

Perioperative Nurse - Anesthesia

By Gloria Stephens

Over the last five years the Operating Room Nurses Association of Canada (ORNAC) has become increasingly concerned with the proliferation of roles within the surgical team previously filled by the operating room registered nurse. The quality of patient care is perceived at risk and the erosion of the operating room nurse's role, with subsequent reductions in nursing positions, is viewed with distress.

Perioperative nursing has distinct, interchangeable roles; scrub nurse and circulating nurse. The parameters of these roles are clearly defined in the published ORNAC Standards (1993), describing patient care preoperatively, intraoperatively and postoperatively.

Changes have been occurring rapidly in all sectors of the health care system in Canada, but most markedly in the specialty of surgery. The increased complexity of surgery, a proliferation of new techniques that can be performed in ambulatory care settings are perhaps the most profound changes. Health care dollars have been steadily declining in acute care and administrators are looking at saving money by employing a less expensive level of health care workers in the operating room.

Recently a College in one of our Canadian provinces attempted to establish a course for the Circulation Nurse, but ORNAC managed to stop such a development.

There is ambiguity amongst nurses, (other than OR nurses), administrators and even educators about the need for the RN in the operating room.

To become a registered nurse today the entrance to any program is University requirements, and to become a registered nurse (in most Provinces) the requirement for the year 2000 will be a degree.

Over the years there has been a gradual transfer of medical function and responsibilities from physician

to nurse, and the operating room nurse has been assisting the anesthetist in many ways for many years.

Therefore it is right and fitting that the educated, experienced nurse who is already prepared and experienced in providing routine and emergency care to the surgical patient throughout all the phases of care from preparation to immediate postoperative care, fulfills this vital role and function - the role of Perioperative Nurse - Anesthesia.

One of the oldest specialty nurses in North America is the OR nurse. ORNAC is in no way promoting the concept of nurse anesthetist, but it is strongly and enthusiastically promoting the advanced role of the Perioperative Nurse - Anesthesia.

Years ago when there wasn't such a "push" in the OR, the circulating nurse (CN) could get the set-up done, bring the patient in and then assist the anesthetist. This role was assumed by the CN and included some technical aspects, but it was primarily to provide nursing care and assist the anesthetist during the critical periods of induction and the reversal of the anesthesia.

The anesthetists are now requiring more technical expertise in their assistants and instead of seeking to increase the level of skill and knowledge of the OR nurse, other avenues are being considered. This re-

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moves the nurse from the traditional role, thus depriving the patient of much needed direct nursing care.

Another factor and a common concern is the ever present pressure of time and push to rush cases through the OR in order to increase the numbers of surgeries performed. Expediency rather than quality care often is the goal. Nurses are being forced to abandon the humanizing nursing activities which are often not perceived as necessary by physicians and administrators.

OR Nurses must speak out and tell the world about their scope of practice

It is high time that we as caring nurses speak out. It is our responsibility to tell the world our scope of practice. There is such a lack of knowledge about what nurses do in the operating room. People who do not understand the role are easily persuaded that other levels of workers are as effective, often losing sight of the fact that nurses will still be required to do the job during shifts when these other individuals are not present. OR nurses are regularly called upon to help with cases, often complex emergency cases. A potentially unsafe and inefficient system could be introduced.

There is a problem for recruitment and retention of nurses throughout Canada. It is the thought that the perceived limited scope, within the clinical aspects of the position, could be a contributing factor.

The opportunity for the 'expert' nurse to expand roles and education to include the suggested advanced activities could provide a much needed opportunity for career laddering within the specialty of perioperative nursing.

This position could be that of an operating room nurse specialist. Such an expert and versatile nurse would be a member of the health care team and could provide not only technical expertise but an advanced level of nursing care for the surgical patient.

There is obviously a growing need for an assistant to the anesthetist because of the quantum leaps in equipment technology, new drugs, and monitoring devices which occur almost daily. The OR nurse may have a knowledge gap in the above mentioned areas, but with additional educational programs and meeting a pre-established entrance criteria, without much effort, could be the most appropriate person to fill the position of assistant to the anesthetist.

There are presently many formal OR nursing pro-

grams across the country which already have this advanced anesthesia technology included in their curriculum. One problem we face is that not all ORs in Canada have as a selection criteria that potential staff must be a graduate of a post basic program.

The knowledge, skills and judgement of the Perioperative Nurse-Anesthesia would be acquired through an educational program combining organized instruction and clinical practice.

The ORNAC Board has investigated this subject and debated regional views vigorously. Results of the recent National Survey included data to give the ORNAC Board a clear mandate to continue pursuing this concept.

The ORNAC Board endorsed the Research committee to actively continue to pursue this advanced role with all the various stake holders.

ORNAC's definition for the position of Perioperative Nursing Practice - Anesthesia:

"The operating room registered nurse practices advanced perioperative nursing in anesthesia. The increasing complexity of anesthesia compels a higher level of expertise than was previously required of the circulating nurse. The operating room nurse with advanced perioperative nursing education functions collaboratively with the anesthetist during the preoperative, intraoperative and postoperative phases relating to anesthesia".

What the OR nurse brings to the position is an education base with the following:

- University entrance;
- Broad base of knowledge from the sciences, nursing and the humanities;
- Many nurses are already graduates of a post basic OR program; and,
- Years of surgical experiences.

The registered nurse as assistant to the anesthetist practices advanced perioperative nursing. The advanced perioperative nurse functions during preparation for induction, maintenance, and reversal of anesthesia. This role may include the following:

- maintenance and assembly of anesthetic equipment;
- comprehensive assistance to the anesthetist;
- increased responsibility for patient monitoring; and,
- participation in quality assurance of anesthesia practice.

These duties would not be additional to the already busy shift of the circulating nurse but would be a designated position under the Nursing Department and in cooperation with the Anesthetic Department. Details of a job description require further study.

The ORNAC Standards (1993) provide an excellent background of the duties already performed by the circulating nurse in relation to anesthesia, for example:

Standard #1 - "Perioperative nursing practice requires knowledge from nursing, the sciences and the humanities".

Standard #3 - "Perioperative nursing practice requires nurses to be professionally responsible and accountable".

Clinical Standard #4 - "The operating room nurse facilitates a safe, smooth induction for each surgical patient".

* Competency 2 : Provides Physical Patient Care The Circulating Nurse Role

The circulating nurse is competent to:

2.1 review, identify and assess the physical status of the surgical patient.

2.2 adjust the standard nursing care plan to meet the specific needs of the patient.

2.3 establish priorities of patient care specific to the needs of the patient and the surgical procedure.

2.4 provide resources necessary for the surgical team to function efficiently.

2.5 provide physical comfort measures specific to each surgical patient in relation to vital functions, warmth and positioning, using supportive equipment and/or devices.

2.6 remain with the patient and provide appropriate care during the admission, pre-induction and induction period.

2.7 provide continuous, astute observation of the surgical team throughout the operative phase while meeting their needs with minimal time delays.

2.8 monitor and evaluate the physical well-being of the patient throughout the perioperative period to prevent potential impairment or injury.

*Recommended Standards for Nursing Practice, ORNAC, 1993.

2.9 re-evaluate the patient's physical status in the immediate postoperative period.

2.10 provide and assist with procedure/devices required to complete patient care following the surgical procedure.

2.11 assist in the physical patient transfer and postoperative positioning to prevent injury and facilitate the recovery.

2.12 observe for and respond appropriately to complications and unexpected events during the surgical procedure.

2.13 document any and all unusual incidents with appropriate follow up action.

Scrub Role

The scrub nurse is competent to:

2.14 apply knowledge, skills and techniques of the procedural steps of the intended surgery.

2.15 set priorities and expedite an efficient sterile set up prepared for each specific surgery.

2.16 protect the patient from physical injury resulting from unsafe practice.

2.17 observe and provide appropriate response to complications and unexpected events during the surgical procedure.

2.18 perform count procedure with the circulating nurse and account for all items in the sterile field.

2.19 display knowledge of instrument(s) and equipment used for procedures.

2.20 act as the patient's advocate during surgery.

We have been saying that OR nursing is a career for persons desiring power, status, opportunities and job satisfaction. We also have said that we must feel proud of what we do - be an inspiration to others.

The social and economic changes that we face today presents us with challenges never before thought of. Success will only be guaranteed if and when we decide to innovate, create new ideas and systems and take new risks. We must look upon the advanced role in a positive way and not concentrate on the possible barriers. Yes, by all means consider every aspect and keep seeking out solutions. ■

Yes, I Want to Walk to the OR

By Anne Porteous & Judi Tyndall

Introduction

The health consumer of today is a changing dynamic force. Clients are becoming more involved with their health care. Clients choose to have surgery, and that choice makes the consumer an active participant

Abstract

The health consumer of today is a more active participant in his or her health care. Although clients may require surgery, many of them do not consider themselves as being ill preoperatively. Health care professionals have a tendency to place the client in a dependent, ill role upon entering the health care facility. At this health care facility, clients are given the choice of either walking to the operating room, or going by stretcher. Studies found in the literature suggest that personal control is central to the reduction of clients' stress-related signs and symptoms. Nurses need to encourage client participation and assist the client to take control over those factors that are controllable. Utilizing King's (1981) conceptual framework, active client participation in mutual goal-setting, decision-making, and interactions to achieve the mutual goals in relation to health care is encouraged. All clients who attended the Preadmission Assessment Clinic were potential participants for this study. On the day of surgery, clients were asked by the nurse if they would prefer to walk to the operating room or go by stretcher. The majority of clients chose to walk to the operating room. The choice made by many of the clients is consistent with the findings in the literature stating that clients need a sense of control in what is often perceived as an uncontrollable environment.

in his or her health. Although clients may require surgery, the majority of them do not think of themselves as being ill preoperatively. Why should nurses ask these "well" clients to accept a "sick" role upon entering a health care facility?

The clinicians from the Operating Room (O.R.) and the Preadmission Assessment Clinic (P.A.C.) thought that giving clients the choice of walking the short distance to the operating room would promote client wellness. By having a choice, the client may perceive the surgical experience as less threatening and give more control to the client. Studies suggest that a sense of control is important in decreasing a client's stressful reactions to invasive medical procedures (Johnson, Fuller, Endress, & Rice, 1978; Padilla et al., 1981; Watkins, Weaver, & Odegaard, 1986). In order to determine a client's desire to walk to the O.R., a questionnaire was developed which is available from the authors on request.



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