Registered nurse first assistant (RNFA)

Background

Registered nurse first assistants (RNFA) are perioperative RNs who work in collaboration with surgeons and other healthcare team members to achieve optimal patient outcomes, according to the Association of periOperative Registered Nurses (AORN). All state boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

Intraoperative duties include using instruments and medical devices, handling and/or cutting tissue, suturing, helping to control bleeding, clamping bleeding vessels, closing incisions, and providing wound exposure. RNFAs are also involved in pre- and postoperative phases of patient care, during which they provide personalized patient interaction by using the perioperative nursing process to plan and implement care and education. Examples of perioperative care include writing orders, changing dressings, removing sutures, participating in postoperative rounds, and assisting in discharge planning. In addition to offering assistance during procedures, successful RNFAs also offer increased satisfaction for patients and value-added benefits for surgeons (e.g., consistency, familiarity).

RNFAs may be employed by hospitals, clinics, or ambulatory care centers; may work for individual surgeons; or may be self-employed as independent contractors. Others serve as educators in RNFA programs or as healthcare administrators. An RNFA’s duties depend on myriad factors, including but not limited to state nursing regulations, the practice setting in which they work, the individual’s experience, and the services provided within the specialty area of practice, institutional policy, and patient populations served.

The typical scope of services for RNFAs includes assisting in adolescent and adult patient (except as specifically excluded from practice) positioning, skin preparation, and draping of the patient; assisting in transporting the patient postoperatively; communicating data to the postanesthesia care unit; initially assessing patients’ medical, physical, and psychosocial status; placing access catheters and tubes for diagnostic, therapeutic, or interventional purposes; providing hemostasis and wound exposure; handling tissue appropriately to reduce the potential for injury; suturing and care for wounds, excepting facial wounds, traumatic wounds requiring suturing in layers, and infected wounds; and using surgical instruments consistent with their design and purpose.

The Credentialing Resource Center (CRC) recommends that facilities authorize and assess competency for RNFAs through the HR process rather than credential and privilege them through the medical staff process. In standard HR.1.20, The Joint

Please replace Clinical Privilege White Paper, RNFA—Practice area 101, with this updated version.
Commission (formerly JCAHO) has identified a specific group of nonphysician healthcare professionals (i.e., physician assistants [PA] and advanced practice registered nurses [APRN]) who must be privileged through the medical staff standards. Meanwhile, the CRC advises that all others should be authorized and monitored thereafter through the HR standards, as long as the process is commensurate to the method applied to hospital-employed practitioners performing the same or similar jobs. (For more information, refer to standard HR.1.20, EPs 11 and 12, in The Joint Commission’s Comprehensive Accreditation Manual for Hospitals. All standard numbers are subject to change.)

Note: Facilities that enable RNFAs to perform exceptionally complex procedures or services may consider credentialing and privileging them through the medical staff process. However, this would be the exception and not the rule.

Involved specialties

RNs, RNFAs, certified RNFAs (CRNFA), APRNs, PAs

Position of societies and academies

AORN is the national association that supports RNs in achieving optimal outcomes for patients undergoing operative and other invasive procedures. AORN offers four membership categories: standard (for RNs), associate (for non-RNs), students, and retired professionals. Specific criteria must be met to obtain membership status in each category.

AORN officially recognized the RNFA role as a component of perioperative nursing in 1983 and adopted its first Official Statement on RN First Assistants in 1984, with the most recent revisions made in December 2005. In it, the association outlines these minimum qualifications to practice as an RNFA:

- Certification in perioperative nursing (CNOR)
- Successful completion of an RNFA program that meets the AORN standards for RNFA education programs and that is accepted by the Competency & Credentialing Institute (CCI)
- Compliance with statutes, regulations, and institutional policies relevant to RNFAs

Intraoperatively, the RNFA practices under the direction of the surgeon and does not concurrently function as a scrub nurse. AORN further states, “To determine if the RN qualifies for clinical privileges as a first assistant, an approval process should be established by the facility (or facilities) in which the individual will practice.” According to AORN, the process for authorizing RNFAs should include mechanisms for:

- Assessing individual qualifications for practice
- Assessing continuing proficiency
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- Evaluating annual performance
- Assessing compliance with relevant institutional and departmental policies
- Defining lines of accountability
- Retrieving documentation of participation as first assistant
- Establishing systems for peer review that include a process for incorporating continuing education/contact hours relevant to RNFA practice

With regard to scope of practice, AORN states that perioperative nursing is a specialized area of practice, and RNs practicing as first assistants in surgery are functioning in an expanded perioperative nursing role. According to the association, the RNFA must have acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice. “Activities included in first assisting are further refinements of perioperative nursing practice and are executed within the context of the nursing process. First assisting behaviors are based on an extensive body of scientific knowledge. Certain of these behaviors include delegated medical functions that are unique to the perioperative RN qualified to practice as an RNFA.”

AORN further states that an RNFA’s scope of practice may vary depending on patient populations, practice environments, services provided by the organization, accessibility of human and fiscal resources, institutional policy, and state nurse practice acts. The association cites the following as examples of RNFA behaviors in the perioperative arena:

- Preoperative patient management in collaboration with other healthcare providers, including:
  - Performing preoperative evaluation/focused nursing assessment
  - Communicating/collaborating with other healthcare providers regarding the patient plan of care
  - Writing preoperative orders according to established protocols
- Intraoperative surgical first-assisting, including:
  - Using instruments/medical devices
  - Providing exposure
  - Handling and/or cutting tissue
  - Providing hemostasis
  - Suturing
- Postoperative patient management in collaboration with other healthcare providers in the immediate postoperative period and beyond, including:
— Writing postoperative orders-operative notes according to established protocols
— Participating in postoperative rounds
— Assisting with discharge planning and identifying appropriate community resources as needed

All RNs who wish to practice as RNFAs should be subject to the same protocols, regardless of employment status (i.e., physician-employed, self-employed, hospital-employed). AORN states that “the final policy should be endorsed by the nursing, medicine, and administration departments. The policy should contain clear definitions of the RNFA role and be explicit about the knowledge, skills, and educational preparation the RNFA must possess.” This protocol should be outlined in the organization’s policies/procedures for the RNFA.

With regard to preparing RNFAs for the complexity of knowledge and skill required to effectively care for perioperative patients, AORN states that nurses who wish to practice as RNFAs “should develop a set of cognitive, psychomotor, and affective behaviors that demonstrate accountability and responsibility for identifying and meeting the needs of their perioperative patients.” The development of such behaviors entails:

➤ Licensure as an RN, which teaches basic knowledge, skills, and attitudes essential to the practice of perioperative nursing
➤ Perioperative nursing practice with diversified experience leading to the achievement of CNOR certification through the CCI
➤ Completion of an RNFA program that meets the AORN Recommended Education Standards for RN First Assistant Programs and is accepted by CCI. These programs should meet the following requirements:
  – Be equivalent to one academic year of formal, postbasic nursing study
  – Consist of curricula that address all of the modules in the Core Curriculum for the RN First Assistant
  – Award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.

The RNFA programs should be associated with schools of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the U.S. Department of Education. The registered nursing program should be approved by a state licensing jurisdiction for nursing
programs at the university, college, or community college level or by another national or regional agency that is nationally recognized by the secretary of the U.S. Department of Education as a specialized accrediting agency for nursing programs.

Each RNFA demonstrates behaviors that progress on a continuum from basic competency to excellence, according to AORN. When educational and experiential requirements have been met, the RNFA is encouraged to achieve and maintain certification status (CRNFA) through CCI, an independent entity.

AORN provides the following RNFA job description:

➤ Minimum qualifications:
  – Graduate from an accredited school of nursing (clinical nurse specialist and advanced nurse practitioner roles require a master of science in nursing degree and appropriate certification)
  – Hold current licensure in the state
  – Be certified as a CNOR
  – Graduate from an RNFA program accepted by the CCI
  – Have certification in basic life support or advanced certified life support (the latter is preferred)
  – Sit for the CRNFA examination after meeting requirements for that examination

➤ Basic intraoperative functions. Assist surgeons or senior residents, working interdependently and under their direction. Functions include but are not limited to:
  – Preoperative skin preparation
  – Positioning the patient
  – Draping the patient
  – Providing hemostasis
  – Providing exposure
  – Properly handling tissue
  – Properly using instruments
  – Suturing
  – Cleansing surgical area and application of dressings
  – Other duties as requested by the surgeon that fall within the scope of licensure

➤ Basic preoperative and postoperative functions. Under physician supervision, the RNFA performs the following functions:
  – Completes preoperative patient assessments
  – Provides discharge summary dictation and acts as contact
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point among in-house and community referral physicians, patients and their family members, and surgeons

– Carries out surgical preparatory procedures (e.g., Foley catheter insertion)

– Performs other related duties as assigned and within scope of licensure, including the following:

» Patient admittance evaluations in which the RNFA obtains basic information about each new patient, reviews patients’ pharmacologic chart, elicits pharmacologic history, and performs an abbreviated physical examination. The RNFA also transcribes findings and admission orders into patients’ chart and briefs staff surgeons on their list of admissions and each patient’s pharmacologic status.

» Postoperative procedures (e.g., assisting surgeon with daily rounds; daily observation of surgical incision and subsequent wound care; removing drains, Foley catheters, skin sutures, and central venous catheters; communicating with surgeon about any deviation from normal clinical progress).

» Provides patient discharge instructions. The RNFA must maintain respect for the individual patient’s social and cultural traditions.

» Assists in the completion of discharge summaries for routine surgical procedures.

► Special characteristics of RNFAs:

– Ability to establish and maintain courteous and cooperative relations with superiors, peers, and ancillary services

– Empathy with patients undergoing physical and emotional trauma

– Good communication skills

– High-level interpersonal skills for relating to all levels of professionals, patients, and family members

– Leadership qualities and skills

– Ability to work under pressure because of high-volume patient load

– Available to work variable shifts and weekends

**AAPA, AORN, AST** In a joint statement titled *Definition of a Qualified Assistant at Surgery*, the American Academy of Physician Assistants (AAPA), the AORN, and the Association of Surgical Technologists (AST) state, “The first assistant at surgery is a physician, resident, physician assistant, certified perioperative nurse, or certified surgical technologist who is authorized to practice in the state
in which services are performed, and who has completed an educational program or appropriate training that prepares him or her to complete the required credentialing process to receive privileges to assist at surgery. The credentialing process should determine [whether] the individual possesses appropriate manual dexterity and technical proficiency; has an in-depth knowledge of surgical asepsis, surgical anatomy, physiology, and operative technique related to the specific procedures in which assistance is provided; has sufficient education or training to make appropriate intraoperative decisions concerning the care of the patient and the progress of the intended procedure in the context of the patient’s medical history and physical condition should the surgeon be unable to complete the procedure.”

In its Principles of Qualifications for Surgical Privileges: Qualifications of the First Assistant in the Operating Room, the American College of Surgeons (ACS) states, “The first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions.”

Further, the qualifications of the healthcare practitioner who fulfills this role may vary with the nature of the operation, the surgical specialty, and the type of hospital or ambulatory surgical facility. Although the ACS states that the first assistant “should be a qualified surgeon or a resident in an approved surgical education program,” the college acknowledges that if such assistants or other physicians who are experienced in assisting may participate are unavailable, it may be necessary to utilize nonphysicians as first assistants. Surgeon assistants (SA) or PAs with additional surgical training should meet national standards and be credentialed by the appropriate local authority. However, these assistants are not authorized to operate independently.

RNAs with specialized training may also function as first assistants, according to the ACS. If such a situation should occur, the size of the OR team should not be reduced and the nurse assistant should not simultaneously function as the scrub nurse and instrument nurse when serving as the first assistant. Nurse assistant practice privileges should be granted based on the hospital board’s review and approval of credentials. RNs who act as first assistants must not have responsibility beyond the level defined in their state nursing practice act.
The ACS encourages surgeons to participate in the training of allied health personnel. Such individuals perform their duties under the supervision of the surgeon.

**AMA**  
In its policy document *Surgical Assistants other than Licensed Physicians* (H-475.986), the AMA states that only licensed physicians with appropriate education, training, experience, and demonstrated current competence should perform surgical procedures. However, surgeons may delegate the performance of part of a given operation to SAs, provided the surgeon is an active participant throughout the essential part of the operation. According to the AMA, given the nature of the SA’s role and the potential of risk to the public, it is appropriate to ensure that qualified personnel accomplish this function.

The AMA recognizes that in some circumstances, it is necessary to use appropriately trained and credentialed unlicensed physicians and nonphysicians to serve as first assistants to qualified surgeons.

**Position of other interested parties**

The CCI—formerly the Certification Board Perioperative Nursing—has provided certification for OR nurses for approximately 25 years. CRNFA, a voluntary designation for nurses who practice in the expanded role of RNFA, recognizes the professional achievement demonstrated when an individual nurse’s performance in the first assistant role exceeds that necessary for competency in practice, CCI states.

Further, professionals who achieve CRNFA certification demonstrate concern for accountability to the general public for nursing practice and enhance quality patient care, according to CCI.

Candidates for CRNFA must meet the following minimum requirements:

- Have a bachelor or master of science degree in nursing
- Have completed an RNFA training program accepted by the CCI
- Hold a certified nurse operating room (CNOR) certificate
- Be currently licensed, without provision or condition, as an RN in the country in which the candidate is currently practicing surgical nursing
- Have completed at least 2,000 documented hours of practice as an RNFA, including pre-, intra-, and postoperative patient care (pre- and postoperative patient care need not
be connected to cases in which he or she has assisted intraoperatively). Specifically:

– The 2,000 hours may include practice in an RNFA internship or practicum but may not include attendance of classes, programs, or seminars
– 500 of these hours must have been within the two years immediately preceding application
– The exam contains 70% intraoperative patient care and 30% pre- and postoperative patient care; therefore, 600 of the 2,000 hours required for eligibility may be pre- and postoperative patient care, and at least 1,400 hours must be intraoperative practice
– Written documentation of the 2,000 hours of practice must accompany the application

CRC draft criteria

Minimum threshold criteria for authorizing and assessing competency of RNFAs

**Basic education:** Bachelor or master of science degree

**Minimum formal training:** Successful completion of an RNFA educational training program approved by AORN that includes a didactic component and at least 120 hours of a clinical component, plus a minimum of two years of perioperative nursing experience in both a scrub and circulating role. In addition, the applicant must be able to demonstrate the following:

➤ Current certification as a certified OR nurse by CCI and current RNFA certification or active participation in the certification process to be achieved within nine months of eligibility

➤ Certification in CPR or basic life support

➤ Current licensure to practice as an RNFA issued by the [state’s name] board of nursing

➤ Personal professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing board (if applicable)

➤ Employment by or an agreement with a physician(s) currently appointed to the active medical staff of this hospital as supervising physician for the RNFA’s practice in the facility

In addition, continuing education related to perioperative care should be required.

**References**
A letter of reference must come from the director of the applicant’s RNFA training program. Alternatively, a letter of reference regarding competence may come from the head of nursing at the institution where the applicant was most recently affiliated.
**Scope of services for RNFAs**

RNFAs perform first assistant responsibilities in accordance with the nurse practice act of [state’s name] and function as first assistant for a supervising physician when requested. Their typical scope of services includes but is not limited to the following services for adolescent and adult patients (except as specifically excluded from practice):

- Assist in positioning, skin preparation, and draping of the patient
- Assist in transporting the patient postoperatively
- Communicate information to the postanesthesia care unit
- Initially assess patients’ medical, physical, and psychosocial status, including:
  - Obtain history and physical, identify problems, record information, and interpret and present information to the supervising physician
  - Determine and implement therapeutic plans jointly with the supervising physician and record case summaries
  - Provide patient counseling and education
- Maintain status of patient in absence of collaborating supervising physician (in extreme emergency only)
- Place access catheters and tubes for diagnostic, therapeutic, or interventional purposes
- Provide hemostasis and wound exposure; handle tissue appropriately to reduce the potential for injury; suture tissue and apply dressings to the wound under the direction of the surgeon
- Suture and care for wounds except the following: facial wounds, traumatic wounds requiring suturing in layers, and infected wounds
- Use surgical instruments consistent with their design and purpose

**Special requests for RNFAs**

For each special request, threshold criteria (e.g., additional training or completion of a recognized course and required experience) must be established.

**For more information**

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Fax: 703/684-1924
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American College of Surgeons
633 North Saint Clair Street
Chicago, IL 60611-3211
Telephone: 312/202-5000 or 800/621-4111
Fax: 312/202-5001
Web site: www.facs.org

American Medical Association
515 North State Street
Chicago, IL 60610
Telephone: 800/621-8335
Web site: www.ama-assn.org

Association of periOperative Registered Nurses
2170 South Parker Road, Suite 300
Denver, CO 80231
Telephone: 303/755-6304 or 800/755-2676
Fax: 303/750-3212
Web site: www.aorn.org

Association of Surgical Technologists
6 West Dry Creek Circle, Suite 200
Littleton, CO 80120
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Fax: 303/694-9169
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Competency & Credentialing Institute
2170 South Parker Road, Suite 295
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Phone: 303/369-9566 or 888/257-2667
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The Joint Commission
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Privilege request form
Registered nurse first assistant

Applicants for the position of registered nurse first assistant (RNFA) must meet the following minimum threshold criteria:

➤ Basic education: Bachelor or master of science degree

➤ Minimum formal training: Successful completion of an RNFA educational training program approved by AORN that includes a didactic component and at least 120 hours of a clinical component, plus a minimum of two years of perioperative nursing experience in both a scrub and circulating role. In addition, the applicant must be able to demonstrate the following:

– Current certification as a certified OR nurse by CCI and current RNFA certification or active participation in the certification process to be achieved within nine months of eligibility
– Certification in CPR or basic life support
– Current licensure to practice as an RNFA issued by the [state’s name] board of nursing
– Personal professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing board (if applicable)
– Employment by or an agreement with a physician(s) currently appointed to the active medical staff of this hospital as supervising physician for the RNFA’s practice in the facility

In addition, continuing education related to perioperative care should be required.

➤ References: A letter of reference must come from the director of the applicant’s RNFA training program. Alternatively, a letter of reference regarding competence may come from the head of nursing at the institution where the applicant was most recently affiliated.

➤ Scope of services for RNFAs: RNFAs perform first assistant responsibilities in accordance with the nurse practice act of [state’s name] and function as first assistant for a supervising physician when requested. Their typical scope of services includes but is not limited to the following services for adolescent and adult patients (except as specifically excluded from practice):

– Assist in positioning, skin preparation, and draping of the patient
– Assist in transporting the patient postoperatively
– Communicate information to the postanesthesia care unit
– Initially assess patients’ medical, physical, and psychosocial status, including:
  » Obtain history and physical, identify problems, record information, and interpret and present information to the supervising physician
  » Determine and implement therapeutic plans jointly with the supervising physician and record case summaries
  » Provide patient counseling and education
– Maintain status of patient in absence of collaborating supervising physician (in extreme emergency only)
– Place access catheters and tubes for diagnostic, therapeutic, or interventional purposes
– Provide hemostasis and wound exposure; handle tissue appropriately to reduce the potential for injury; suture tissue and apply dressings to the wound under the direction of the surgeon
– Suture and care for wounds, excepting facial wounds, traumatic wounds requiring suturing in layers, and infected wounds
– Use surgical instruments consistent with their design and purpose

I understand that by making this request, I am bound by the applicable bylaws or policies of the hospital, and hereby stipulate that I meet the minimum threshold criteria for this request.

Practitioner’s signature: ____________________________________________

Typed or printed name: ____________________________________________

Date: ____________________________________________
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