



# An insider's guide to the **RNFA** role

By Raymond Samuel Signore, RNFA

**T**he registered nurse first assistant (RNFA) plays a versatile role and offers perioperative nurses the opportunity to become involved with a patient's entire perioperative experience. Boards of nursing in all 50 states have determined that first assisting is within the nursing scope of practice and the number of working RNFAs has significantly increased throughout the United States.<sup>1</sup> In addition, professional organizations, such as the American College of Surgeons, have recognized the value of the RNFA in the perioperative arena.

## **Becoming an RNFA**

The Association of Perioperative Registered Nurses (AORN) has established the standard for RNFA education programs. The Competency and Credentialing Institute (CCI) validates program design and presentation by approving the faculty and content. Nurses with a bachelor's of science in nursing (BSN) or a master's degree in nursing (MSN),

and are certified as a CNOR or advanced nurse practitioner, are eligible to sit for the RNFA certification exam after 2,000 hours of clinical practice as an RNFA and successful completion of a CCI-accepted program (see *RNFA program admission requirements*).<sup>2</sup>

Eligibility for CNOR testing requires 2 years and 2,400 hours as a perioperative RN.<sup>3</sup> The CNOR examination covers all topics associated with perioperative nursing responsibility, including, but not limited to, patient positioning, pharmacology, safety issues, sterilization, and emergency situations. The CNOR certification is valid for 5 years, at which time the credential must be renewed by a mechanism defined by the CCI.<sup>3</sup>

## **RNFA education**

RNFA programs are two-pronged. The first phase is the didactic phase, which involves classroom work at a CCI-approved RNFA program based in an academic setting for college credits. In the didactic phase,

## RNFA program admission requirements<sup>4</sup>

RNFA program admission requirements for the potential RNFA candidate include:

- active RN license in the state of practice
- certification as a CNOR (certified nurse operating room) or eligible to take the examination
- advanced practice certification (for example, nurse practitioner)
- certification in basic CPR (ACLS preferred)
- two letters of recommendation attesting to years of experience and knowledge, judgment, and skill specific to surgical patient care.

the RNFA student is taught the RNFA scope of practice, anatomy and physiology, asepsis, surgical procedures and technique, recognizing surgical hazards, and professional issues such as ethics and legalities.<sup>5</sup> These topics build on the existing expertise of the perioperative nurse seeking knowledge in the expanded role of the RNFA. First assisting behaviors and tissue handling techniques are primary elements emphasized to RNFA interns.

Suturing and knot tying are presented in a tissue laboratory setting. Different types of closure techniques along with various types of sutures and their uses are reviewed. This prepares the RNFA intern for the required independent internship that begins when the didactic phase is completed. The second phase is a 120-hour internship with a surgeon-mentor as outlined by the AORN standards and recommended practices for RNFA education. The majority of the hours are performed intraoperatively as the first assistant. Internship hours are also attained during preoperative and postoperative patient care. Some of these hours may take place in the surgeon's office performing physical assessments and surgical site care. This portion of the RNFA process is invaluable and enables interns to refine first assisting skills and fine tune them under the tutelage of the mentoring surgeon. The intricacies of the human body can be seen firsthand and appreciated in a new light.

Upon completion of the didactic requirements and the internship, a certificate of completion is awarded permitting the use of the RNFA role designator. The RNFA can then prepare to take the CRNFA certification examination.

## What does an RNFA do?

The RNFA's role transcends the entire perioperative process. RNFAs are the patients' direct advocate while navigating the hospital system. This includes preparing the patient for each step in the perioperative experience and becoming a trusted resource for questions. To better understand the RNFA role, the discussion below divides the hospital stay into four phases: preoperative, intraoperative, postoperative, and follow-up. Each phase greatly impacts positive patient outcomes.

## Preoperative responsibilities

The RNFA first encounters the patient either in the office or hospital setting. The RNFA collaborates and plans the anticipated care with the patient. Usually, the patient is anxious or fearful and finds comfort in the RNFA's explanations. During the preoperative phase, the RNFA is able to identify many appropriate nursing diagnoses and contributes to the overall plan of perioperative care. The reciprocity of information builds trust in preparation for the intraoperative phase of care.

The RNFA takes a detailed health history and formulates the nursing diagnoses that coincide with the surgical procedure. This process identifies the needs to be met during the hospital stay and at discharge. The health history begins with the history of present illness (HPI), or why the patient is seeking consultation with the surgeon. The HPI provides insight regarding the patient's level of understanding based on past surgical experience or if the patient has a lack of knowledge concerning what to expect from a pending procedure.

Key elements in the patient's health history include assessment of medical and surgical history. The RNFA assesses the patient's need for home healthcare or physical therapy. Comorbidities are identified and addressed before the patient has surgery, which may help prevent surgical complications. Patients with pulmonary disease will need to use incentive spirometry postoperatively. Learning how to use the device before the surgical procedure can decrease anxiety associated with its use in the postoperative phase.

The patient's social history may indicate the patient's willingness to participate in self-care and the support system that's available. Personal habits such as smoking may be detrimental to recovery. In a two-pack-a-day smoker, pulmonary hygiene will be

integral for recovery. For example, after the patient's consultation with the cardiac surgeon, a cardiothoracic RNFA may need to set up a preoperative visit with a pulmonologist to begin preoperative pulmonary hygiene that will carry over into the postoperative phase of care.

It's important to determine if the patient has an adequate social support system (family, significant other, friends). An optimal support system fosters attainment of desired outcomes. Patients who live alone may require assisted living arrangements for a successful postoperative recovery.

The RNFA must develop good communication skills and be a good listener. The ability to speak confidently and correctly will aid in developing a rapport and a trusting relationship, and will help alleviate patient anxiety.

### **Intraoperative responsibilities**

In the intraoperative phase, the RNFA assists the surgeon during the surgical procedure.

The RNFA role encompasses significant responsibility as an expanded perioperative nursing practice. For example, the RNFA's role during a cardiac surgical procedure includes the following activities:

- retraction of tissue to provide exposure
- suturing and surgical site management
- providing hemostasis
- tissue manipulation
- harvesting conduit and assisting with bypass grafts.

Efficient actions facilitate the surgical procedure and minimize the amount of time the patient is under anesthesia.

### **Postoperative responsibilities and follow-up**

The postoperative phase is grounded in continual assessment. As the patient transitions from the PACU to the critical care, cardiothoracic, or surgical unit, to home, the RNFA must be alert to possible complications of the procedure. If the patient has signs or symptoms of postoperative complications during any phase of care, the RNFA needs to bring it to the attention of the surgeon so a medical decision can be made regarding the cause. The ability to think critically and differentiate between a normal and abnormal postoperative course has a direct effect on morbidity and mortality.

During postoperative rounds, the RNFA can reinforce preoperative teaching about pulmonary hygiene and give positive feedback to encourage continued use of the spirometer. A rewarding bond is realized when the RNFA has effectively established two-way communication and mutual trust with the patient. Patient compliance and cooperation offer reasonable assurance that the patient will attain the desired outcomes of the surgical procedure. In the surgical division, the RNFA is involved in dressing changes, removal of drains or tubes, minor debridement, and suture removal. Postoperative rounds enable the RNFA to evaluate progress and modify the patient's plan of care as needed. Every patient is an individual and responds uniquely from others to the same or similar diagnoses. The RNFA has the opportunity to learn new things during the care of each patient.

Some RNFAs work directly with a particular surgeon and may continue working with the patient through the office-based practice. The RNFA may be the caregiver who activates the social services needed by the patient at home. Visits from a physical therapist, antibiotic administration, outpatient cardiac rehabilitation, and surgical site care are a few of the services arranged upon discharge.

### **A rewarding experience**

The role of the RNFA can be a demanding, yet rewarding experience. Preparation for the next day's schedule or working late on complex cases and busy call schedules can make for long days. Maintaining a balanced personal support system is invaluable.

The RNFA role is also a rewarding experience that transcends the entire hospital stay, providing the opportunity to plan and implement care to achieve desired patient outcomes. **OR**

#### REFERENCES

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