

# CAS discuss aspects of Anaesthesia Assistant Role

A Joint Report By Loretta Thomas-Aasen, RN, BSN, (ORNAC) and Susan Dunington, BSc, RRT, (CSRT)

Edmonton was the site for the 51st Annual Canadian Anaesthetists' Society (CAS) meeting June 17-21, 1994. A number of allied health care professionals (RT's, RN's, Anaesthesia Technicians) were in attendance; setting the stage for a number of progressive discussions.

As members of the CAS Task Force on Anaesthesia Assistants (TFAA) representatives of the Canadian Society of Respiratory Therapists (CSRT) and the Operating Room Nurses Association of Canada (ORNAC) were invited to attend the convention to participate in the CAS Council meeting. At this meeting, Dr. John Atkinson, Chair of the CAS TFAA would present the Interim Task Force Report on Anaesthesia Assistants. In addition, we were also invited to attend the scientific program which contained a number of pertinent topics related to this issue.

Initially, the educational forum held a symposium which discussed "Allied Health Caregivers in Anaesthesia". Four speakers:

Dr. D. Craig (Winnipeg, MB)

Dr. L. Perreault, (Montreal, PQ)

Dr. W. Frazier, (Atlanta, GA), and

Dr. J. Atkinson (Ottawa, ON) presented the pros and cons of increased and active involvement of RT's, RN's, Technicians, and Technologists in the day to day administration of anaesthetic care to patients. In addition, safety, economics and lines of responsibility were discussed. The discussion primarily centered around the concepts and elements of a physician driven anaesthetic care team. Clearly the issues were:

- **Cost related:** for example (i.e.), is this going to cost more or less?
  - **Patient care related:** i.e. will patient care improve, suffer, or will there be no change?
  - **Responsibility related:** i.e. will this allied health professional (AHP) function under direction or isolation?
  - **Which professional groups should become Anaesthesia Assistants?**
  - **Accountability and reporting:** i.e. will the AHP be paid from the Department of Anaesthesia budget or allocated within the hospital budget?
  - **Is this role necessary?**
  - **Qualifications and educational requirements?**
  - **Will this be government driven versus CAS driven?**
  - **Who will represent the Anaesthesia Assistants: i.e. will there be a national professional association?**
- and,
- **What have we learned from the Quebec and U.S. experiences?**

It is encouraging that the CAS is willing to support a discussion of this issue in their national symposium. While they have also opened other avenues for discussion on this topic through their Committee on Allied Health Professionals (CAHP) and through the newly created (1993) TFAA which reports to the CAHP; it is evident that it will take an increased promotion of the concept of Anaesthesia Assistants to the CAS membership at large, before a general consensus is reached.

The CAS Council met at the conclusion of the scientific program. On the agenda was the presentation of the TFAA Interim Report by Chairperson Dr. John Atkinson. CSRT and ORNAC representatives were invited to observe the Council meeting at this time for the presentation of this report. Recommendations, concerns and opinions regarding the Anaesthesia Assistant role were discussed by a number of the Council members. Ultimately, CAS Council agreed to proceed with the Task Force mandate. Dr. Angela Enright CAS President thanked Dr. Atkinson and committee members for a job well done; she anticipates future correspondence with enthusiasm.



Loretta Thomas-Aasen, President Elect of ORNAC and Research Committee Chairperson (left) at the CAS Edmonton meeting shown with the Executive Director of the CAS Ann Andrews, (centre) and Susan E. Dunington, representing the CSRT.

## Coaching - As A Framework for Developing Staff

### Cole - Continued from page 39....

and creative, using a variety of strategies to provide meaningful learning opportunities.

Coaching would work well in the Operating Room by helping create a positive work environment that is conducive to learning. It affords opportunities for the expert and the novice to share knowledge and skills.

### References

- Benfari, P., Wilkinson, H., & Orth, C. The Manager's Role as Coach and Mentor. *Journal of Nursing Administration*. 1990, 20(9), 11-13.
- Binger, J., & Huntsman, A. Coaching: A Technique to Increase Employee Performance. *AORN Journal*, (American Operating Room Association Journal). 1988, 47(1), p. 229-237.
- Bloom, A., McFarlane, L. Developing Employees Through Coaching and Career Management. *Personnel*. 1986, 8, p. 34-41.
- Clemmer, J., & McNeil, A. *The VIP Strategy: Leadership Skills for Exception Performance*. Toronto: Key Porter Books, 1988, p.152-170.

- Deegan, A. Coaching and Counselling: Keys to continued growth. *The Journal of Ambulatory Care Management*. 1981, (11), p.31-38
- Flower, J. Being Effective. *Healthcare Forum Journal*. 1991, May/June, p.52-57.
- Gordon, J., Jones, P., & Zemke, R. *Designing and Delivering Cost-Effective Training and Measuring the Results* (2nd ed.). Minneapolis: Lakewood Books, 1982, p 464 and p 587.
- Haas, S. Developing Key Players. *Journal of Nursing Administration*. 1992, 22(6). 54-58.
- Mott, M. Cognitive Coaching for Nurse Educators. *Journal of Nursing Education*. 31(4). p. 188-189.
- Perrone, D. Coaching Nurses Effectively. *Nursing* 92. 22(10). p 109-116, p 188.
- Registered Nurses' Association of Ontario & The Ontario Hospital Association. Toronto, Canada: *Health Care Education: How to Design and Deliver Programs*. Level One, 1991, p 16-17.
- Robinson, D. The 1990's: From Managing to Leading. *Supervisory Management*. 1989, 6, p.5-10.
- Vestal, K. The Manager as Coach: Coaching the Team. *Journal of Paediatric Nursing*. 1987, 2(6), p. 428-429.