Introduction
A Registered Nurse First Assistant (RNFA) is an experienced perioperative (operating room) nurse who has completed advanced education and performs within a specific scope of practice in order to optimize quality care for patients undergoing surgery.

The RNFA scope of practice is beyond the entry level competencies of perioperative nurses and requires registered nurses performing the RNFA role to acquire additional knowledge and judgment, along with advanced technical skills. The RNFA works collaboratively with surgeons and other members of the health care team, in the management of clients throughout the perioperative period.

Purpose
This document provides direction to registered nurses interested in the RNFA role and agencies/facilities who:

a) already have the RNFA role in place, or;
b) are exploring the potential for this role in their agency/facility.

History
The Operating Room Nurses Association of Canada (ORNAC) has been advocating for the designation of an RNFA role for perioperative nurses since the late 1980’s. The role was formally recognized in Canada in 1994 and currently exists in multiple nursing jurisdictions.

Policy Statement
The College of Registered Nurses of Nova Scotia (the College) endorses the RNFA role to be within the scope of practice for registered nurses who possess the additional knowledge, skills and judgment required. Registered nurses, employers and health care facilities have an obligation to ensure that individuals hired into the RNFA role meet the criteria outlined in this College document. The boundaries of the RNFA role should also be clearly defined through agency/facility policies and role descriptions.

The decision to support the RNFA role should be based on the following:

- client safety
- organizational need
- context of practice
- practitioner competence

For the RNFA role, conditions or factors that may affect the context of practice within a perioperative practice setting include, but are not limited to:

- patient population (e.g., age, gender, diagnostic grouping, etc.)
- gap in service
- type of care required
- complexity and frequency of health care interventions
- service delivery models
- medication systems
- existence of care directives and/or delegated medical functions
- educational support
- available human resources
- other resources (CRNNS, 2005)

Prerequisites/Qualifications
The Registered Nurse First Assistant (RNFA) role requires a registered nurse practicing in Nova Scotia to have the following:

- two to five years of current perioperative experience (depending on the educational program)
- Canadian Nurses Association (CNA) Perioperative Certification or equivalent
- a formal first assist education program that includes a surgeon-mentored clinical component
- Basic Cardiac Life Support (BCLS), Advanced Cardiac Life Support (ACLS) preferred.

(The above-mentioned prerequisites are based on recommendations from the RN First Assistant Interest Group in Ontario.)

The registered nurse practicing in the RNFA role has the same professional responsibilities as any registered
nurse practicing in Nova Scotia. RNFA’s are individually accountable to their clients, their profession and their employers for safe, compassionate, competent and ethical nursing practice by adhering to the College’s Standards of Practice for Registered Nurses (2012) and the CNA’s Code of Ethics for Registered Nurses (2008).

Educational Programs
While RNFA educational programs do exist in certain nursing jurisdictions across Canada and in the United States, there are no such programs currently available in Nova Scotia. Although the College does not formally approve nursing programs outside of the province, it does acknowledge recognized RNFA education programs. Please check with your special interest groups to determine availability of educational programs that are right for you.

Core Competencies
The RNFA role includes the following six core competencies. You can learn more about these competencies with related indicators by visiting www.ornac.ca/rnfa/competency.phtml.

The RNFA is competent to:

• apply the nursing process in all facets of the nurse first assist role
• exercise critical thinking skills in all aspects of the RNFA role
• establish and maintain a safe perioperative environment
• provide technical first assistance to the primary surgeon in the operating room and throughout the perioperative period
• work as a professional colleague with the physician and to enhance the effectiveness of patient care
• promote professionalism and to model professional behaviours to other health care providers

The following five measurable criteria are examples of how the RNFA demonstrates competency:

• using surgical instruments appropriately to assist the surgeon and facilitate the surgical intervention (www.ornac.ca/rnfa/competency.phtml)
• employing principles of safe tissue handling
• providing exposure to operative site to promote a safe effective surgical procedure (see link noted above)
• providing and maintaining hemostasis
• performing wound closure, i.e., stapling, suturing and suturing techniques (ORNAC, 2007)

Additional Competencies
The agency/facility has the ability and authority to define the RNFA role appropriate to their context of practice and client need. As a result, competencies specific to each agency/facility may also be developed. It is possible that additional competencies may require an RN to perform procedures that are considered within the scope of medicine and not within the scope of nursing practice. In such situations, the development of delegated medical functions will be required. The agency is responsible to have the appropriate documents developed and approved by their Dedicated Medical Advisory Committee or equivalent.

NOTE: A registered nurse currently working in a RNFA role who has not completed the CNA Perioperative Certification or equivalent formal education program as a prerequisite to practice can continue to submit delegated medical functions to their MAC (or equivalent body) for approval. See Guidelines: Guidelines for Delegated Medical Functions and Medical Directives (2005); Standards of Practice for Registered Nurses (2012).

Summary
The College of Registered Nurses of Nova Scotia recognizes the unique contribution by registered nurses working in the RNFA role in Nova Scotia. As the scope of practice for registered nurses continues to evolve, so too will the RNFA role. Therefore, the role should be reviewed regularly to ensure the provision of safe, compassionate, competent and ethical care.
Definitions

Agency/Facility: agency, facility or organization through which health services are provided or offered (e.g., district health authorities, hospitals, private agencies/facilities).

Client: the recipient of nursing or medical services (i.e., an individual, family group, community or population).

Competence: the ability to integrate and apply the knowledge, skills, judgment, required to practise safely and ethically in a designated role and practice setting and includes both entry-level competencies and continuing competencies. (Registered Nurses Act, 2006)

Delegated Medical Function: a specific intervention that falls within the practice of medicine which, in specific and limited situations, has been delegated to a registered nurse or other health professional with the necessary competence to facilitate the provision of safe, timely and appropriate interventions to meet the needs of clients.

Entry-level registered nurse: a beginning registered nurse at the point of registration or licensure; following graduation from an approved nursing program. New graduates are considered to be entry level until they have one year of practice experience or equivalent (CRNNS, 2009).

ORNAC: The Operating Room Nurses Association of Canada is an organization of professional perioperative registered nurses dedicated to the promotion of excellence in perioperative nursing.

Policy: A written statement directing professional practice by outlining the accountabilities, responsibilities and circumstances that must be complied with. A policy statement:
- Directs professional practice
- Is non-negotiable
- Prescribes limits and assigns responsibilities/accountabilities and is secondary to legislation and by-laws
- Realistic, achievable
- Clear/concise
- Is based on evidence, best practice, and/or benchmarking
- Reflects the mission, vision, values and strategic direction of the organization
- Includes references or bibliography

Scope of Practice: the roles, functions and accountabilities which registered nurses are educated and authorized to perform. Individual scope of practice means the role, functions and accountability that an individual is educated and authorized to perform (Registered Nurses Act, 2006).

Practice of Medicine: includes, but is not restricted to:

i) advertising, holding out to the public or representing in any manner that one is authorized to practise medicine in the jurisdiction,

ii) offering or undertaking to prescribe, order, give or administer any drug or medicine for the use of any other person,

iii) offering or undertaking to prevent or diagnose, correct or treat in any manner or by any means, methods, devices or instrumentalities any disease, illness, pain, wound, fracture, infirmity, defect, or abnormal physical or mental condition of any person,

iv) offering or undertaking to perform any obstetrical procedure or surgical operation upon any person (Medical Act, 1996).

Practice of Nursing: means the application of specialized and evidence-based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes:

i) assessing the client to establish their state of health and wellness;

ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data/information;

iii) developing and implementing the nursing component of the client’s plan of care;

iv) coordinating client care in collaboration with other health care disciplines;

v) monitoring and adjusting the plan of care based on client responses;

vi) evaluating the client’s outcomes;

vii) such other roles, functions and accountabilities within the scope of practice of the profession which support client safety and quality care;

in order to
A) promote, maintain or restore health;
B) prevent illness and disease;
C) manage acute illness;
D) manage chronic disease;
E) provide palliative care;
F) provide rehabilitative care;
G) provide guidance and counseling; and
H) make referrals to other health care providers and community resources;

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to the above (Registered Nurses Act, 2006).

References


