete acted as my main preceptor and pro-

vided evaluations of my performance as required by Linfield College. He also spent countless hours with me outside the theatre, practicing knot tying, suturing, and discussing surgical cases. His enthusiasm was a great encouragement for me.

Quality Assurance Limited My Ability

Unfortunately, after months of meetings, letters, and conference calls with various professional organizations, including ORNAA, AARN, and CNPS, the hospital's Nursing Administration (specifically Quality Assurance) 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.



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Insurance Restrictions

The reason for this decision was based on the hospital's insurer at the time. The Alberta Hospital Association based their insurance on community standards. Since no other O.R. nurse employed in an urban hospital in our center (Calgary) was allowed to function in this capacity, I also would not be allowed to practice as an Surgical Assistant.

The politics of it was enough to make me pull my hair out! I was allowed to tie knots on vessels close to the heart and on vessels used to bypass onto the heart. Imagine the consequences two hours post-operatively of an improperly tied knot. I was allowed to push an awl through the sternum and to pull a wire back through. Imagine, through carelessness, the results of an awl puncturing the left ventricle or aorta. I was allowed to retract scarred pericardium and even the heart itself. Yet, I was not allowed to suture subcutaneous and skin tissue which has, in comparison, very minimal risk associated with it.

I fully understood the hospital's reluctance to allow me to practice at an advanced level. After all, who wants to be legally responsible for the first R.N.F.A.? And, I had time on my side. So I decided to wait until the year 2000 before giving up on the RNFA role in Canada.

In the end, I left the open heart team to pursue a Nurse Clinician position in a rural hospital. I am presently out of the Operating Room more than I would like, but also find that I'm frequently being asked to assist because general practitioners and residents are sometimes difficult to find for surgery.

In the two years that it took me to become a R.N.F.A., I estimate I spent close to \$10,000 on books, tuition, airfare, and accommodations, to mention just the major expenses. I wasn't able to find funding for a role not as yet recognized in Canada. I was left to my own resources.

Would I do it again? . . . In a minute! As I stated in the beginning, it's been a wonderful adventure.

Over the past three years, I have given several lectures on my experiences as RNFA and I always like to close with a quote from Florence Nightingale's "Notes on Nursing":

"No system can endure that does not march. Are we walking to the future or to the past? Are we progressing or are we stereotyping? We remember that we have scarcely crossed the threshold of uncivilized civilization in nursing; there is still so much to do. Don't let us stereotype mediocrity, we are still on the threshold of nursing." ■

Perioperative Nurses receive CNF Certification Awards

The Canadian Nurses Foundation (CNF) announced several names as recipients of the 1996 Perioperative Certification Awards through the Canadian Nurses Association Certification Program. Winners were **Lilia Faustino**, Ontario; **Linda Allen**, Nova Scotia; and, **Joyce Mauro**, Ontario, who were recently Certified in their Perioperative Specialty.

CNF is the only national foundation committed solely to promoting the health of Canadians by helping nurses pursue their educational and research goals. The funding that makes these awards possible is acquired from nurses, corporate donors/sponsors, bequests and gifts from individuals and organizations who support the goals of the Foundation.

CNF offers Research Grants from \$5000 to \$15,000, Leadership Awards of \$1,000 and several smaller Certification awards.

For further information contact:

**The Executive Director,
Canadian Nurses Foundation
50 The Driveway, Ottawa, ON K2P 1E2
PH: (613) 237-2133 FAX: (613) 237-3520**

Attention all Perioperative Nurses

The Isabelle Adams Excellence in Perioperative Nursing Award

To be Awarded at the 1997 National
Conference in Ottawa

Do you know of an outstanding ORNAC member, who through her dedication and commitment has made a difference in the field of perioperative nursing and deserves to be recognized for her contribution?

The Isabelle Adams Excellence in Perioperative Nursing Award was established for this purpose on the initiative of the Operating Room Nurses of Québec in 1987. The first award was presented in Vancouver in 1988 and is presented on the year of the National Conference.

Nomination papers can be obtained through your Provincial President or by contacting:

**Shelly Zareski
Chair, Awards Committee
5572 Northridge Road A 1206
Halifax NS B3K 5K2
(902) 454-0463 FAX (902) 428-3214**



Modular Post-Basic Grads - Paula Mullin, Donna Wheaton, Shirley Gallant and Carol Ann Howe of Hotel Dieu Facility. From the of the Miramichi Facility - Aletha Connell, Jane Houck and Corina Balcom

Modular Post-Basic Perioperative Nursing Program grads

The self-directed learning Modular Post Basic Perioperative Nursing Program developed by Sandra Poirier, Education Coordinator - The Moncton Hospital Operating Room recently graduated its second class. This group is the first outside of The Moncton Hospital to complete the program. Education liaison for the program was Margaret Cassidy (Regional 7 Hospital Corporation).

Congratulations to all the new graduates - Paula Mullin, Donna Wheaton, Shirley Gallant and Carol Ann Howe (of the Hotel Dieu Facility) and Corina Balcom, Aletha Connell and Jane Houck (of the Miramichi Facility). Nineteen hundred and fifty (1,950) hours of self-directed study is dedication plus. Congratulations all!

By **Kenda J. Lynn**, Secretary, NBORN

N.B.O.R. Nurses' Institute attracts 88 of its members

The New Brunswick Operating Room Nurses held its 22nd annual Spring Institute in Bathurst, NB, April 19th and 20th, 1996. The Institute was hosted by Region 2 of the NBORN. The education day, social evening and a short business meeting was attended by 88 members and 27 exhibitors. The conference theme "Thriving Not Just Surviving as an OR Nurse" was enjoyed by all.

Alice Hébert-Breau spoke on "How to be a Winner Today in Our Profession". "Burnout among Professional" was presented by Pierette Matte-Lavinge. An

interesting session on Computers in the OR was also presented.

The Conference concluded with the election of officers for the 1996 - 1998 term: President - Sandra Poirier (Moncton); President Elect - Nora Slater (Bathurst); Vice President - Tina Kennah (Fredericton); Treasurer - Hèlen LeBlanc (returning); and Secretary - Kenda Lynn (Moncton).

The 1997 conference will be hosted by Region 5 - NBORN in Woodstock, NB, May 9th and 10th. The theme will be: "Taking Care of Me".