

AORN Position Statement on Advanced Practice Registered Nurses in the Perioperative Environment

This AORN position statement delineates the definition and educational requirements for the advanced practice registered nurse (APRN) who works in the perioperative environment, including the preoperative, intraoperative, and postoperative patient care areas. Requirements for the APRN who practices in the role of first assistant at surgery are differentiated. The qualifications to be met and components of the clinical privileging process are described.

POSITION STATEMENT

- AORN supports the role of the APRN in the perioperative setting who may or may not practice as a first assistant at surgery.
- AORN endorses the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education*.¹
- AORN believes that an APRN who practices in the perioperative environment must complete the education requirements as defined in the Consensus Model and be licensed or recognized as an APRN by the state in which he or she practices.
- AORN recommends that if a state regulatory agency elects to adopt this position statement as a requirement for eligibility to practice, the agency should develop a grandfather clause that allows the perioperative APRN and the APRN who is practicing as a first assistant at surgery at the time of adoption to continue to practice in that role within the state(s) of current licensure.

Definition of a Perioperative APRN

The perioperative APRN is a nurse who, as authorized by the applicable regulatory bodies,

- practices in the preoperative and postoperative areas;
- formulates clinical decisions in managing acute and chronic illnesses by assessing, diagnosing, and prescribing treatment modalities, including pharmacologic agents;
- promotes maximum patient functioning and wellness during performance of comprehensive health assessments;
- fosters patient advocacy and patient safety;
- uses the skills specific to the role of the APRN when diagnosing and treating the responses of the patient, family, and community to actual and potential health problems and the responses related to the prospect of having or of actually having an operative or other invasive procedure;
- uses the *Standards of Perioperative Nursing Practice*² as a foundation for APRN practice; and
- incorporates specialized perioperative nursing knowledge and skills into the care of patients undergoing operative and other invasive procedures and care of the patient's family members.

Definition of the APRN Practicing as a First Assistant in Surgery

The APRN practicing in the perioperative environment as a first assistant at surgery

- functions in an expanded perioperative APRN role;
- must comply with all statutes, regulations, and institutional policies relevant to the APRN who first assists at surgery;
- is required, as of January 1, 2016, to acquire the knowledge and skills needed to provide safe, competent surgical first assistant services by completing a program that covers the content of the *AORN Standards for RN First Assistant Education Programs*,³ which may be a standalone program or may be a portion of a graduate or postgraduate program (eg, additional coursework included in an APRN graduate program);
- acts autonomously as part of the surgical health care team to achieve optimal patient outcomes in the preoperative and postoperative management of surgical patients and their complex responses to the surgical process;
- has responsibilities in the perioperative arena based on role-specific competency, patient populations, practice environments, accessibility of human and fiscal resources, and health care organization policy;
- works intraoperatively as a first assistant at surgery only and not concurrently as a scrub person or circulator; and
- works intraoperatively in a coordinated manner with the surgeon while using instruments and medical devices, providing surgical site exposure, handling or cutting tissue, providing hemostasis, suturing, and performing wound management.

Clinical Privileging for the APRN Practicing as a First Assistant in Surgery

The facility(ies) in which the APRN practices should establish a process to grant clinical privileges to the APRN as a first assistant at surgery. This process should include mechanisms to verify the APRN's

- professional education,
- licensure,
- certification,
- previous experience,
- professional references,
- qualifications to practice in the first assistant role,
- current and continued competency in the first assistant role,
- professional continuing education relevant to the first assistant role,
- health status, and
- malpractice and criminal history.⁴⁻⁹

RATIONALE

Perioperative nursing is a specialized area of practice for the APRN. Specialty areas of practice require additional preparation. The perioperative APRN who works in the role of the first assistant at surgery is functioning in an expanded perioperative nursing role which requires additional specialized education.

Glossary

Advanced practice registered nurse: As stated in the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008), an APRN is a nurse:

- *who has completed an accredited graduate-level education program preparing him or her for one of the four recognized APRN roles;*
- *who has passed a national certification examination that measures APRN role- and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;*
- *who has acquired advanced clinical knowledge and skills preparing him or her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;*
- *whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;*
- *who is educationally prepared to assume responsibility and accountability for health promotion and maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;*
- *who has clinical experience of sufficient depth and breadth to reflect the intended license; and*
- *who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP).¹*

References

1. APRN Consensus Work Group, National Council of State Boards of Nursing APRN Advisory Committee. *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. <https://www.aorn.org/guidelines/clinical-resources/position-statements>. Accessed January 7, 2020.
2. AORN, Inc. Standards of perioperative nursing. <https://www.aorn.org/guidelines/clinical-resources/aorn-standards>. Accessed January 7, 2020.
3. AORN, Inc. *AORN Standards for RN First Assistant Education Programs*. <https://www.aorn.org/guidelines/clinical-resources/rn-first-assistant-resources>. Accessed January 7, 2020.
4. Centers for Medicare & Medicaid Services. *State Operations Manual Appendix A—Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*. 2020;Rev 200. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf. Accessed June 22, 2020.
5. Centers for Medicare & Medicaid Services. *State Operations Manual Appendix L—Guidance for Surveyors: Ambulatory Surgical Centers*. 2020;Rev 200. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf. Accessed June 22, 2020.
6. Human resources. In: *Comprehensive Accreditation Manual for Hospitals*. Oakbrook Terrace, IL: Joint Commission Resources; 2020:HR-1–HR-12.

7. Human resources. In: *Comprehensive Accreditation Manual for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Resources; 2020:HR-1–HR-22.
8. Governance. In: *Accreditation Handbook for Ambulatory Health Care*. Skokie, IL: Accreditation Association for Ambulatory Health Care, Inc; 2018:33-40.
9. Administration. In: *Accreditation Requirements for Ambulatory Surgical Centers*. Chicago, IL: Healthcare Facilities Accreditation Program; 2017:2-1–2-17.

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