

Madame Desrosiers, nouvelle Présidente de l'O.I.I.Q., conférencière d'honneur lors du Congrès National pris contact avec l'ampleur de notre organisation et démontra beaucoup d'intérêt à notre cause.

Pour que notre dossier puisse évoluer rapidement, le regroupement des directeurs de soins infirmières du Québec étaient informés de nos démarches.

En décembre 1993, l'Ordre produisait trois documents de travail: 1) La fonction d'infirmières premières assistantes. Un pas vers les soins infirmiers périopératoires avancés. 2) Le cadre légal de la fonction d'infirmière première assistante. 3) Cadre de référence des projets-pilotes, "fonctions d'infirmières premières assistantes."

Prise de Position de l'O.I.I.Q.

L'étude et la révision des documents de travail permirent de produire un document qui fut présenté aux membres du bureau de l'Ordre les 29 et 30 septembre 1994, et qui expriment la position officielle de la corporation. Ce document qui s'intitule: "Prise de Position de l'O.I.I.Q." sur la fonction d'infirmière première assistante statue que:

"L'ordre des infirmières et infirmiers du Québec, en concertation avec divers groupes d'infirmières et certains milieux de soins, prend position en faveur de la reconnaissance de la fonction d'infirmière première assistante. L'infirmière qui assume la fonction de première assistante au cours d'une chirurgie exerce dans le domaine des soins périopératoires et agit dans le cadre de l'exercice de sa profession. C'est en présence du chirurgien, en interrelation avec lui et sous sa supervision directe que l'infirmière première assistante accomplit la majorité de ses activités. L'infirmière apporte alors l'aide clinique et technique dont le chirurgien a besoin pour procéder de façon sécuritaire à l'intervention chirurgicale, et dans les meilleurs intérêts de l'utilisateur."¹

De plus, l'ordre dans son document établit un constat sur la problématique de l'assistance opératoire,

exprime sa vision des soins périopératoires, définit la fonction de première assistante, discute des exigences en matière de formation et de qualification, de modalité de mise en place de ce nouveau rôle dans nos établissements et explique la nature de la responsabilité de l'infirmière dans la pratique du premier assistant.

Conclusion

En conclusion:

"L'Ordre des infirmières et infirmiers du Québec considère que la fonction d'infirmières premières assistantes se situe dans un contexte évolutif des pratiques professionnelles et est une réponse adaptée aux besoins de la population en matière de santé, ainsi qu'aux exigences du système de santé et des services sociaux dans la province de Québec."²

Fort de cette prise de position officielle par l'O.I.I.Q. nous avons commencé à entreprendre des démarches avec certaines Universités. Josette Forest, Présidente provinciale de l'I.L.S.O.Q. et membre du comité AdHoc a préparé un document qui est présenté aux responsables dans les différentes Universités, un plan de cours basé sur le "Core of Curriculum" des infirmières premières assistantes aux Etats-Unis a été élaboré.

Dans l'attente de la mise sur pied du programme universitaire, certains Centres hospitaliers, dans l'objectif de combler immédiatement le besoin d'infirmière première assistante, ont élaboré un programme dans leur Centre où une partie théorique et une partie pratique permettent de préparer les infirmières à jouer leur rôle de première assistante.

Au Québec, nous sommes au tournant d'un nouveau rôle, l'infirmier et l'infirmière première assistante.

Il reste beaucoup de travail à faire mais la volonté des infirmières à voir ce rôle reconnu stimule le comité à atteindre son objectif.

References

1. O.I.I.Q. 1994 Prise de Position.
2. O.I.I.Q. 1994 Prise de Position.

National Survey Report on the PNA and PNS roles

By Gloria Stephens,
Chairman,
Advanced Nursing Practice Committee

The National Survey completed March, 1995 was conducted to determine:

1. Interest of Operating Room Nurses to support The Operating Room Nurses Association (ORNAC) in the pursuit of the Perioperative Nurse Anaesthesia (PNA) and Perioperative Nurse - Surgery (PNS) roles.
2. Potential job duties and the relationships of the PNA and PNS roles with the nursing staff.

The Advanced Nursing Practice Committee is an ad hoc of ORNAC. Membership consists of: Josette Forest (PQ), Jack Kress (MB), Rosemary Morse (PEI), Dee Robinson (AB), Marnie Simon (BC), Judi Tyndall (ON), and Gloria Stephens (BC).

Basis of the Questionnaire

Changes in job function and categories of workers are occurring because of financial restraints, advancing technology and complex surgical procedures. As a result it is time for operating room nurses to seriously determine their 'scope of practice' and advance with the changing times. ORNAC was prepared to take a stand and promote the PNS and PNA roles but first needed to know how the membership felt about the roles. Hence, the survey was conducted. The survey of 1992 determined the current practices and possible future trends for operating room nurses.

A random selection of names of OR nurses was made from each province and a total of 590 questionnaires were distributed.

Key Points in the Data Analysis

The national response rate of 48% provided a high statistical validity to the survey and an encouraging support to ORNAC to actively pursue the two roles -

PNA and PNS. The primary positions responding were: staff nurses 63%, head nurses 12%, other categories 15%.

Every province had a high percent of support for the PNA role ranging from 80% in New Brunswick to 25% in PEI, except Quebec which had a 27% "no" response. The main reasons stated by Quebec respondents for the no was that the position is already held in Quebec by respiratory technicians. Another common remark on the PNA role was: "... OR nurses are already doing this role, why develop another category?"

The PNS role received a very strong support by a 71% national response.

These two roles, PNA and PNS, to be successfully performed require an advanced education program and there was a national survey support of 45% for a six-month program and a 22% support for a one year program. A frequent concern expressed was the job potential following graduation from such a program.

"How would PNA/PNS roles fit into the staffing pattern", was a question on the survey. The national response was 47% for the roles to be combined with the regular staff, but have specialized functions.

The complete Provincial results may be obtained through each Provincial President as space in this article prevents a more detailed reporting.

The survey covered the following areas with the choices: Yes, No, should be, should not, always, never, shared, and recent. The **highest national responses** to the questionnaire in percentages are indicated in bold face type.

Gloria Stephens retired from the ORNAC Board and St. Paul's Hospital, Vancouver this Spring after an outstanding and highly honored nursing career.

Perioperative Phase - Circulating Nurse

- Responsible for participating in perioperative patient teaching. **31% Should be**
- Responsible for participating in perioperative family teaching. **41% Should be**
- Responsible for Receiving, Identifying and Assessing the status of the surgical patient. **77% Always**

Induction Phase - Circulating Nurse

- Responsible for remaining with the patient and providing supportive care during preinduction and induction of anesthesia. **85-89% Always**
- Provide physical comfort measures specific to each surgical patient in relation to vital functions. **90% Yes**
- Apply monitoring equipment to the patient. **88% Always**
- Responsible for preparing and maintaining the anesthesia equipment. **58% yes**
50% shared

(Shared included - circulating nurse, nursing aide, anesthesia nurse, respiratory technician, central service, bio-med.)

- Responsible for Assisting the anesthetist during induction. **81% Always**
- Administer medication for intravenous use. **61% occasionally (only if emergency)**
23% No **11% Yes**
- Dispense narcotics used by the anesthetist. **65% Yes**
- Record the narcotics used by the anesthetist in the drug register. **68% Yes**
- Responsible for assisting the anesthetist with preparation for the reversal of the anesthetic. **92% Yes Always**

Intraoperative Phase - Circulating Nurse

- Responsible for providing resources necessary for the surgical team to function efficiently. **91% always**
- Responsible for monitoring the physical well being of the patient throughout the perioperative period. **44% shared**
- Responsible for documenting nursing activities. **93% always**

- Responsible for accompanying the anesthetist when transporting the patient from the OR to the Recovery Room. **76% Always**
- Responsible for communicating patient information to the Recovery Room Nurse. **51% Always**

Intraoperative Phase - Scrub Nurse

- Responsible for performing scrub nurse role. **86% Always**
- Responsible for preparing and maintaining technical equipment for the surgical procedures. **60% Always**
34% Shared
- Responsible for performing surgical assistant activities **60% when there is no surgical assistant**
81% of the time when additional assistance is required.

• 88% responded that when performing surgical assistant activities the scrub nurse is also expected to perform the scrub nurse functions as well.

Since the May, 1995 ORNAC Board Meeting the chairmanship of the Advanced Nursing Practice Committee was assumed by Jackie Waisman, Immediate Past President, as the board wishes all chairmen of committees to be board members.

There will be an important meeting this June between the Canadian Anaesthetist Society and ORNAC, therefore more activity should stem from the discussions of this meeting.

ORNAC has also been corresponding with the NAFTA Anesthetic Committee and will probably be sending a representative to the August, 1995 meeting in Chicago. The Quebec OR Nurses group are making great strides in developing the PNS role and the Ontario OR Nurses are well organized for the PNA role. The details of all these activities are not ready for publication, but keep reading the Journal for further developments.

I wish to take this opportunity to thank the committee and all the respondents to the National Questionnaire for taking their time to answer and return this survey. We've come a long way and there is still a great deal of work to be done, but I am very confident the goals will be reached. ■

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