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 during operative and other invasive procedures.

The "AORN 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 members in designing and evaluating curricula. These standards are broad in scope, definitive, relevant, and attainable, and they provide the framework for RNFA education.

Standard I

Requirements for RNFA education programs shall include the following:

Programs shall

A. be equivalent to one academic year of formal, post-basic nursing study.
B. award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.
C. 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 schools of nursing shall be approved by a state licensing jurisdiction for nursing programs at the university, college, or community college level or by another agency that is nationally recognized by the Secretary of the US Department of Education as a specialized accrediting agency for nursing programs.
D. recognize the "AORN position statement on RN first assistants."[1]
E. address all of the content in the *Core Curriculum for the RN First Assistant*.[2]

Standard II

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. If the student is not certified at time of admission, certification must be submitted before program completion.

2. Board certified or board eligible as an advanced practice registered nurse (APRN). APRNs without experience in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. Assessment should be completed by the program instructor or perioperative educator at the facility where the clinical experience will be completed. Assessment should include aseptic technique, scrubbing, gowning, gloving, creating and maintaining a sterile field, and positioning the patient. If it is determined that skills or knowledge are deficient, faculty members in the educational institution shall develop a plan to remediate identified deficiencies.

D. Cardiopulmonary resuscitation (CPR) or basic cardiac life support certification (BCLS) 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 III

The didactic component of the curriculum for RNFA education programs shall be designed and evaluated based on a course description that identifies course content, course length, faculty composition, instruction 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, such as
      - performing focused preoperative nursing assessments and
      - communicating and collaborating with other health care providers regarding the patient's plan of care;
   2. intraoperative performance of surgical first-assisting techniques such as
      - using instruments and medical devices,
      - providing surgical site exposure,
      - handling and/or cutting tissue,
      - providing hemostasis, and
      - suturing; and
   3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as,
      - participating in postoperative rounds, and
      - assisting with discharge planning and identifying appropriate community resources as needed.[1]

B. The following topics provide content for remediation for the APRN, who as an RNFA student candidate, may not have perioperative experience and whose perioperative skills and knowledge are found to be deficient (as described in Standard II.C.2).

1. anesthesia;
2. aseptic technique;
3. documentation;
4. electrosurgery;
5. endoscopic surgery;
6. environmental sanitation and terminal cleaning;
7. hemostasis, sponges, and drains;
8. introduction to perioperative nursing;
9. laser safety;
10. latex allergy;
11. medications and solutions;
12. patient and family member education;
13. perianesthesia nursing;
14. perioperative assessment;
15. positioning the patient;
16. professionalism;
17. safety in the surgical suite;
18. scrubbing, gowning, and gloving;
19. skin preps;
20. specimens;
21. sterilization and disinfection;
22. surgical draping;
23. surgical instruments;
24. the surgical environment; and
25. wound closure and healing.

The APRN also may gain these skills and knowledge by completing a basic perioperative orientation program (eg, Periop 101: A Core Curriculum™).

C. The course shall be a minimum of one academic semester of study, including student assignments, classroom instruction, and laboratory practicums.

D. A multidisciplinary faculty shall include a minimum of
   1. a perioperative nurse with a master of science in nursing degree;
   2. an RNFA or, preferably, a certified registered nurse first assistant (CRNFA®); and
   3. a board-certified surgeon.

E. Instructional methodologies shall include, but not be limited to, lecture, interactive discussion, independent study, instructional media, demonstration/return demonstration, and laboratory practicums.

F. Evaluation methodologies shall include, but not be limited to, written examinations, laboratory practicums, and independent critical thinking assignments.

G. Instructional resources shall include
   1. the *Core Curriculum for the RN First Assistant*[2] 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 IV

Successful completion of all requirements of the didactic component shall be required for matriculation into the clinical component.

Standard V

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

A. Course content shall emphasize 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, such as
      – performing focused preoperative nursing assessments,
      – communicating and collaborating with other health care providers regarding the patient plan of care;
   2. validated documentation of the intraoperative surgical first-assisting clinical experience, including, but not limited to,
      – using instruments and medical devices,
      – providing surgical site exposure,
      – handling and/or cutting tissue,
      – providing hemostasis, and
      – suturing; and
   3. postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
      – participating in postoperative rounds and
      – assisting with discharge planning and identifying appropriate community resources as needed.[1]

B. The clinical course shall be a minimum of one academic semester and shall include, but not be limited to,
   - a minimum of 120 clock hours of intraoperative first assisting hours and
   - additional hours of other patient care management as described in section A.

C. A multidisciplinary faculty shall 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.

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 members shall review all documentation. The surgeon preceptor shall provide a summative evaluation of achievement of competence and a letter of recommendation based on all required learning activities, as shall the RNFA/CRNFA mentor when applicable.

F. Instructional resources shall include
1. *Core Curriculum for the RN First Assistant,*[2]
2. texts or other instructional media, and
3. consultation and collaboration with other health care providers.

Editor's note: *CNOR and CRNFA are registered trademarks of the Competency and Credentialing Institute, Denver, CO. Periop 101: A Core Curriculum is a trademark of AORN, Inc, Denver, CO.*

Glossary

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.

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.

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

Intraoperative first assisting hours: Calculated from the time of the incision until the dressing has been applied.

Mentor: One who provides encouragement and acts as a guide and facilitator while modeling professional nursing behaviors.

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.

References

1. AORN position statement on RN first assistants. AORN, Inc. http://www.aorn.org/PracticeResources/AORNPositionStatements/Position_RNFA. Accessed March 3, 2011.

2. Vaiden RE. *Core Curriculum for the RN First Assistant*. 4th ed. Denver, CO: AORN, Inc; 2005.

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