AORN Position Statement on RN First Assistants

POSITION STATEMENT

AORN believes:

The RN first assistant (RNFA) is a perioperative registered nurse who

- has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;
- works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;
- practices intraoperatively at the direction of the surgeon; and
- does not concurrently function as a scrub person or RN circulator.

Scope of Practice

Perioperative nursing is a specialized area of practice. Registered nurses practicing as first assistants in surgery are functioning in an expanded perioperative nursing role.[1] First assisting responsibilities are further refinements of perioperative nursing practice and are executed within the context of the nursing process. These responsibilities include delegated medical functions that can be assumed by the RN who is qualified to practice as an RNFA. Registered nurse first assistant responsibilities may vary depending on patient populations, practice environments, services provided, accessibility of human and fiscal resources, institutional policy, and state nursing regulations.

Historically, perioperative nursing practice has included the role of the registered professional nurse as an assistant during surgery. As early as 1977, documents issued by the American College of Surgeons supported the appropriateness of qualified RNs to first assist,[2] and they recently reaffirmed their 2023 statement on assistants at surgery.[3] AORN officially recognized this role as a component of perioperative nursing in 1983 and adopted its first *Official Statement on RN First Assistants* in 1984.[4] State boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

In addition to all usual care and interventions within the scope of the RN, RNFA responsibilities in the perioperative arena include, but are not limited to,

- 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;

- intraoperative performance of surgical first assistant techniques, such as
  - correctly using instruments and medical devices according to the manufacturer's instructions for use,
  - providing safe and effective surgical site exposure,
  - handling and/or cutting tissue,
  - providing safe and effective hemostasis,
  - suturing,
  - managing wounds; and

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- postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
  - participating in postoperative rounds,
  - assisting with patient discharge planning, and
  - identifying appropriate community resources as needed.

Preparation of the RNFA

The complexity of knowledge and skill required to effectively care for perioperative patients requires that perioperative RNs specialize and continue their education beyond basic nursing programs.
AORN recommends that RNs practicing as RNFAs prior to January 1, 2020, who do not hold a baccalaureate degree should be permitted to continue practicing as RNFAs.

Perioperative nurses who wish to practice as RNFAs should develop a set of cognitive, psychomotor, and affective behavior skills that demonstrate accountability and responsibility for identifying and meeting the needs of their perioperative patients. This set of behaviors

- begins with and builds on the education program leading to licensure as an RN, which teaches basic knowledge, skills, and attitudes essential to the practice of perioperative nursing;
- includes diversified clinical experience in perioperative nursing; and
- includes achievement of certification in perioperative nursing (CNOR).

Further preparation to assume the role of RNFA is then attained by completion of an RNFA program that

- is equivalent to six (6) semester credit hours of formal, post-basic nursing study;
- meets the *AORN Standards for RN First Assistant Education Programs*[5]; and
- requires a baccalaureate degree for entry into the program.

Qualifications for RNFA Practice

The minimum qualifications to practice as an RNFA include

- certification in perioperative nursing (CNOR);
- successful completion of an RNFA program that meets the *AORN Standards for RN First Assistant Education Programs*[5];
- compliance with all applicable statutes, regulations, and institutional policies relevant to RNFAs; and
- a baccalaureate degree, with the exception that the RNFA practicing prior to January 1, 2020, may continue practicing at their existing level of education.

Continued/Ongoing Competency

The RNFA

- demonstrates progression along a continuum from novice to expert,[6]
- maintains CNOR status and/or certified RN first assistant (CRNFA) status, and
- is encouraged to achieve and maintain CRNFA certification when eligibility requirements have been met.

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Clinical Privileging for the RNFA

The facility in which the individual practices should establish a process to grant clinical privileges to the RNFA. This process should include mechanisms for

- verifying individual RNFA qualifications with the primary source,
- evaluating current and continued/ongoing competency in the RNFA role,
- assessing compliance with relevant institutional and departmental policies,
- defining lines of accountability,
- incorporating peer and/or faculty review,
- verifying continuing/ongoing education relevant to RNFA practice, and
- verifying physical and technical ability to perform the role.

RATIONALE

The role of the RNFA provides specialized perioperative patient care in diverse settings under the direction of a surgeon. The complexity of advanced knowledge and technical skill required to effectively care for perioperative patients requires that perioperative RNs specialize and continue their education beyond basic nursing programs.

The decision by an RN to practice as a first assistant is to be made voluntarily and deliberately with an understanding of the professional accountability that the role carries. This accountability includes practicing within scope, advocating for patients, demonstrating advanced knowledge and technical proficiency, exercising appropriate clinical judgment and decision making, and collaborating effectively with the interprofessional team.

References

1. Introduction. In: *Core Curriculum for the RN First Assistant.* 6th ed. Denver, CO: AORN Inc; 2025.
2. American Colleges of Surgeons: statement and qualifications for surgical privileges in approved hospitals. *Bull Am Coll Surg*. 1977;62(4):12-13.
3. *Physicians as Assistants at Surgery: 2023 Update*. American College of Surgeons. Accessed August 28, 2025. https://www.facs.org/media/gp3ny4ps/2023-update-physicians-as-assistants-at-surgery.pdf
4. Task force defines first assisting. *AORN J.* 1984;39(3):403-405.
5. *AORN Standards for RN First Assistant Education Programs*. Denver, CO: AORN, Inc; 2026. Accessed February 21, 2026. https://www.aorn.org/docs/default-source/guidelines-resources/rnfa-education-standards.pdf
6. Benner P. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Upper Saddle River, NJ: Prentice Hall; 1984.

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