

# **Competency Statements for the RN First Assistant**

he RN first assistant (RNFA) competency statements have a history of being a "work in progress" as far back as the mid-1990s during their inception. This is appropriate considering they reflect an expanded nursing role that is constantly evolving and therefore changing the face of how the RNFA functions in the day-to-day workplace. RNFAs must continue to perform competently in keeping with these evolving changes.

These RNFA competencies also reflect the essence of the diversified RNFA role. As RNFAs progress from novice to expert, some will become more proficient than others at the various activities addressed in the competency statements. Not all RNFAs will practice all facets of the role at any given time; some RNFAs may never practice some facets of the role because their practice may be limited by regulatory boundaries and/or facility policies. The competencies focus on the specific responsibilities of the RNFA while remaining broad enough to allow for flexibility when applied to various practice settings.

The original RNFA competency statements were completed in 2001–2002, leading to publication in 2002. In 2005, competency statements for perioperative nursing, the advanced practice nurse, and the perioperative patient care coordinator were all converted into Perioperative Nursing Data Set (PNDS) language. At that time, a need was recognized to do the same with the RNFA competencies. The adapting of PNDS into the RNFA competencies supports the goal of the organization to increase awareness, generate interest, and provide examples of how the PNDS can be integrated into everyday practice. The purpose for the conversion is to facilitate the process of having all AORN documents tied to the PNDS and to allow all members of the perioperative team to communicate using the same language. Work also is being done to incorporate PNDS terminology into the AORN recommended ractices, guidelines, and guidance statements. Once the entire conversion is accomplished, the PNDS code will facilitate benchmarking and research, providing a standardized interpretation in every facility in which it is used.

A task force was created to move the existing RNFA competencies into the four domains of PNDS. The major focus of the group was to insure that while the format and semantics changed the representation, the essence

of the RNFA role did not. The task force took the existing competencies and performed one of five actions on them: total acceptance, rewording, removing, splitting into two or more statements, or combining two or more statements into one statement. The statements eliminated were determined to be too broad, duplicative, or lacking in clarity. Statements added were taken from the PNDS book or created based upon changes in the current perioperative environment. The statements taken from the PNDS book are nursing activities identified as being the responsibility of the RNFA. Any duplication between this competency and the staff nurse competency was kept to a minimum, but it was found to be necessary in certain locations.

The document is divided into the four domains of the PNDS model. Each domain contains three columns: Patient Outcome, PNDS Intervention as Measurable Criteria, and Recommendations for Validation of Competency. The columns are defined as follows:

**Outcome:** The outcome defines the results of the care given by the RNFA. The outcomes are based on the PNDS or were created by the task force to cover areas that are not currently defined in the PNDS.

PNDS Intervention as Measurable Criteria: This column contains the intervention as described in the PNDS. The intervention is in BOLD. Some of the interventions have been changed to assist in clarifying the RNFA competency and the RNFA role. The intervention is followed by a definition that was derived from the PNDS book or created by the task force using the existing competencies. The bulleted items are the actions the person should be undertaking to be competent. In some settings some of the actions will not apply because this is beyond either the job description or the state-defined scope of practice. Any sentence followed by a footnoted number is cross-referenced to a PNDS Intervention or Outcome.

**Recommendations for Validation of Competency:** This list is a compilation of tools that may be used by the person assessing the level of competence of the RNFA. The examples are:

- **Direct observation:** Observation by anyone other than the surgeon or other physician.
- Physician review: Direct input from the physician, which may be in the form of a report of direct observation or other means such as an interview.

- Evidence of post-basic education; evidence of attendance at conferences: Evidence the RNFA has completed some required education, such as a certificate of completion or a grade report.
- **Testing by evaluation of scenario:** The educator or manager gives the RNFA a scenario of a situation described in the activities to test the RNFA's knowledge.
- Review of documentation in patient's health record: The reviewer reviews the patient's medical record to check for documentation by the RNFA or actions taken by the RNFA documented by another person.
- Evidence of attendance at new product inservice completion: This may be a signature on a "Statement of Attendance" form signed after completion of an inservice program.
- Evaluation of new products: The reviewer checks for the completion of the new product evaluation form.
- Evidence of literature review: This may be a bibliography list compiled by the RNFA of articles reviewed, or the reviewer may ask the person questions directly from the literature to check for review completion.
- Evidence of membership or contribution at committee meetings; evidence of participation on committees; serves on product evaluation committee or quality assurance (QA) committee: Attendance records or minutes from the meetings.
- **Return demonstration:** The reviewer requests a person to do a return demonstration of a procedure or task such as knot-tying.
- **Verification with patient or representative:**The reviewer completes a patient or representative interview, asking questions about the specific competency.
- Evidence of review of policy: This may be a signature on a form or other location signifying the review of a policy by the RNFA.
- Evidence of community participation: This may be a signature on a "Statement of Attendance" form signed after completion of a community project or a statement from the organizer that the RNFA was present.
- Evidence of participation in professional nursing activities at the local, state, and federal levels: This may be a copy of an AORN or other professional organization's membership card.

- **Evidence of publication:** This would be a copy of the publication.
- Documentation of use of evidence-based practice: A portfolio of examples of the practice and the evidence to support it. This may be a copy of a changed policy or procedure that is based upon evidence.
- Evidence of credentials, insurance, or licenses: This would be a photocopy or visual citing the RNFA's license, insurance policy, or certificate of completion of an RNFA program.
- Evidence of participation in peer review process: If peer review is an expectation in the facility, it could be a copy of the form used to evaluate a certain person, or it may come from the knowledge of the reviewer as having read the peer review form.
- **Evidence of contacting legislators:** Copies of letters or other communication with a legislator.
- Evidence of awareness of public policy changes; evidence of awareness of legislation: Responses to questions on legislative activities or public policy. Copies of articles read on this subject. The RNFA makes the reviewer aware of changes in the rules or other products of legislation.
- Evidence of completion of occurrence/ incident reports: The reviewer checks for the completion of the occurrence/incident reports that may be listed with the risk manager.
- Evidence of credentials, malpractice insurance, or licenses: This may be a copy of the license, insurance policy, or certificate of credentialing from a health care organization where the person is already credentialed.
- Evidence of certification for professional achievement in perioperative nursing practice (CNOR), certified registered nurse first assistant (CRNFA), advanced cardiac life support (ACLS), pediatric advanced life support (PALS): This may be a certificate or other evidence of attaining one of the various certifications listed.
- Evidence of review of the Patient's Bill of Rights and AORN standards: This may be a signature on a form or other location signifying review of the Patient's Bill of Rights and AORN standards by the RNFA.

A successful validation process was completed and included review by a panel of experts as well as review and comments by a diversified group of RNFAs with multifaceted roles throughout the country.

The RNFA competency statements are intended to be used in a variety of ways, including the following:

- As an RNFA:
  - To guide one's educational endeavors and/or career development;
  - To serve as a resource to expand one's practice to the full extent of the competencies within the state practice act governing the practitioner;
- As an RNFA program educator:
  - To serve as a guide/criteria for course development;
- As a perioperative educator:
  - To establish an orientation program;
  - To establish a competency verification system;

- As a perioperative manager:
  - To serve as an evaluation tool and create a performance appraisal to document one's ongoing competency to practice;
- As a credentialing board member:
  - To be incorporated as part of a credentialing or privileging process in each facility in which an RNFA chooses to practice (eg, a list of tasks the RNFA may perform); and
- As an attorney/risk manager/state Board of Nursing:
  - To assist in determining competency and scope of practice issues.

#### **Acknowledgments**

### RNFA Specialty Assembly Competency Task Force

Barbara M. Firlit, RN, BS, CNOR, CRNFA, Chair Nikki A. Collier, RN, CNOR, CRNFA Byron L. Burlingame, RN, BSN, MS, CNOR, AORN Staff Liaison

<b>DOMAIN 1: Safety</b> Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.1	"Implements protective measures prior to operative or invasive procedure"  The patient, equipment and environment are prepared to ensure safety during the operative or other invasive procedure."  Assesses each patient individually in reference to planned procedure.  Demonstrates knowledge of patient safety standards as the patient, equipment, and environment are prepared.  Acquires instructions on new products to determine risk/benefit for patients and the health care organization.  Analyzes new products to determine risk/benefit for patients and the health care organization.  "Verifies operative procedure, surgical site and laterality."  Actively participates in implementation of universal protocol.  Follows health care organization policy for identifying correct surgical site.  Verifies site with patient or representative.  Marks correct site according to health care organization policy, local, state, and federal regulations.  Participates in "time out" (pause for universal identification protocol) with surgeon and other members of surgical team.  ''.	Evidence of attendance at new product inservice completion (eg, attendance records, evaluations)  Completes evaluation of new products  Evidence of literature review  Serves on product evaluation committee or QA committee  Review of documentation in patient's health record  Evidence of review of policy  Testing by evaluation of scenario  Return demonstration  Review of documentation in patient's health record  Direct observation  Verification with patient or representative  Evidence of review of policy
	Delays surgical procedure if any discrepancy among parties, patient history and physical, consents, or scheduled procedure occurs.	
	<ul> <li>"Implements protective measures to prevent skin/tissue injury due to mechanical sources."</li></ul>	Reviews and is familiar with manufacturers' recommendations/instructions

DOMAIN 1: Safety (continued)  Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.1	<ul> <li>(continued from previous page)</li> <li>Exercises clinical judgement to apply casting materials, dressings and immobilizing devices according to health care organization policy.</li> <li>Places heat sources (eg, light cords, telescopes) in locations that are not in contact or near flammable materials or the patient.</li> </ul>	
	Uses supplies, instruments and equipment within safe parameters. Employs principles of safe instrument and supply handling.  Understands the design and applied principles and action of surgical instruments used and the resultant effect on tissue.  Uses surgical instruments to assist the surgeon and facilitate the surgical intervention.  Selects appropriate instrumentation for required surgical action (eg, fine needle holder for size of suture).  Verifies that instruments functions properly (eg, vascular jaws intact and aligned, hemostat clamps close properly).	Direct observation Physician review Reviews and is familiar with manufacturers' recommendations/ instructions
	<ul> <li>Maintains continuous surveillance of patient, wound, and sterile field.</li> <li>"Acquires, interprets, and synthesizes patient data so as to detect and prevent potential adverse clinical events."</li> <li>Conducts ongoing assessment of the patient's condition and relevant patient responses throughout the perioperative experience.</li> <li>Formulates and modifies nursing diagnoses based on patient assessment throughout the perioperative continuum as applicable to RNFA interventions.</li> <li>Recognizes the impact of chronic or concomitant diseases; prescribed, herbal, and overthe-counter medications; previous surgeries or injuries; and preexisting infections that may affect the outcome of the planned surgical intervention.</li> <li>Is continually vigilant, using acquired and intuitive knowledge to anticipate, prevent, and/or respond to circumstances that could compromise the patient's well-being.</li> </ul>	Direct observation Physician review Evidence of education Testing by evaluation of scenario Review of documentation in patient's health record

DOMAIN 1: Safety (continued)		
Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.1	<ul> <li>(continued from previous page)</li> <li>Continually demonstrates attention to mental discipline, detail thoroughness, and stamina during the surgical procedure in providing assistance to the surgeon.</li> <li>Maintains flexibility and adaptability when emergencies or unanticipated events occur.</li> <li>Modifies, communicates, and implements plan of care.</li> <li>Interprets data from multiple sources (eg, physician's office, clinic, admissions system, operating room, postanesthesia care unit [PACU]) throughout the patient's postoperative course and takes appropriate actions.</li> <li>Analyzes postoperative patient outcomes in relation to surgical intervention and technique used, compared to baseline nursing assessment.</li> <li>Communicates changes in patient's situation to appropriate members of the health care team as intervention progresses.</li> </ul>	
	Collaborates with perioperative team during counts.  Ensures that the patient is free from potentially retained foreign objects (eg, sponges, instruments, sharps).  In collaboration with the surgeon, examines wound for sponges, needles/sharps and instruments prior to required counts.  Reexamines the wound and surrounding area of sterile field for questionable retained objects  Follows institutional policy for count discrepancy (ie, x-ray).	Direct observation Physician review Evidence of policy review
	Verifies patient allergies.  Identifies allergies, idiosyncrasies, and sensitivities to medications, latex, chemical agents, and/or adhesives.  ■ Preoperatively reviews, analyzes, and interprets information from the patient's history and physical examination noting any intolerance that might signify an unsafe surgical encounter.  ■ Monitors effects of medications, latex, chemical agents and/or adhesives for possible physiologic response intraoperatively (eg, muscle rigidity resulting from allergic reaction to antibiotics).  9	Review of patient health record Direct observation Verification with patient or representative Physician review

DOMAIN 1: Safety (continued)  Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.1	Applies chemical hemostatic agents.  "Uses chemical hemostatic agents to control bleeding within the surgical wound."  ■ "Assesses blood flow to determine if chemical hemostatic agent is indicated."  ■ Selects the appropriate agent depending on the chemical properties and intended use of the agent (eg, hemostasis, sealing tissue).  ■ Applies the correct hemostatic mechanism(s) depending on tissue characteristics, the specific situation and patient's sensitivities.  ■ "Evaluates response to chemical hemostatic agent."  10	Direct observation Physician review
	<ul> <li>"Implements protective measures to prevent injury due to electrical sources."</li> <li>Prevents injury secondary to active electrode handling, electrosurgical unit use, or stray radiofrequency current."</li> <li>"Assesses patient and reviews chart to determine special patient considerations (eg, pacemaker, ICD, orthopedic implants)."</li> <li>Ensures appropriate intervention with regard to special patient considerations (eg, utilizes magnet on pacemaker, placement of return electrode away from orthopedic implants).</li> <li>Selects appropriate function (cut or coagulation) prior to activation."</li> <li>Uses lowest power setting possible to achieve hemostasis.</li> <li>Assesses for proximity of nerves and adjacent critical structures when activating electrode" (avoid contact with skin when cauterizing clamp or tip).</li> <li>"Keeps active electrode free from debris and eschar buildup."</li> <li>Avoids coiling, bundling, or clamping active electrode"</li> <li>"Avoids wrapping active electrode around a metal instrument."</li> <li>Prevents electrosurgical active electrodes from inappropriate activation or being placed near or in contact with flammable materials (eg, gauze, surgical drapes, wet alcohol-based prep solutions).</li> <li>Limits electrosurgery use in oxygen-enriched or nitrous oxide atmosphere or in the presence of other oxidizing agents.</li> </ul>	Direct observation Physician review Evidence of education

DOMAIN 1: Safety (continued)  Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.¹	(continued from previous page)  ■ "Places active electrodes in a nonconductive holster designed to hold electrosurgical pencils and similar accessories when they are not in use."  ■ Positions the patient 12	Divert cheaverties
	Positions the patient.¹²  Demonstrates knowledge of safe positioning principles during preparation, application, and removal of positioning devices.  ■ Assists with transferring the patient safely (eg, locks transport vehicle wheels; secures IV lines, catheters, feeding tubes; protects patient's extremities during transfer; uses transfer devices as appropriate).  ■ In collaboration with the surgical team, assists in positioning the patient.  ■ Determines the need for, prepares, and applies, positioning devices to provide exposure of the surgical site as dictated by procedure.  ■ Applies knowledge of anatomy and physiology in relationship to the function and correct use of positioning equipment to maintain body alignment; to avoid circulatory and neurological compromise.  ■ Covers patient to protect privacy and maintain warmth.	Direct observation Physician review Evidence of education Return demonstration
	<ul> <li>"Implements protective measures to prevent injury due to laser sources."</li> <li>Provides safety equipment and uses protective measures during laser procedures.¹³</li> <li>■ Adapts surgical technique to prevent fire (ie, in the presence of oxygen therapy especially in head and neck procedures).¹³</li> <li>■ "Covers exposed areas around surgical site with saline/water-saturated towels or sponges."¹³</li> <li>■ Drapes with fire-retardant materials or moist drapes surrounding the surgical site.¹³</li> <li>■ Wears appropriate personal protective equipment (PPE) such as eyewear during laser procedures.¹³</li> </ul>	Direct observation Physician review Evidence of education Return demonstration
	Administers prescribed medications and solutions.  "The correct prescribed medication or solution is administered to the right patient, at the right time, in the right dose, via the right route."  "14	Review of documentation in patient health record

#### **DOMAIN 1: Safety (continued)**

Competency Statement: The RN first assistant establishes and maintains a safe perioperative environment.

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient is free from signs and symptoms of injury caused by extraneous objects, chemical products, electrical current, positioning, lasers, allergic responses, and medication administration.	<ul> <li>(continued from previous page)</li> <li>"Injects local anesthesia when within scope of practice."14</li> <li>Administers appropriate medication as directed by the surgeon.14</li> <li>Verifies medication, label, and patient allergies prior to administering medications.14</li> <li>Educates patient and caregivers regarding self-injection pumps, implantable pain devices, and alternative methods.</li> </ul>	

#### **DOMAIN 2: Physiologic Responses**

Competency Statement: The RN first assistant is competent to function as first assistant during surgical incision, excision, and repair of pathology; and throughout the perioperative period. 15

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient's physical, biochemical, and functional responses to the intended therapeutic effects of an operative or other invasive procedure are consistent with expectations or improved from baseline levels established preoperatively (eg, surgical wound/tissue perfusion; fluid, electrolyte, and acid-base balance; cardiovascular status; infection and pain).16	<ul> <li>Demonstrates clinical expertise.</li> <li>The RNFA is competent to function as a first assistant to the primary surgeon in the operating room and throughout the perioperative period. Toom and throughout the perioperative period. Toom applies appropriate tissue dissection or cutting techniques. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. Toom assessment of tissue location, type, and health status. To make location assessment of tissue location of tissue based on assessment of the operation of tissue based on assessment of the operation of tissue location of tiss</li></ul>	Direct observation Physician review Return demonstration Testing by evaluation of scenario Review of documentation in patient's health record

#### **DOMAIN 2: Physiologic Responses** (continued)

Competency Statement: The RN first assistant is competent to function as first assistant during surgical incision, excision, and repair of pathology; and throughout the perioperative period. 15

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient's physical, biochemical, and functional responses to the intended therapeutic effects of an	<ul> <li>(continued from previous page)</li> <li>■ Executes appropriate suturing techniques for specific wound closure.¹⁵</li> <li>■ Packs wound as appropriate.</li> <li>■ Removes wound closure sutures/staples taking into account status of wound healing and physician preference.¹⁵</li> </ul>	
operative or other invasive procedure are consistent with expectations or improved from baseline levels established preoperatively.	<ul> <li>Implements and maintains aseptic technique.         Maintains a sterile field, prevents contamination of open wounds, and isolates the operative site from the surrounding nonsterile physical environment.<sup>18</sup></li> <li>Strictly adheres to principles of aseptic technique to prevent infection and promote optimal wound healing.</li> <li>Monitors sterile field.</li> <li>Maintains safe, aseptic environment consistent with infection control principles and safe operating procedures.</li> <li>Identifies and communicates to surgeon and perioperative team breaks in aseptic technique.</li> <li>Corrects breaks in aseptic technique.</li> <li>Monitors for and protects against wound contamination.<sup>18</sup></li> </ul>	Direct observation Physician review Return demonstration Testing by evaluation of scenario
by Comant:  Comant:	<ul> <li>"Minimizes the length of invasive procedures by planning care. Contributes to minimizing operative time by anticipation and advance preparation."         <ul> <li>Collaborates with team members' efforts to set priorities and accomplishes the necessary tasks.</li> <li>Communicates RNFA plan of care with other members of the perioperative team to achieve consistency of purpose and action.</li> <li>Demonstrates familiarity with proposed surgical procedure, surgeon's approach, and clinical anatomy.</li> <li>Recognizes anatomical abnormalities that may impact the surgical intervention</li> <li>Recognizes and reports deviation in diagnostic study results.</li> <li>"Maximizes surgeon's efficiency of movement within surgical wound."</li> <li>"Anticipates wound exposure needs by positioning retractors, controlling bleeding, suctioning, and counter-traction techniques."</li> </ul> </li> </ul>	

#### **DOMAIN 2: Physiologic Responses** (continued)

Competency Statement: The RN first assistant is competent to function as first assistant during surgical incision, excision, and repair of pathology; and throughout the perioperative period. 15

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient's physical, biochemical, and functional responses to the intended therapeutic effects of an operative or other invasive procedure are consistent with expectations or improved from baseline levels established preoperatively.	Assesses and implements hemostasis techniques.  Demonstrates skill in use of appropriate hemostatic methods. 19  Applies pressure to control hemorrhage as indicated.  Applies instrumentation to control bleeding vessels. 19  Coagulates bleeding vessels with electrosurgical device. 19  Uses hemostatic agents when indicated. 19  Assesses and monitors hemostasis/blood loss. 20  Implements conservative surgical techniques especially when hemoglobin, hematocrit, and blood availability are compromised. 20	Direct observation Physician review Return demonstration Testing by evaluation of scenario
	Assesses susceptibility for infection "Evaluates the patient's risks for infection related to microbial contamination."²¹ ■ Preoperatively reviews physiologic data to establish an RNFA plan of care (eg, history and physical, laboratory results, assessment). ■ Implements strategies to prevent patient exposure to pathogens via cross contamina- tion (bloodborne, endogenous flora).	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record
	Verifies physician orders for antibiotics therapies and immunizing agents.²² ■ Understands and applies current theories and concepts of antimicrobial prophylaxis. ■ Verifies that the appropriate medication is administered at the correct time to maximize effectiveness.  Monitors physiologic parameters. Monitors physiologic parameters including intake and output, arterial blood gases, electrolyte levels, hemodynamic status, and SaO₂.²³	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record  Direct observation Physician review Return demonstration
	■ Inserts hemodynamic monitoring lines (eg, venous access devices, arterial line) when indicated and if within scope of practice. <sup>23</sup>	Testing by evaluation of scenario Review of documentation in patient's health record
	"Uses monitoring equipment to assess cardiac status." <sup>24</sup> Assesses blood pressure, heart rate, and rhythm, SaO <sub>2</sub> , and other parameters. <sup>24</sup>	Direct observation Physician review Testing by evaluation of scenario

#### **DOMAIN 2: Physiologic Responses** (continued)

Competency Statement: The RN first assistant is competent to function as first assistant during surgical incision, excision, and repair of pathology; and throughout the perioperative period. 15

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient's physical, biochemical, and functional responses to the intended therapeutic effects of an	<ul> <li>(continued from previous page)</li> <li>■ Recognizes the cardiac effect of intraabdominal or intrathoracic pressure from surgical manipulation resulting in vagal stimulation.²4</li> <li>■ Recognizes impact of positioning on venous return.</li> </ul>	Review of documentation in patient's health record
operative or other invasive procedure are consistent with expectations or improved from baseline levels established preoperatively.	<ul> <li>Evaluates progress of wound healing.</li> <li>"Assesses skin condition, tissue perfusion, and healing progress of surgical wound."<sup>25</sup></li> <li>■ Applies knowledge of wound classification.</li> <li>■ Assesses risk factors in regard to wound healing.</li> <li>■ Performs dressing change postoperatively as indicated.</li> <li>■ Monitors wound healing.</li> </ul>	Return demonstration  Testing by evaluation of scenario  Review of documentation in patient's health record

#### **DOMAIN 3A: Behavioral—Patient and Family: Knowledge**

Competency Statement: The RN first assistant is knowledgeable about the impact of the perioperative processes on the patient and family from a psychosocial, sociological, and spiritual aspect.

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient demonstrates knowledge of the expected surgical procedure; partici- pates in decisions affecting his or her perioperative	Patient/family member participates in decisions affecting the perioperative plan of care <sup>27</sup> Provides the patient/family with accurate and timely information to support informed decision making.  ■ Communicates potential treatment options/ choices in perioperative plan.	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record
plan of care and the rehabilitation process. <sup>26</sup>	<ul> <li>"Provides instruction based upon age and identified needs."<sup>28</sup></li> <li>Provides individualized patient and family education by applying principles of learning, actively involving the learner, and providing an environment conducive to teaching/learning.</li> <li>■ Recognizes teaching opportunities and provides age-specific and culturally sensitive teaching in a manner that promotes safe patient care regarding the role of the RNFA.</li> </ul>	Direct observation Physician review Return demonstration Testing by evaluation of scenario Review of documentation in patient's health record

#### **DOMAIN 3A: Behavioral—Patient and Family: Knowledge** (continued)

Competency Statement: The RN first assistant is knowledgeable about the impact of the perioperative processes on the patient and family from a psychosocial, sociological, and spiritual aspect.

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The patient demonstrates knowledge of the expected surgical procedure; partici- pates in decisions affecting his or her perioperative plan of care and the rehabilitation process. <sup>26</sup>	<ul> <li>(continued from previous page)</li> <li>■ Prepares patient and family members preoperatively for surgical intervention by communicating detailed procedural processes and answering questions about postoperative medical regimen.</li> <li>■ In collaboration with the patient, evaluates patient outcomes identified in the RNFA plan of care by comparing patient responses to nursing interventions, current practice standards, and anticipated outcomes.</li> </ul>	
	<ul> <li>"Identifies expectations of home care.         Identifies home care needs relative to performing the activities of daily living, managing self-care, and returning to usual activities."<sup>29</sup>         ■ Plans for patient discharge, accessing community resources as appropriate.         ■ Modifies postoperative rehabilitation instructions based on individual finding at the time of surgery.<sup>28</sup> </li> </ul>	

#### **DOMAIN 3B: Behavioral Responses—Patient and Family: Rights/Ethics**

Competency Statement: The RN first assistant supports the patient's right to ethical, legal, and competent patient care.

Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
The patient's care	Develops individualized plan of care	Direct observation
is consistent with	"Considers all assessment information includ-	Physician review
the individualized	ing patient's preferences and unique needs	
perioperative plan	when developing an individualized nursing	Testing by evaluation of scenario
of care; patient's	plan of care." <sup>31</sup>	Review of documentation in patient's
right to privacy is	■ Implements and manages the perioperative	health record
maintained; and	plan of care consistent with RNFA practice.	
the patient is the	Evaluates the effect of RNFA/nursing interven-	
recipient of	tions as part of the ongoing assessment process.	
competent and	Collaborates with surgeon to achieve consensus	
ethical care within	regarding delegated medical functions and pre-	
legal standards of	scribed nursing interventions."31	
practice. <sup>30</sup>	Anticipates the effects of routine and preop-	
	erative pharmacological agents and herbal remedies as related to assisting duties.	

## DOMAIN 3B: Behavioral Responses—Patient and Family: Rights/Ethics (continued)

Competency Statement: The RN first assistant supports the patient's right to ethical, legal, and competent patient care.

competent patient care.			
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency	
(continued) The patient's care is consistent with the individualized perioperative plan of care; patient's right to privacy is maintained; and the patient is the recipient of competent and ethical care within legal standards of practice. <sup>30</sup>	Maintains patient's dignity and privacy.  Protects the patient's privacy.  Respects patient's dignity and autonomy.  Treats the deceased with respect and provides family support.  Maintains patient confidentiality  Protects patient's personal health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 2002.  Aware of use and disclosure of personal health information.	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record Evidence of review of policy Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record Evidence of review of policy	
	Practices in an ethical manner "Acts as a patient advocate by protecting the patient from incompetent, unethical or illegal practices."  Respects the patient's rights.  Complies with health care organization policies related to RNFA practice.  Maintains competent performance, including confirming clinician's privileges and credentials.  Practices according to the AORN standards for perioperative nursing practice.  Actively participates with surgical team to access expert resources to resolve ethical dilemmas.  Maintains current privileges to function as an RNFA.  Possesses and applies expert knowledge of the principles of biological, physical, and behavioral sciences; clinical observation; and communication theory.  Initiates appropriate actions if surgeon becomes incapacitated; protects the surgical wound, maintains hemostasis, and ensures sterility of the operative field until a surgeon replacement accepts responsibility.	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record Participation on ethical committees Evidence of review of the Patient's Bill of Rights and AORN standards Evidenced in successful completion of the credentialing process	

### **DOMAIN 4: Health System**

Competency Statement: The RN first assistant demonstrates knowledge of the perioperative environment within the greater health system environment.

ment within the greater health system environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
of the RNFA, provides comprehensive care targeted to unique patient needs.  resource to colleagues, and other health of fessionals in relation to RNFA activities.  Serves as an information resource related the skills of first-assisting activities for members of the surgical team.  Participates in health care organization nursing committees (eg safety, quality ance), nursing associations, and medicing industry focus groups.  Educates the public and other health professionals about the role of the RN	Serves as educator, mentor, consultant, and resource to colleagues, and other health care professionals in relation to RNFA activities.  Serves as an information resource related to the skills of first-assisting activities for other members of the surgical team.  Participates in health care organization and nursing committees (eg safety, quality assurance), nursing associations, and medical/	Direct observation Physician review Return demonstration Review of documentation in patient's health record Evidence of participation on committees Evidence of community participation
		Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record Evidence of advanced education Evidence of attendance at conferences Evidence of participation in professional nursing activities at the local, state, and federal levels Evidence of publication Documentation of use of evidence based practice. Evidence of attendance at national conferences and specialty forums (eg, American Nurses Association, AORN) Article review
	Accepts collaborative responsibility.  Works as a professional colleague with the perioperative team and influences multidisciplinary relationships by enhancing collaborative processes.  Synthesizes and interprets health assessment data in collaboration with perioperative team to identify and prioritize patient health problems.	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record

DOMAIN 4: Health System (continued)  Competency Statement: The RN first assistant demonstrates knowledge of the perioperative environment within the greater health system environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The health system, with the assistance of the RNFA, provides comprehensive care targeted to unique patient needs.	<ul> <li>Collaborates with multidisciplinary team when selecting intervention(s).</li> <li>Promotes teamwork by consulting with the surgeon, and collaborating with anesthesia and other perioperative team members to promote efficient use of time, supplies, equipment, and personnel.</li> <li>Demonstrates effective communication with members of the perioperative team and other caregivers within and outside the organization (eg, physical therapist).</li> <li>Demonstrates a surgical conscience and physical capacity, dexterity, and fine motor skills to provide first-assisting behaviors to the surgeon.</li> <li>Documents operative notes following surgical procedure, postoperative care/assessment as determined by guidelines of practice and institutional policy.</li> <li>Makes postoperative rounds in conjunction with or at the direction of physician as determined by guidelines of practice and institutional policy.</li> <li>Documents discharge planning as determined by guidelines of practice and institutional policy.</li> <li>Collaborates with health care organization risk manager to identify potential risk-reducing behaviors in the practice environment.</li> <li>Actively participates in multidisciplinary activities in the workplace (eg, institutional grand rounds, committees, quality improvement activities).</li> </ul>	
	Maintains regulatory and credentialing/ privileging requirements.  Bases professional and practice behaviors on the knowledge and application of the scope of practice and health care organization guidelines; complies with regulatory and credentialing requirements.  ■ Maintains certification as required.  ■ Complies with federal regulations, including Occupational Safety and Health Administration (OSHA) standards (eg, utilizes environmental control measures and standard/transmission-based precautions to prevent undue provider exposure to bloodborne or airborne pathogens).	Direct observation Physician review Testing by evaluation of scenario Review of documentation in patient's health record Evidence of credentials/insurance or licenses Evidence of review of policy

DOMAIN 4: Health System (continued)  Competency Statement: The RN first assistant demonstrates knowledge of the perioperative environment within the greater health system environment.		
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency
(continued) The health system, with the assistance of the RNFA, provides comprehensive care targeted to unique patient needs.	<ul> <li>(continued from previous page)</li> <li>Complies with state nurse practice act and other related regulatory bodies (eg, state Department of Health or Board of Medicine).</li> <li>Complies with accreditation agencies (eg, the Joint Commission, American Association of Ambulatory Surgery Centers [AAASC]).</li> <li>Completes clinical privileging process as defined by health care organization(s) in which the RNFA practices.</li> <li>Secures and maintains individual liability insurance if required.</li> <li>Accepts appropriate delegated medical functions as defined within the state regulations.</li> </ul>	(continued from previous page) Evidence of certification for professional achievement in perioperative nursing practice (CNOR), certified registered nurse first assistant (CRNFA), advanced cardiac life support (ACLS), pediatric advanced life support (PALS) Evidence of clinical privileging appropriate to the practice setting and employment status.
	Participates in quality/performance improvement.  Participates in professional activities and defined processes directed toward improving patient care by an evaluation of outcomes.  Uses evidence-based practices relevant to perioperative patient care management and RNFA practice.  Evaluates and interprets published research for its relationship to clinical practice.  Demonstrates ability to support nursing diagnosis with current scientific knowledge or research.  Actively participates in self, peer, and colleague review processes.  Initiates process review mechanisms such as occurrence reports.  Initiates appropriate practice changes based upon evaluation of outcomes (eg, sentinel events).  Identifies situations in which additional education for any perioperative team member is indicated and takes appropriate action.  Monitors and evaluates emerging technologies and new products to determine risks/benefits to patient and health care organization.  Demonstrates knowledge of risk management issues.  Demonstrates knowledge of professional liability and malpractice issues.	Physician review Return demonstration Testing by evaluation of scenario Review of documentation in patient's health record Evidence of participation in peer review process Evidence of membership or contribution at committee meetings Evidence of completion of occurrence/incident reports Evidence of malpractice insurance

DOMAIN 4: Health System (continued)  Competency Statement: The RN first assistant demonstrates knowledge of the perioperative environment within the greater health system environment.			
Patient Outcome	PNDS Interventions as Measurable Criteria	Recommendations for Validation of Competency	
(continued) The health system, with the assistance of the RNFA, pro- vides comprehen- sive care targeted to unique patient needs.	Policy making Participates in public policy making.  ■ Provides information and insight regarding health care issues and regulations to state and federal legislators and administrators.  ■ Maintains awareness of proposed/pending legislation affecting nursing and the RNFA.  ■ Actively supports public policy promoting quality care and RNFA practice.	Evidence of contacting legislators  Evidence of awareness of legislation  Evidence of awareness of public policy changes	

#### REFERENCES

**All notes,** except note #4, refer to the outcomes (0) and indicators (I) from *Petersen, C, ed.* Perioperative Nursing Data Set: The Perioperative Nursing Vocabulary. *Rev 2nd ed. Denver, CO: AORN, Inc; 2007.* 

- 1. 02 to 06, 09
- 2. I138
- 3. I143

4. Correct site surgery tool kit. AORN. http://www.aorn.org/PracticeResources/ToolKits/CorrectSiteSurgeryToolKit. Accessed July 16, 2007.

- 5. I77
- 6. I122
- 7. I128
- 8. I93
- 9. I123
- 10. I140
- 11. I72 12. I96
- 13. I73
- 14. I18

- 15. I129
- 16. 010, 011, 013, 015, 029
- 17. I70
- 18. I85
- 19. I133
- 20. I111
- 21. I21
- 22. I7
- 23. I89
- 24. I120 25. I130
- 26. 023, 031, 021
- 27. 023
- 28. I106 29. I62
- 30. 024 to 026
- 31. I30
- 32. I50 33. I151
- 34. I1