



## The RN First Assistant (RNFA) Standards of Practice

The RN First Assistant (RNFA) Standards of Practice were developed from the RN First Assistant Competency Statements. The original RNFA Competency Statements were published in 2002. In 2005 these competencies were revised, converting them into Perioperative Nursing Data Set (PNDS) language. Then in 2011 the revised PNDS Competency Statements were converted into the Role-Specific Performance Evaluation Tool: Registered Nurse First Assistant (RNFA).

In 2012 an evaluation was completed by a task force of all the RNFA related documents and products. They recommended that the RNFA Competency Statements be redeveloped and thus rewritten. It was also recommended that these new competencies follow the format of the Standards of Practice for other nursing specialty groups. A task force comprised primarily of original competency writers was created to accomplish this recommendation. The major focus of the task force was to insure that while the format and semantics changed the essence of the RNFA role did not. The result of this process is a new document titled the RN First Assistant Standards of Practice. These RNFA standards are modeled after and contain the applicable standard statements from the Perioperative Nursing Standards. The content of the RNFA standards is a combination of the two previous versions of the competency statements as well the Role Specific Performance Evaluation Tool: Registered Nurse First Assistant (RNFA).

These newly created RNFA Standards of Practice could very well represent the end result of the RNFA Competency Statements' history of being a "work in progress", a history that goes back to the competencies' inception in the mid 90's. This is appropriate since the new standards, like the competencies in the past, reflect the essence of the diversified and constantly evolving RNFA role. The RNFA role is an expanded perioperative nursing role and its continued evolution is reflected in how the RNFA functions in the day-to-day workplace.

Even with the constant changes the RNFA must practice within the limitations of the RNFA Standards. The standards delineate the responsibilities of the RNFA as he/she practices within the perioperative setting. As RNFAs progress from novice to expert, some will become more proficient than others at the various activities addressed in the standards. 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 is limited by regulatory boundaries or facility policies. The standards focus on the specific responsibilities of the RNFA while remaining broad enough to allow for flexibility when applied to various practice settings.

The RNFA Standards of Practice contain additional information that is not included in a competency evaluation check off tool. This additional information is a professional responsibility, not a portion of a job description, or able to be measured by a hiring facility (eg, the RNFA shall bill ethically).

The documents and products published for the RN first assistant by AORN include the RN First Assistant Standards of Practice, Role-Specific Performance Evaluation Tool: Registered

Nurse First Assistant (RNFA), Core Curriculum for RN First Assistants, AORN Position Statement for RN First Assistants, AORN Position Statement on the APRN Practicing in the Perioperative Setting, and the Education Standards for the RN First Assistant Education Programs.

### **Standard 1: Assessment**

The RNFA collects patient health data relevant to the operative or invasive procedure throughout the perioperative continuum.

- 1.1. Preoperatively performs a focused nursing assessment in reference to planned procedure.
  - 1.1.1. Preoperatively reviews, analyzes, and interprets information from the medical records (eg, physician's office, clinic, admissions, history and physical examinations).
  - 1.1.2. Verifies consent is consistent with the planned operative procedure(s).
  - 1.1.3. Verifies patient allergies, and sensitivities to medications, latex, chemicals, or adhesives.
  - 1.1.4. Interviews patient to determine special considerations and risk factors that may be present (eg, age, developmental/psychosocial stage, weight, nutritional and hydration status, perfusion status, immunological issues, comorbid conditions, implanted electronic devices, orthopedic implants).
  - 1.1.5. Assesses the impact of chronic or concomitant diseases, prescribed, herbal, and over-the-counter medications, previous surgery or injuries, and preexisting infections that may affect the outcome of the planned surgical intervention.
  - 1.1.5. Identifies learning needs in collaboration with patient, support person, and care provider.
- 1.2. Intraoperatively assesses patient, wound, and sterile field.
  - 1.2.1. Acquires, interprets, and synthesizes patient data (eg, cardiac arrhythmias, oxygen saturation) intraoperatively so as to detect and prevent potential adverse clinical events.
  - 1.2.2. Assesses for proximity of nerves and adjacent critical structures when activating the electrosurgical (ESU) active electrode or other devices and when placing surgical instrumentation.
  - 1.2.3. Assesses and monitors hemostasis and blood loss.
  - 1.2.4. Monitors and protects against contamination of the surgical site and sterile field.
  - 1.2.5. Assists with reexamining the wound and sterile field for questionable retained surgical items.
- 1.3. Monitors and assesses patient's postoperative status to determine progress toward expected outcomes or signs and symptoms of postoperative complications.
  - 1.3.1. Interprets data throughout the patient's postoperative course and takes action as applicable.
  - 1.3.2. Assesses skin condition, tissue perfusion, and healing progress of surgical wound.

### **Standard 2: Diagnosis**

The RNFA analyzes the assessment data to determine nursing diagnosis.

- 2.1. Formulates and modifies nursing diagnoses based on relevant patient data throughout the perioperative continuum as applicable to RNFA interventions.
  - 2.1.1. Formulates nursing diagnoses that are consistent with the assessment data, based on priorities

established from the assessment data, and validated with the patient, designated support person, or other health care providers, when possible.

2.1.2. Documents and communicates identified nursing diagnoses and any changes in the patient's situation to members of the health care team.

### **Standard 3: Outcome Identification**

The RNFA identifies and communicates desired patient outcomes throughout the perioperative continuum.

3.1 Establishes individualized outcomes in collaboration with patient, designated support person or health care providers based on the identified nursing diagnoses as applicable to RNFA interventions.

3.1.1. Utilizes principles of biological, physical, and behavioral sciences, clinical observation, and communication theory to identify the surgical patient's optimal outcome.

3.1.2 Communicates patient's goals to members of the health care team to provide direction for continuity of care.

3.2. Analyzes and modifies postoperative patient outcomes compared to baseline nursing assessment.

3.2.1. Documents outcome statements to specify measurable criteria for determining the relationship between nursing intervention and outcome achievement.

### **Standard 4: Planning**

The RNFA develops and manages an individualized plan of care that directs the intervention(s) of the RNFA.

4.1. Selects, analyzes, and interprets relevant data to develop a plan of care based on the nursing process that meets individual patient needs, is age specific, and reflects professionally recognized standards of care.

4.1.1. Preoperatively reviews physiologic data (eg, history and physical, laboratory results) to establish baseline levels and develop a plan of care.

4.1.2. Considers all assessment information including patient preferences and unique needs when developing an individualized nursing plan of care.

4.1.3. Participates in preoperative team brief.

4.1.4. Communicates the RNFA plan of care to other members of the perioperative team and collaborates to achieve consistency of purpose and action.

4.2. Plans care to minimize wasted supplies and reduce the length of the operative or other invasive procedure.

4.2.1. Shares knowledge of surgeons' preferences of planned surgical procedure, needed supplies, and specialized equipment to minimize waste and improve efficiency in the delivery of care.

4.3. Plans for patient discharge, accessing community resources as necessary.

4.3.1. Identifies home care needs relative to performing and returning to the activities of daily living, and managing self-care.

4.3.2. Documents discharge planning according to health care organization policy.

### **Standard 5: Implementation**

The RNFA implements, manages, and coordinates the perioperative plan of care related to RNFA interventions.

5.1. Coordinates and manages patient care throughout the perioperative continuum consistent with RNFA practice.

- 5.1.1. Delegates tasks and functions according to organizational policy, applicable laws, regulations, and standards, taking into consideration the competency of the assignee.
  - 5.1.2. Provides patient, designated support person(s), or health care provider with accurate and timely information to support informed decision making and assist with identifying alternative options for care.
  - 5.1.3. Makes referrals to other healthcare professionals and community agencies as determined by health care organization policy.
  - 5.1.4. Documents the patient's progress accurately using standardized language, in a retrievable format as determined by facility policy.
- 5.2. Applies nursing knowledge as the basis for effective problem solving and decision making when providing perioperative patient care
- 5.2.1. Reviews and uses history, physical assessment, and preoperative test results to establish a physiologic baseline.
  - 5.2.2. Implements patient safety standards as the patient, equipment, and environment are prepared.
  - 5.2.3. Accepts delegated medical functions as defined within the RNFA scope of practice.
  - 5.2.4. Demonstrates situational monitoring, attention to detail, thoroughness, and concentrated focus during the surgical procedure.
  - 5.2.5. Recognizes anatomical abnormalities that may affect the surgical intervention.
  - 5.2.6. Uses safe methods for exposure of the surgical site, including use of retractors and other instruments, retraction sutures, and packing materials as dictated by procedural need.
  - 5.2.7. Uses effective problem-solving techniques and decision making abilities when encountering unfamiliar situations.
  - 5.2.8. Maintains flexibility and adaptability when emergencies or unanticipated events occur.
  - 5.2.9. Implements conservative surgical techniques when hemoglobin (Hgb), hematocrit (HCT), and blood availability are compromised.
  - 5.2.10. Uses acquired knowledge to anticipate, prevent, and respond to circumstances that could compromise the patient's well being.
- 5.3. Verifies operative procedure, surgical site, and laterality.
- 5.3.1. Follows health care organization policy for preoperatively identifying correct surgical site.
  - 5.3.2. Participates in the Universal Protocol (eg, preoperative verification, time out) for each operative or invasive procedure.
  - 5.3.3. Verifies that prophylactic antibiotic medication (if required) is administered at the correct time to maximize effectiveness.
  - 5.3.4. Delays surgical procedure if any discrepancy among parties, patient history and physical, consents, or scheduled procedure occurs.
- 5.4. Participates in positioning the patient in collaboration with the surgeon, anesthesia professional, and other members of the perioperative team.
- 5.4.1. Uses safe positioning principles during preparation, application and removal of positioning devices.
  - 5.4.2. Assists with transferring the patient safely (eg, locks transport vehicle wheels; secures IV lines, catheters, feeding tubes; protects patient's extremities; uses transfer devices correctly).
- 5.5. Functions as first assistant to the primary surgeon during operative or other invasive procedures and

throughout the perioperative continuum in accordance with scope of practice, credentials, privileges, education, and experience.

5.5.1. Demonstrates physical capacity, visual acuity, dexterity, and fine motor skills necessary to provide first-assisting behaviors to the surgeon.

5.5.2. Uses surgical instruments safely and correctly.

5.5.3. Applies safe tissue handling, dissection, or cutting techniques based on assessment of tissue location, type, and patient's health status.

5.5.4. Performs specialized tissue handling, dissection, or cutting techniques under the direction of the operating surgeon. (eg, trocar placement, preparation of allografts, saphenous vein harvesting).

5.5.5. Considers anatomical and physiological implications when selecting, placing, and moving retractors to provide surgical site exposure and reduce tissue injury.

5.5.6. Chooses suturing material and techniques (eg, knot tying, ligation of vessels, wound closure) based on physician preference, density of tissue, support for suture line, potential tissue necrosis, need to evert skin edges, and cosmetic effect.

5.5.7. Demonstrates proficiency in knot-tying techniques with various suture materials.

5.5.8. Demonstrates proficiency in skin stapling techniques by assessing blood supply of tissues to be stapled, inspection of staple line, and applying skin staples correctly.

5.5.9. Suctions surgical site as necessary to remove smoke, blood, and fluids from the site to improve visualization and decrease biohazard exposure.

5.5.10. Packs wound if applicable.

5.5.11. Initiates actions according to health care organization policy if surgeon becomes incapacitated (eg, protecting the surgical wound, maintaining hemostasis, ensuring sterility of the surgical field) until a replacement surgeon accepts responsibility.

5.6. Minimizes the length of the operative or invasive procedure and maximizes surgeon's efficiency of movement within the surgical wound.

5.6.1. Takes measures to become familiar with surgical procedure, surgeon's approach, and relevant anatomy and physiology.

5.6.2. Anticipates wound exposure needs by positioning retractors, controlling bleeding, suctioning, and using counter-traction techniques.

5.6.3. Demonstrates manual dexterity when handling surgical instruments within the wound.

5.6.4. Recognizes anatomical abnormalities that may affect the surgical intervention.

5.7. Implements and maintains sterile technique to prevent patient exposure to microorganisms and other particulates.

5.7.1. Maintains a sterile field, and isolates the operative site from the surrounding non-sterile environment.

5.7.2. Identifies breaks in sterile technique and communicates to surgeon and preoperative team.

5.7.3. Corrects breaks in sterile technique.

5.8. Protects patient from thermal, electrical, chemical, or mechanical injury throughout the perioperative continuum.

5.8.1. Verifies that instruments function properly (eg, vascular jaws intact and aligned, hemostat clamps close properly).

- 5.8.2. Places heat sources (eg, light cords, telescopes, ESU active electrode) in locations that are not in contact with or near the patient, flammable materials, or oxygen enriched areas.
- 5.8.3 Identifies the correct mode (ie, monopolar or bipolar) and function (ie, cut or coagulation) for electrosurgery.
- 5.8.4. Activates ESU electrode after assessing for proximity of nerves and adjacent critical structures.
- 5.8.5. Recognizes untoward patient responses or sensitivities to chemical agents used.
- 5.8.6. Recognizes need to adapt surgical technique to prevent injury caused by laser sources.
- 5.8.7. Applies casting materials, dressings, and immobilizing devices properly and in accordance with the health care organization policy, scope of practice, privileges, clinical guidelines, education, experience, and manufacturer's instructions for use.
- 5.8.8. Participates in intraoperative fire assessment.
- 5.9. Implements hemostasis techniques.
  - 5.9.1. Assesses and monitors hemostasis and blood loss.
  - 5.9.2. Applies pressure to control hemorrhage as indicated.
  - 5.9.3. Uses instrumentation to control bleeding vessels.
  - 5.9.4. Coagulates bleeding vessels with electrosurgical devices.
  - 5.9.5. Assesses blood flow to determine if chemical hemostasis is indicated.
  - 5.9.6. Applies the chemical hemostat based on the specific situation, patient's sensitivities or allergies, and according to the manufacturer's instructions for use.
- 5.10. Implements measures to prevent injury related to retained surgical items.
  - 5.10.1. Uses only radiopaque surgical items in the surgical wound.
  - 5.10.2. Communicates placement and removal of surgical items in the wound to the perioperative team.
  - 5.10.3. Verbally acknowledges awareness of the start of the closing count process and removes unneeded soft goods and instrumentation from the surgical field.
  - 5.10.4. In collaboration with the surgeon, performs a methodical wound exploration when closing counts are initiated.
  - 5.10.5. Follows institutional policy for count discrepancy (eg, X-ray).
- 5.11. Makes postoperative rounds in conjunction with or at the direction of the surgeon as determined by health care organization policy and guidelines of practice.
  - 5.11.1. Documents operative notes, postoperative care or assessment, and discharge planning, as determined by health care organization policy.
  - 5.11.2. Performs dressing changes postoperatively as indicated, assessing skin condition, tissue perfusion, and healing progress of the surgical wound.
  - 5.11.3. Removes wound closure sutures or staples as indicated.
  - 5.11.4. Modifies postoperative rehabilitation instructions based on individual findings as determined by health care organizational policy.
  - 5.11.5. Plans for patient discharge, accessing community resources as needed.
  - 5.11.6. Documents discharge planning as determined by health care organization policy and guidelines of practice.

5.12. Provides individualized patient, designated support person, or health care provider education regarding identified needs related to RNFA interventions.

5.12.1. Applies principles of learning, actively involving the learner, and providing an environment conducive to teaching/learning.

5.12.2. Uses teaching strategies that are applicable to the situation, the patient's developmental level, cognitive ability, learning needs, readiness, language preference, culture and beliefs.

5.12.3. Prepares the patient, designated support person or health care provider preoperatively for surgical intervention by communicating detailed procedural processes and answering questions about postoperative medical regime.

5.12.4. Promotes holistic wellness and safety by teaching modifications for activities of daily living, providing information to patients to reduce high-risk behaviors, and advocating for healthy lifestyle choices.

5.12.5. Documents patient and care provider preoperative care and teaching.

### **Standard 6: Evaluation**

The RNFA evaluates patient progress towards attaining outcomes.

6.1. Conducts a systematic and ongoing evaluation measuring the effectiveness of RNFA interventions in relation to achieving identified outcomes.

6.1.1. Evaluates and responds to circumstances that could compromise the patient's well being.

6.1.2. Monitors the patient's progress towards achieving outcomes in the time frame identified in the RNFA plan of care.

6.1.3. Participates in postoperative briefing.

6.1.4. Revises the RNFA plan of care based on ongoing assessment and evaluation.

6.1.5. Documents revisions in diagnosis, outcomes, and plan of care accurately using standardized language in a retrievable format as determined by guidelines of practice and facility policy.

6.2. Involves the patient, designated support person, and health care providers in the evaluation process whenever possible.

6.2.1. In collaboration with the patient, evaluates outcomes by comparing patient responses to first assisting interventions, current standards and anticipated outcomes.

6.2.2. Communicates evaluation results to the patient and others according to state and federal laws and regulations.

### **Standard 7: Quality of Practice**

The RNFA systematically evaluates quality of nursing practice.

7.1. Participates in quality monitoring and performance improvement activities to improve patient outcomes related to RNFA practice.

7.1.1. Actively participates in multidisciplinary activities in the workplace (eg, institutional grand rounds, performance indicator and benchmark committees for quality improvement).

7.1.2. Identifies risk management issues.

7.1.3. Monitors and evaluates emerging technologies and new products to determine risk/benefits to

patient and health care organization.

7.2. Participates in professional activities directed toward improving patient care.

7.2.1. Initiates process review mechanisms (eg, occurrence reports).

7.2.2. Evaluates, and develops strategies to improve RNFA practice based on cumulative data collected through quality assurance committees.

7.2.3. Recommends and initiates policy and practice changes based upon evaluation of outcomes.

## **Standard 8: Education**

The RNFA seeks out and participates in learning opportunities.

8.1. The RNFA acquires and maintains specialized knowledge and skill in perioperative nursing practice.

8.1.1. Completes an RNFA orientation according to the health care facility policy and procedure.

8.1.2. Identifies anatomy and physiology relative to RNFA practice.

8.1.3. Maintains competency and documents necessary to support competence as an RNFA (eg, log of assisting hours, documentation of contact hours)

8.1.4. Maintains certification in perioperative nursing (CNOR).

8.2. Builds upon the knowledge base and skill level of an assistant at surgery through experiential learning and ongoing education.

8.2.1. Seeks opportunities and experiences to increase skills and maintain competency necessary to practice as an RNFA (eg, orthopedic and robotics).

8.2.2. Achieves or maintains certification as a CRNFA.

8.2.3. Participates in ongoing educational activities relevant to professional issues and trends in RNFA practice to expand knowledge base and stay abreast of emerging technology.

8.2.4. Pursues formal post basic education to further his/her career (eg, baccalaureate/graduate degrees).

## **Standard 9: Professional Practice Evaluation**

The RNFA evaluates their practice in context with current professional practice standards, rules, and regulations.

9.1. Practices first assisting in accordance with professional standards, state and federal laws and regulations, and accreditation standards.

9.1.1. Bases professional and practice behaviors on the scope of practice for the specific job category as defined by the state, professional practice standards, and facility guidelines to practice.

9.1.2. Maintains current knowledge of ANA standards, AORN standards and recommended practices and position statements.

9.1.3. Participates in legislative and policy-making activities that influence healthcare services and nursing practice.

9.2. Complies with healthcare organization policies related to RNFA practice and provides care consistent with facility policies and procedures.

9.2.1. Completes credentialing process and maintains clinical privileges as defined by the facility in which the RNFA practices.



9.2.2. Actively participates in self, peer, and colleague review processes.

9.2.3. Identifies goals and develops plan for professional development as part of the ongoing evaluation process.

### **Standard 10: Collegiality**

The RNFA interacts with, and contributes to the professional growth of peers, colleagues, and others.

10.1. Serves as educator, mentor, consultant, and resource to colleagues and other health care professionals in relation to RNFA activities.

10.1.1. Shares knowledge and skills with peers and colleagues through a variety of methods including

- role modeling;
- mentoring;
- precepting;
- participating in peer evaluation;
- providing inservice education, programs, seminars, and workshops;
- publishing; and
- participating in professional associations.

10.1.2. Serves as an information resource related to first assisting skills for other members of the surgical team.

10.1.3. Analyzes and disseminates information to colleagues and other health care professionals regarding local, state, and national health issues that affect safety.

10.1.4. Serves as a community resource to educate the public and other health care professionals regarding the role of the RNFA in promoting quality patient care.

### **Standard 11: Collaboration/Consultation**

The RNFA works as a professional colleague with the perioperative team and collaborates with the patient, designated support person, and other health care providers when making decisions to plan care.

11.1. In collaboration with the patient, the RNFA communicates the individual patient needs to members of the healthcare team

11.1.1. Consults with the surgeon to achieve consensus regarding delegated medical functions and prescribed interventions.

11.1.2. Collaborates with the surgeon and other members of the health care team to promote efficient use of time, supplies, equipment, and personnel.

11.1.3. Shares the RNFA plan of care, and modifications of the plan, with other members of the perioperative team to achieve consistency of purpose and action.

11.1.4. Communicates changes in the patient's situation to members of the healthcare team as intervention progresses to determine a need for new treatments or a change in existing treatments.

11.2. Includes the patient and designated support person or care provider in decision making when providing care related to RNFA activities.

11.2.1. Provides the patient and family with accurate and timely information to support their informed decision making regarding the perioperative plan of care.

11.3. Influences multidisciplinary relationships by enhancing collaborative processes, "corporate culture,"

institutional values, and professionalism.

11.3. 1. Collaborates with facility risk manager to identify potential risk-inducing behaviors in the practice arena.

11.3.2. Initiates applicable teaching and/or practice changes to reduce risk.

## **Standard 12: Ethics**

The RNFA practices in an ethical manner using available resources to formulate ethical decisions.

12.1. Practices as an RNFA according to the “ANA Code of Ethics for Nurses with Interpretive Statements”.

12.1.1. Delivers care in a manner that preserves and protects patient dignity, autonomy and privacy.

12.1.2. Maintains patient confidentiality within the legal and regulatory guidelines.

12.1.3. Reports illegal, incompetent, or impaired practices.

12.1.4. Actively participates with surgical team to assess expert resources to resolve ethical issues.

12.1.5. Participates on or with Ethics Committees as designated.

12.1.6. Engages in billing practices that align with federal and state regulations and customary billing practices for RNFA services.

## **Standard 13: Research**

The RNFA incorporates research findings into practice.

13.1. Uses evidence-based practices relevant to perioperative patient care management and RNFA practice.

13.1.1. Evaluates and interprets published research for its relationship to clinical practice.

13.1.2. Conducts or participates in research studies to advance perioperative nursing knowledge and RNFA practice.

13.1.3. Contributes to publication of articles or research studies pertinent to RNFA practice.

## **Standard 14: Resource Utilization**

The RNFA considers factors related to safety, effectiveness, efficiency, the environment, and the cost in planning, delivering, and evaluating patient care.

14.1. Considers health care access, fiscal responsibility, efficacy, and quality when providing RNFA related nursing care.

14.1.1. Assists the patient and designated support person or health care provider with identifying human and material resources that are available to address perioperative patient needs.

14.1.2. Assigns tasks or delegates care based on knowledge and competency of perioperative team member to meet the needs of the patient.

14.1.3. Participates in the collection and evaluation of data regarding the effectiveness of care, cost-benefit relationship of the care being provided, and patient satisfaction.

14.1.4. Advocates for reusing, recycling, and renewing supplies in the perioperative setting without compromising safety or negatively affecting outcomes.

14.1.5. Conserves supplies to minimize waste and decrease costs without compromising safety or negatively affecting outcomes.

14.2. Advocates for technical advances in clinical care to increase efficiency and improve outcomes.

14.2.1. Participates in product review committees.

14.2.2. Participates in a cost/benefit/risk evaluation of new technology and new products.

### **Standard 15: Leadership**

The RNFA provides leadership in the profession and professional practice setting.

15.1. Supervises peers, colleagues, allied health personnel, and support team members as assigned.

15.1.1. Delegates tasks and responsibilities according to regulatory and accrediting agency standards, and facility policies and procedures.

15.1.2. Holds self and team members accountable to the patient and healthcare organization.

15.1.3. Uses team building, negotiation, and conflict resolution skills to promote teamwork and to build partnerships within and across health care systems.

15.1.4. Supports and encourages colleagues' professional development (eg, by identifying situations in which additional education is indicated).

15.2. Participates in ongoing quality improvement activities.

15.2.1. Provides input into organizational operations including

- influencing policy-making to improve patient care;
- advocating for issues that affect perioperative care;
- participating in quality improvement activities;
- participating on committees and task forces;
- adhering to new policies, procedures, or processes when implemented;
- supporting change while considering short- and long-term organizational goals;
- operationalizing the mission, vision, and values of the organization; and
- encouraging peers and colleagues to be actively involved.

15.2.2. Participates in health care organization and nursing committees (eg, safety, quality assurance), nursing associations, and medical/industry focus groups.

15.3. Advocates for advances in perioperative nursing by participating in professional nursing organizations.

15.3.1. Participates in professional nursing organizations at the local, state, and federal levels.

15.3.2. Encourages peers and colleagues to take an active role in their professional organizations.

15.3.3. Shares information received through professional associations with team members.

15.3.4. Participates in presentations to groups of lay and professional audiences.

15.3.5. Advocates for legislative and policy-making activities that improve health care services, nursing practice, and perioperative care.

### **Standard 16: Advocacy**

The RNFA advocates for individuals and groups related to perioperative health safety.

16.1. Advocates for a culture of safety for patients and perioperative team members in the workplace.

16.1.1. Creates and maintains a healthy work environment by endorsing measures that provide for safe patient care and workplace safety.

16.1.2. Advocates for safe perioperative care in the design, implementation, and evaluation of policies, programs, services, and systems.

16.1.6. Advocates for the patient by protecting the patient from incompetent, unethical or illegal practices.

16.2. Advocates for patient rights.

16.2.1. Supports perioperative patients' health care rights by involving individuals in their own care.

16.2.2. Supports the perioperative patient's right to access personal health data and information related to privacy, security, and confidentiality.

## **Publication History**

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## **Acknowledgement**

**Barbara M. Firlit, RN, BS, CNOR, CRNFA**

RN First Assistant

St. Louis, Missouri

**Nikki A. Collier, RN, CNOR, CRNFA**

RN First Assistant

St Joseph Hospital

Eureka, California

**Byron L. Burlingame, MS, RN, BSN, CNOR,**

Perioperative Nursing Specialist

AORN Nursing Department

Denver, Colorado

**Sharon A. Van Wicklin, MSN, RN, CNOR, CRNFA, CPSN, PLNC,**

Perioperative Nursing Specialist

AORN Nursing Department

Denver, Colorado

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