



## **AORN Standards for RN First Assistant Education Programs**

Registered nurse first assistant (RNFA) education programs should be designed to provide RNs and advanced practice RNs (APRNs) with the educational preparation necessary to assume and function in the role of the first assistant during operative and other invasive procedures. These programs should be built on a common foundation to provide consistent content leading to a level of knowledge that will promote safe patient care.

The *AORN Standards for RN First Assistant Education Programs* serves as the foundation and educational framework on which RNFA education 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.

### **Standard I**

**Requirements for education programs shall include the following:**

A. Programs shall

- be at a minimum equivalent to six (6) semester credit hours of formal, post-basic RN education;
- award college credits and degrees or certificates of completion upon satisfactory completion of all requirements;
- be associated with
  - a college or university that is accredited by an institutional accrediting agency that is recognized by the US Department of Education;
  - a nursing program (eg, school, college, department of nursing) that is accredited by a national nursing accrediting agency that is recognized by the US Department of Education, if eligible; and
  - a nursing program that is approved/recognized/accredited by a state board of nursing;
- adhere to the current version of the *AORN Position Statement on RN First Assistants*<sup>1</sup> and the *AORN Position Statement on the Perioperative Advanced Practice Nurse*;<sup>2</sup>
- incorporate all of the content in the current edition of the *Core Curriculum for the RN First Assistant*;<sup>3</sup> and
- incorporate all of the requirements in this document.

B. Programs may be a portion of an undergraduate or graduate degree program.

### **Standard II**

**Admission requirements shall include the following:**

A. General admission requirements as determined by the educational institution.

- B. Proof of licensure to practice as an RN in the state in which the clinical internship will be undertaken.
- C. Verification that the student has or is eligible for one of the following credentials:
  - CNOR®—if the student is not certified as a CNOR at the time of admission, proof of certification must be submitted before a certificate of completion is awarded.
  - APRN—proof of recognition must be submitted before a certificate of completion is awarded.
    - APRNs without experience in perioperative patient care must undergo an assessment by the program instructor. The assessment should include competency in preoperative and postoperative care, aseptic technique, scrubbing, gowning, gloving, creating and maintaining a sterile field, and positioning the patient. If it is determined that the applicant's knowledge or skills are deficient, faculty members in the educational institution shall develop a plan to remediate the identified deficiencies.
- D. Certification in cardiopulmonary resuscitation (CPR) or basic cardiac life support (BCLS) (required) or advanced cardiac life support (ACLS) (preferred).
- E. Letters of recommendation attesting to the applicant's experience as an RN and the applicant's knowledge, judgment, and skills specific to perioperative patient care.

### **Standard III**

#### **The program shall include a didactic component.**

- A. The didactic component shall include content that emphasizes the expanded functions unique to the RNFA during preoperative, intraoperative, and postoperative phases of care for patients undergoing operative and other invasive procedures, including
  - preoperative management of patients in collaboration with other health care providers, such as
    - performing focused preoperative assessments\* and
    - communicating with other health care providers about the patient's plan of care;\*
  - intraoperative performance of surgical first-assisting techniques, such as
    - using instruments and medical devices,
    - providing surgical site exposure,
    - handling tissue,
    - cutting tissue,
    - providing hemostasis,
    - suturing, and
    - wound management; and
  - postoperative management of patients in collaboration with other health care providers in the immediate postoperative period and beyond, such as
    - participating in or performing\* postoperative rounds and

- assisting with or arranging\* discharge planning and identifying appropriate community resources as needed.<sup>1</sup>
- B. The APRN who does not have sufficient perioperative experience shall have remediation in basic concepts of perioperative nursing skills and knowledge including surgical instrument use, surgical conscience, equipment and product safety, general concepts of anesthesia, use of perioperative medications, and the competencies described in the section of Standard IIC that applies to the APRN.
- The APRN may gain these skills and knowledge by completing a basic perioperative orientation program (eg, Periop 101: A Core Curriculum™).
- C. The didactic portion of the course shall be at a minimum equivalent to three (3) semester credit hours of study, including student assignments, classroom instruction, and laboratory practicums.
- D. A multidisciplinary faculty for the didactic portion of the course shall include at minimum
- a perioperative nurse with a graduate degree in nursing;
  - an RNFA, preferably a certified RNFA (CRNFA®); and
  - a board-certified surgeon.
- E. Instructional methods may include lecture, interactive discussion, independent study, instructional media, demonstration/return demonstration, and laboratory practicums.
- F. Evaluation methods may include written examinations, laboratory practicums, and independent critical thinking assignments.
- G. Instructional resources shall include
- the current edition of the *Core Curriculum for the RN First Assistant*<sup>3</sup> and
  - texts or other instructional media that include content on 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 program shall include a clinical component.**

- A. Faculty members shall design and evaluate the clinical component of the curriculum, including objectives, evaluation methods, and criteria for clinical sites and preceptors.
- B. The clinical component of the course shall emphasize the expanded functions unique to the RNFA student intern during operative and other invasive procedures, including
- preoperative management of patients in collaboration with other health care providers, such as
    - performing focused preoperative assessments,\*

- communicating and collaborating with other health care providers about the patient's plan of care;\*
  - intraoperative surgical first-assisting clinical experience, including
    - using instruments and medical devices,
    - providing surgical site exposure,
    - handling tissue,
    - cutting tissue,
    - providing hemostasis,
    - suturing, and
    - wound management;
  - postoperative management of patients in collaboration with other health care providers in the immediate postoperative period and beyond, such as
    - participating in or performing\* postoperative rounds, and
    - assisting with or arranging\* discharge planning and identifying appropriate community resources as needed.<sup>1</sup>
- C. The clinical component shall be at a minimum equivalent to three (3) semester credit hours and shall include intraoperative first assisting and additional hours of preoperative and postoperative patient care management.
- The intraoperative first-assisting hours shall be a minimum of 120 of the total hours.
- D. The clinical on-site preceptors shall include
- a board-certified surgeon(s) in the RNFA intern's primary area of practice and
  - an RNFA or CRNFA mentor if available and desired by the student.
- E. Instructional methods may include physician-supervised clinical activities, assigned independent learning activities, a self-evaluative learning diary, a clinical case study project, and a surgical intervention participation log.
- F. Evaluation methods may include 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 demonstrate competence in the expanded functions of the RNFA listed in section VB.
  - The preceptor(s) 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.
  - The faculty members shall be responsible for the final determination of successful course completion.
- G. Instructional resources shall include
- the current edition of the *Core Curriculum for the RN First Assistant*,<sup>3</sup>
  - texts or other instructional media that include content on anatomy and physiology, operative and other invasive procedures, and preoperative and postoperative patient assessment and management, and

- consultation and collaboration with other health care providers.

*\*APRNs and RNs will function in preoperative and postoperative situations as permitted by their respective scope of practice, as authorized by the licensing body.*

## **Glossary**

*Advanced Practice Registered Nurse (APRN):* “A nurse:

1. who has completed an accredited graduate-level education program preparing him/her for one of the four recognized APRN roles;
2. 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;
3. who has acquired advanced clinical knowledge and skills preparing him/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;
4. 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;
5. who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has clinical experience of sufficient depth and breadth to reflect the intended license; and
7. 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).<sup>4(p7-8)</sup>

*CNOR:* The documented validation of the professional achievement of identified standards of practice by an individual RN 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 RN first assistant providing care for patients before, during, and after surgery.

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

*Intraoperative first-assisting hours:* The time frame 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 for, and supports the growth and development of the novice for a fixed and limited period.

*Semester credit hour:* An institutionally established equivalency that reasonably approximates some minimum amount of student work reflective of the amount of work expected in a Carnegie unit (ie, a measure of the amount of time that a student has studied a subject).<sup>5</sup>

**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.

## References

1. *AORN Position Statement on RN First Assistants*. AORN, Inc.  
[http://www.aorn.org/Clinical\\_Practice/Position\\_Statements/Position\\_Statements.aspx](http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx).  
Accessed August 13, 2013.
2. *AORN Position Statement on the Perioperative Advanced Practice Nurse*. AORN, Inc.  
[http://www.aorn.org/Clinical\\_Practice/Position\\_Statements/Position\\_Statements.aspx](http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx).  
Accessed August 13, 2013.
3. Vaiden RE. *Core Curriculum for the RN First Assistant*. 4th ed. Denver, CO: AORN, Inc; 2005.
4. APRN Consensus Work Group, National Council of State Boards of Nursing APRN Advisory Committee. *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. Washington, DC: American Association of Colleges of Nursing; 2008.  
<http://www.aacn.nche.edu/education-resources/APRNReport.pdf>. Accessed August 13, 2013.
5. Guidance to Institutions and Accrediting Agencies Regarding a Credit Hour as Defined in the Final Regulations Published on October 29, 2010. US Department of Education.  
<http://ifap.ed.gov/dpccletters/attachments/GEN1106.pdf>. Accessed August 13, 2013.

## Publication History

*Developed in July 1994; approved by the AORN Board of Directors in November 1994. Originally published March 1995, AORN Journal, as "AORN recommended education standards for RN first assistant programs."*

*Revised November 1995.*

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

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

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

*Revised June 2007; approved by the AORN Board of Directors in July 2007.*

*Revised January 2011; approved by the AORN Board of Directors in February 2011.*

*Revised October 2013; approved by the AORN Board of Directors in December 2013 for publication online at [aorn.org](http://aorn.org) and subsequent publication in the AORN Journal.*

## Acknowledgements

Heidi L. Nanavati, MSN, CRNP, CNOR  
Nurse Practitioner/RNFA  
Towson, MD

Jean A. Franks, BSN, RN, CNOR, CRNFA  
Staff RN  
Houston, TX

Stephen Patten, MSN, RN, CNOR  
Director of Nursing Operative Care Division  
Portland, OR

Copyright © 2014, AORN, Inc.

Robert E. Salsameda, RN, MSN, NP-C, CRNFA  
Neurosurgical Nurse Practitioner  
Long Beach, CA

Diana L. Wadlund, CRNP, ACNP-C, CRNFA  
Nurse Practitioner  
Paoli, PA

Jennifer L. Zinn, MSN, RN, CNS-BC, CNOR  
Clinical Nurse Specialist  
Greensboro, NC

Jennifer Alleman, APRN, FNP, BC  
APRN Compliance Officer  
Baton Rouge, LA

Joan Stanley, PhD, RN, CRNP, FAAN  
Director Education Policy  
Washington, DC

Rena N. Battie, MN, RN, CNOR  
Associate Vice President, Perio and GI Services  
Seattle, WA

Linda K. Groah, MSN, RN, CNOR, NEA, FAAN  
Executive Director/CEO  
Denver, CO

Byron L. Burlingame, MS, RN, CNOR  
Perioperative Nurse Specialist  
Denver, CO

Lisa Spruce, DNP, CNOR, ACNP, ACNS  
Director, Evidence-Based Perioperative Practice  
Denver, CO

Janet Knox  
Executive Project Coordinator  
Denver, CO

©2013 AORN Inc. All Rights Reserved

