

Nurse First Assistant: An Evolving Project in Québec

By Suzanne Daigle, Inf. B. Sc.

Striving for the highest levels of professionalism, a changing work environment in the operating room, scientific and technological advances in surgery, requirements expressed by surgeons in 1992 and 1993, and the setting of quotas for resident physicians have all contributed to the urgency of reexamining the role of nurses vis-a-vis patients.

In reality, nurses have often been placed in situations where they have had to play both the role of scrub nurse and of first assistant.

The purpose of this project is to establish the role of nurses within the medico-surgical team in order to optimize the quality of care.

Given the needs identified and the keen interest expressed by all those involved, the Montreal Heart Institute, following a request made by its surgeons, presented a project to the Ordre des infirmières et infirmiers du Québec (OIIQ) and the Professional Corporation of Physicians of Québec (PCPQ) for their approval.

Indeed, in September 1994, the OIIQ moved in favour of recognizing the function of nurse first assistant for perioperative nursing care.

For its part, the PCPQ gave its support to the pilot project by allowing the Montreal Heart Institute to have nurses take on the role of first assistant. The nurses recruited for this first official experiment in Québec will be able to assist surgeons once they have received adequate training.

A Definition of Nurse First Assistant

The role of nurse first assistant can be defined as follows:

The nurses first assistant assumes responsibilities that are different from those of the scrub nurse. She

provides immediate and ongoing support to the surgeon at the operating site by performing a variety of tasks inherent to the surgical procedure in order to optimize results for the patients. She constantly interacts with the surgeon and is under his direct supervision.

The function of nurse first assistant as described by the OIIQ document entitled (Position paper: Perioperative Nursing Care) is distinct from operating assistance as defined by the PCPQ since the latter is a medical responsibility which consists of actively participating in the surgical procedure, making judgement calls, and making decisions requiring knowledge of medical science. (Bulletin, vol.15, no 3, July 1975).

Nature of the Function

Essentially, the nurse first assistant must ensure the patient's safety and provide technical and clinical assistance to the surgeon.

The specialized activities performed by the nurse first assistant are:

- Positioning the patient.
- Preparing the skin (daubing).
- Performing haemostasis using mechanical and thermal methods. Clamping, cauterizing and ligating vessels.
- Ensuring organs and tissues are exposed.
- Suctioning, sponging and holding the retractors.

Suzanne Daigle, Inf. B. Sc., is Operating Room and Sterilization Coordinator, Montreal Heart Institute.

This article describes the current status of the Nurse First Assistant Project launched at the Montreal Heart Institute in 1995.

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ant (surgeon, resident physician or general practitioner), as defined by the C.P.P.Q., must be ensured during the main portion of the surgical procedure.

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- Anticipating the various steps of the surgical procedure.
- Performing effectively when complications do occur.

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Suturing fascia, subcutaneous tissues, and skin, making knots. Using any instrument, at the request of the surgeon.

Policies and Rules for the Implementation of the Nurse First Assistant Function

In order to monitor the implementation, development and evaluation of this project, mechanisms were put in place by those concerned and approved by the appropriate authorities.

Rules Concerning Nursing Care

- A nurse acting as first assistant should not at any time also act as scrub nurse.
- A nurse always has the right to refuse to perform a task if in her opinion, she has neither the knowledge nor the required skills to perform such a task.
- A nurse acting as first assistant must always be under the direct supervision of a surgeon.

Administrative Policies

- A pilot project involving a nurse first assistant must receive the approval of the Board of Physicians, Dentists and Pharmacists as well as the Board of Directors of the Montreal Heart Institute.
- The head nurse establishes and implements an evaluation process for the nurse first assistant as well as the quality of the tasks performed.
- The nurse first assistant may take on the role of scrub nurse or circulating nurse at the request of her immediate supervisor.
- Budgetary envelopes required. To assign a nurse first assistant funds must be budgeted so as not to adversely affect existing nursing care.
- This is a pilot project. The possibility of making it a permanent function will be evaluated in one year.

Rules Pertaining to Medical Care

- The presence of a surgeon is required at all times during the surgical procedure.
- When required, the presence of a medical assistant (surgeon, resident physician or general practitioner), as defined by the C.P.P.Q., must be ensured during the main portion of the surgical procedure.

• Nurses will assume the role of first assistant during single cardiac revascularization and single valvular replacement procedure. During complex procedures such as reinterventions, multiple valvular replacements or complex surgical procedures, the presence of a medical assistant is required.

Training Program

In order for the function of nurse first assistant to be recognized, specialized knowledge and skills must be acquired. To meet this need, a 186 hour training program was developed.

The purpose of the Training Program is to allow nurses to acquire and develop the specialized skills required to provide clinical and technical support a surgeon needs to safely perform a surgical procedure.

Program Prerequisites include:
- Basic Cardiac Life Support (CPR).
- Knowledge of asepsis principles, sterility control, infection prevention, medical waste and principles of patient positioning.
- Specific knowledge of cardio-vascular nursing care:

- Cardio 1:** Cardio-vascular physiology and basic rythmology (28 hours).
- Cardio 2:** Ischaemic diseases of the heart: angina and infarction (14 hours).
- Cardio 3:** Evolutionary process of heart failure: From heart deficiency to cardiogenic shock (14 hours).

Program Content

The 186 hour program, including the 56 hour prerequisite program, is divided into three distinct modules:

- The **first** deals with maintaining a secure environment for the patient:
 - A description of the nursing care functions.
 - A description of preventive measures to avoid biological risks.
 - Applying preventive measures to avoid physical risks: burns, pressure points.
 - Understanding our own stress and how to make it work to our advantage.
- The **second** deals with clinical assistance to the surgeon:
 - Anticipating the various steps of the surgical procedure.
 - Performing effectively when complications do occur.

L'Assistance Opératoire: Un projet en développement

Par Suzanne Daigle, Inf. B. Sc.

The **third** deals with technical assistance:

- Proper use of equipment during the procedure.
- Manipulating tissues (using haemostasia techniques).
- Anticipating use of thread and needles.
- Suturing tissues and fascia.
- Anticipating and facilitating surgical procedures.

During the third module, the nurse undergoes OTJ training. Two tutors (surgeons) supervise the training. The nurse takes part in 30 operations: 20 myocardial revascularization procedures and 10 valvular replacement procedures.

She must master the following techniques:

- Taking and preparing the saphena.
- Closing the leg wound.
- Assisting in the arterial, venous and cardioplegic cannulation.
- Providing technical assistance during coronary and aortic anastomosis.
- Assisting during cannula exeresis.
- Assisting during aortic and mitral valve replacements.
- Assisting in closing the sternal bone.
- Closing the sternal wall (subcutaneous and cutaneous).

A progress report is prepared after every procedure. Each nurse must undergo an evaluation at the end of the training period in order to ascertain that she has met all of the objectives. The evaluation is made by the two teaching surgeons.

Maintaining Proficiency

The nurse first assistant is responsible for maintaining her proficiency. To this end, she establishes and maintains a record of proficiency in which she writes down her ongoing training activities. She makes selected readings. She establishes and meets her personal development goals and objectives.

Implementation

Two nurses have already been selected for this project.

During the selection process, we took into account:

- Basic training: University Degree in Nursing Sciences (in hand or soon to be completed).
- Curriculum Vitae: five (5) years experience in an operating room, including two (2) in the specialty.

Selection Interview Questions

- Vision of the role: functions, responsibilities, cooperation.
- Conceptual abilities: knowledge, technical aspects, cognitive strategies.
- Judgement: Case studies, analysis, problem solving.

The two nurses have completed their training. Their integration into the role of nurse first assistant is ongoing. Evaluation of this pilot project will be done in February, 1997.

References

- Montreal Heart Institute: *Surgical Assistant Nurses. a Pilot Project on Operating Assistance*, September, 1995.
- Ordre des infirmières et infirmiers du Québec: *The Function of Nurse First Assistant. Position Paper*, September, 1994.
- Professional Corporation of Physicians of Québec: *Assisting the Surgeon in the Operating Room (Operating Assistant)*, Bulletin, vol.XV, no. 3, July, 1975.
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Summary

Changes in the work environment, quotas imposed on the number of resident physicians, scientific and technological advances, and nurses having to play two roles, that of scrub nurse and of nurse first assistant, have all contributed to the development of a new role, that of nurse first assistant.

For the purpose of providing optimal quality care to patients and at the request of its surgeons, the Montreal Heart Institute has presented a project to the Ordre des infirmières et infirmiers du Québec and the Professional Corporation of Physicians of Québec.

The project was accepted by both bodies. The OIIQ moved in favour of recognizing the function of nurse first assistant in September, 1994, and the PCPQ gave its approval for the project on March 30, 1995.

A 186 hour training program was developed. The two selected nurses have been trained and have been integrated into a medico-surgical team since February, 1996.

The Nurse First Assistant pilot project will be evaluated in February, 1997.

La recherche de l'atteinte des plus hauts niveaux de professionnalisme, le changement de contexte du travail en salle d'opération, l'évolution scientifique et technologique dans le domaine chirurgical, les demandes formulées par les chirurgiens en 1992 et en 1993, et le contingentement des médecins résidents provoquent la nécessité et l'urgence de revoir les interventions faites par les infirmières auprès des usagers.

Dans la pratique, les infirmières étaient souvent placées dans des situations où elles devaient assumer simultanément le rôle d'infirmière en service interne et celui de première assistante chirurgicale.

Ce projet de développement vise à établir le rôle des infirmières et leur assistance à l'intérieur de l'équipe médico-chirurgicale afin d'optimiser la qualité de soins.

Compte tenu des besoins du milieu doublés d'un vif intérêt des intervenants, l'Institut de cardiologie de Montréal, à la demande des chirurgiens, a présenté un projet à l'Ordre des infirmières et infirmiers du Québec ainsi qu'à la Corporation professionnelle des médecins du Québec, pour approbation.

Dans ce contexte, l'Ordre des infirmières et infirmiers du Québec s'est prononcé, en septembre 1994, en faveur de la reconnaissance de la fonction d'infirmière première assistante pour les soins infirmiers périopératoires.

De son côté, le Collège des médecins du Québec a donné son appui au projet-pilote autorisant l'Institut de cardiologie de Montréal à confier aux infirmières le rôle de premières assistantes. Les infirmières recrutées pour cette première expérience officielle au Québec pourront seconder les chirurgiens après avoir reçu une formation adéquate.

Description du projet

La fonction de l'infirmière première assistante se définit comme suit:

- L'infirmière première assistante assume des responsabilités différentes de celles de l'infirmière en service interne. Elle apporte une collaboration immédiate et continue, au chirurgien, au niveau du site opératoire en procédant à l'exécution de diverses manoeuvres inhérentes au déroulement de l'intervention chirurgicale afin d'atteindre les résultats optimaux pour les usagers. Elle agit en interaction constante avec le chirurgien et sous sa supervision directe.

La fonction de l'infirmière première assistante, telle que définie par le document de l'OIIQ (Prise de position: Soins infirmiers périopératoires) est distinguée de l'assistance opératoire telle que définie par la Corporation professionnelle des médecins du Québec, cette dernière étant une responsabilité médicale qui consiste à prendre part activement à l'intervention chirurgicale, à poser des jugements et à prendre des décisions nécessitant obligatoirement des connaissances médicales (Bulletin, vol. 15, no 3, juillet 75).

Nature de la fonction

Essentiellement, l'infirmière première assistante doit contribuer à assurer la sécurité de l'utilisateur et à apporter une aide technique et clinique au chirurgien.

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Cet article présente le projet de développement de l'infirmière première assistante instauré à l'Institut de cardiologie de Montréal en 1995.