

# AORN Standards for RN First Assistant Education Programs

Registered nurse first assistant (RNFA) education programs are designed to provide RNs with the educational preparation necessary to assume the role of the first assistant in operative and other invasive procedures. These programs should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the *Core Curriculum for the RN First Assistant*<sup>1</sup>; and award college credits or degrees and 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 US 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 US Department of Education as a specialized accrediting agency for nursing programs.

The "Standards for RN first assistant education programs" serve as the foundation upon which RNFA programs are developed and implemented. These standards are intended to guide program administrators and faculty in designing and evaluating curricula. These standards are broad in scope, definitive, relevant, and attainable, and they provide the framework for RNFA education. AORN's "Official statement on RN first assistants"<sup>2</sup> should be recognized by all institutions offering RNFA programs.

## STANDARD I

**Preadmission requirements for RNFA education programs shall include the following.**

- A. General admission requirements as determined by each educational institution.
- B. Proof of licensure to practice as an RN in the

state in which the clinical internship will be undertaken.

- C. Verification of certification as one of the following:
  1. CNOR or CNOR eligible, or
  2. board certified or board eligible as an advanced practice nurse (APN).  
APNs without competence in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. If it is determined that skills and knowledge are deficient, faculty in the educational institution shall develop a plan to remediate identified deficiencies.
  3. Certification must be submitted before program completion.
- D. Cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS) certification is required; advanced cardiac life support (ACLS) is preferred.
- E. Letters of recommendation attesting to the years of experience as an RN and knowledge, judgment, and skills specific to surgical patient care.

## STANDARD II

**The didactic component of the curriculum for RNFA education programs shall be designed and evaluated based on a course description that identifies course content, faculty, length of the course, instructional and evaluation methodologies, and instructional resources.**

- A. Course content shall emphasize the expanded functions unique to the RNFA during operative and other invasive procedures, including, but not limited to,
  1. preoperative patient management in collaboration with other health care providers, including, but not limited to,
    - a. performing a preoperative evaluation/focused nursing assessment,

- b. communicating or collaborating with other health care providers regarding the patient's plan of care, and
  - c. writing preoperative orders according to established protocols;
  - 2. intraoperative surgical first-assisting, including, but not limited to,
    - a. using instruments and medical devices,
    - b. providing exposure,
    - c. handling and cutting tissue,
    - d. providing hemostasis, and
    - e. suturing;
  - 3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, including, but not limited to,
    - a. writing postoperative orders and operative notes according to established protocols,
    - b. participating in postoperative rounds, and
    - c. assisting with discharge planning and identifying appropriate community resources as needed.<sup>2</sup>
- B. A multidisciplinary faculty should include
- 1. a perioperative nurse with a master of science in nursing degree,
  - 2. a CNOR/RNFA or certified RNFA (CRNFA), and
  - 3. a board-certified surgeon.
- C. The course shall be a minimum of one academic semester of study, including student assignments, classroom instruction, and laboratory practicums.
- D. Instructional methodologies shall include, but not be limited to, lecture, interactive discussion, independent study, instructional media, demonstration/return demonstration, and laboratory practicums.
- E. Evaluation methodologies shall include, but not be limited to, written examinations, laboratory practicums, and independent critical thinking assignments.

- F. Instructional resources shall include
- 1. *Core Curriculum for the RN First Assistant*<sup>1</sup> and
  - 2. texts or other instructional media that include anatomy and physiology, operative and other invasive procedures, and preoperative and postoperative patient assessment and management.

**STANDARD III**

**Specific requirements for the clinical component shall include:**

- A. successful completion of all requirements of the didactic component, and
- B. evidence of current personal professional liability insurance for RNFA practice.

**STANDARD IV**

**The clinical component of the curriculum for RNFA education programs shall be designed and evaluated based on a course description that identifies course content, faculty, length of the course, instructional and evaluation methodologies, and instructional resources.**

- A. Course content emphasizes the expanded functions unique to the RNFA intern during operative and other invasive procedures, including, but not limited to,
  - 1. preoperative patient management in collaboration with other health care providers, including, but not limited to,
    - a. performing and documenting preoperative evaluation/focused nursing assessment,
    - b. communicating and collaborating with other health care providers regarding the patient plan of care, and
    - c. writing preoperative orders according to established protocols;
  - 2. validated documentation of intraoperative surgical first-assisting clinical experience, including, but not limited to,
    - a. using instruments and medical devices,
    - b. providing exposure,
    - c. handling and cutting tissue,
    - d. providing hemostasis, and
    - e. suturing;

3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, including, but not limited to,
    - a. writing postoperative orders and operative notes according to established protocols,
    - b. participating in postoperative rounds, and
    - c. assisting with discharge planning and identifying appropriate community resources as needed.<sup>2</sup>
- B. A multidisciplinary faculty should include
1. a board-certified surgeon in the RNFA intern's primary area of practice,
  2. an RNFA program faculty member, and
  3. an RNFA/CRNFA mentor if available and/or desired by the student.
- C. The clinical course shall be a minimum of one academic semester and shall include, but not be limited to, intern assignments as assistant at surgery and patient care management.
- D. Instructional methodologies shall include, but not be limited to, physician-supervised clinical activities, assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, and a surgical intervention participation log.
- E. Evaluation methodologies shall include, but not be limited to, completion of assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, preceptor evaluations, a surgical intervention participation log, and mentor evaluations when applicable. Students must satisfactorily complete all requirements. The RNFA program faculty reviews all documentation. The surgeon preceptor provides a summative evaluation of achievement of competence and a letter of recommendation based on all required learning activities, as does the RNFA/CRNFA mentor when applicable.
- F. Instructional resources shall include
1. *Core Curriculum for the RN First Assistant*,<sup>1</sup>
  2. texts or other instructional media, and
  3. consultation and collaboration with other health care providers.

### GLOSSARY

**FACULTY:** A person who is appointed by the educational institution to design, teach, or evaluate a course of instruction.

**ADVANCED PRACTICE NURSE (APN):** Advanced practice nurse is a term used to refer to an RN prepared at the graduate level who has met advanced educational and clinical practice requirements for a particular and unique clinical practice focus. There are four principle types of APNs, including nurse practitioner (NP), clinical nurse specialist (CNS), certified nurse midwife (CNM), and certified RN anesthetist (CRNA).<sup>3,4</sup>

**CNOR:** "The documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during, and after surgery."<sup>5</sup>

**CRNFA:** "The documented validation of the professional achievement of identified standards of practice by an individual registered nurse first assistant providing care for patients before, during, and after surgery."<sup>6</sup>

**PRECEPTOR:** One who teaches, counsels, inspires, serves as a role model, and supports the growth and development of the novice for a fixed and limited period.

**MENTOR:** One who provides encouragement and acts as a guide and facilitator while modeling professional nursing behaviors.<sup>7</sup> ♦

*Editor's note: These recommended education standards were developed by the RN First Assistant Specialty Assembly in July 1994 and were approved by the AORN Board of Directors in November 1994.*

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*Revised October 1996; approved by the AORN Board of Directors in November 1996.*

Revised October 1998; approved by the AORN Board of Directors in November 1998.

Revised December 2004; approved by the AORN Board of Directors in February 2005.

#### NOTES

1. R E Vaiden, J C Rothrock, V J Fox, eds, *Core Curriculum for the RN First Assistant* (Denver: AORN, Inc, 2000).
2. "Official statement on RN first assistants," in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc, 2005) 237-238.
3. "Certification and regulation of advanced practice nurses," American Association of Colleges of

Nursing, <http://www.aacn.nche.edu/Publications/positions/cerreg.htm> (accessed 10 Jan 2005).

4. "Advanced practice nursing: A new age in health care," American Nurses Association, <http://www.nursingworld.org/readroom/fsadvprc.htm> (accessed 10 Jan 2005).
5. "2005 CNOR certification," Certification Board Perioperative Nursing, [http://www.certboard.org/cnor/cert/gen\\_info.htm](http://www.certboard.org/cnor/cert/gen_info.htm) (accessed 10 Jan 2005).
6. "2005 CRNFA certification," Certification Board Perioperative Nursing, [http://www.certboard.org/crnfa/cert/gen\\_info.htm](http://www.certboard.org/crnfa/cert/gen_info.htm) (accessed 10 Jan 2005).
7. "AORN resolution on responsibility for mentoring," in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc, 2004) 156.

## More Male Births than Female Births Since 1940

For 63 straight years, the number of boys born in the United States has outnumbered the births of girls, according to a June 14, 2005, news release from the Centers for Disease Control and Prevention (CDC). A report from the CDC examines total gender ratios at birth (ie, number of male births divided by female births times 1,000) for more than six decades.

Findings of the report include the following.

- Between 1940 and 2002, an average of 91,685 more male babies than female babies have been born each year, a total of 5,776,130 during that 63-year period.

- The highest ratio occurred in 1946 (ie, 1,059 male births per 1,000 female births), and the lowest occurred in 1991 and 2001 (ie, 1,046 male births per 1,000 female births).
- The more children a woman has the more likely she is to give birth to an equal number of boys and girls.

More Boys Born Than Girls (news release, Atlanta: Centers for Disease Control and Prevention, June 14, 2005) <http://www.cdc.gov/od/oc/media/pressrel/fs050614.htm> (accessed 15 June 2005).

## Hospitals Improve Treatment of Three Conditions

US hospitals have significantly improved the care of patients suffering from heart attacks, heart failure, and pneumonia in the last two years, according to a July 21, 2005, news release from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). A new study by JCAHO describes the use of 18 evidence-based, standardized measures to track hospital performance over time and stimulate continuous improvement through quarterly feedback about results. In July 2002, the Joint Commission implemented standardized performance measures that address giving aspirin to patients with acute myocardial infarction within 24 hours of admission and again at discharge and providing smoking cessation counseling for patients with heart failure or pneumonia.

Data for the study were collected from more

than 3,000 JCAHO-accredited general acute care hospitals, and the three conditions studied are among the most common, high-risk reasons for hospitalization. The rate of improvement ranged from 3% to 33%, and improvement increased steadily during the two-year period of the study. The most dramatic improvements seen were for the three measures related to smoking cessation efforts. The research also showed that hospitals that were low-level performers at the beginning of the study tended to improve at faster rates than hospitals that began the study at higher levels of performance.

Study: Hospitals Significantly Improve Treatment of Heart Attacks, Heart Failure, and Pneumonia (news release, Oakbrook Terrace, Ill: Joint Commission on Accreditation of Healthcare Organizations, July 21, 2005).