

## HEALTH POLICY ISSUES

# Providers of first assisting services

Frederick P.  
Franko

**O**n July 1, 2003, the Accreditation Council for Graduate Medical Education (ACGME) common program requirements for all core and subspecialty programs went into effect. The ACGME is the private professional organization responsible for accrediting medical residency education programs. Of particular interest to many AORN members and to hospitals were new requirements regarding resident duty hours. The requirements specify that

- duty hours must be limited to 80 hours per week, averaged during four weeks;
- residents must be provided with one day in seven free from all educational and clinical responsibilities; and
- adequate time for rest and personal activities must be provided.<sup>1</sup>

As with any other area where residents practice, the OR has had to adjust to duty-hour limits for surgical residents. On their web site, the American College of Surgeons (ACS) provides a residency assist page to help administrators and teachers address challenges that come with administering residency programs. A number of articles on this web site offer advice on the use of the nonphysician workforce to meet patient care delivery requirements.<sup>2</sup> It is anticipated that with the reduction in the duty-hour limits for residents, there will be a corresponding rise in the need for nonphysician providers of first assisting services.

## ASC STATEMENTS ON PRINCIPLES

The ACS and its members have significant influence on the role of the first assistant as practiced in the United States because nonphysician first assistants are acting under the

delegated authority of a licensed physician during the intraoperative phase. There are two areas in the ACS "Statements on principles" relevant to the practice of first assisting. In the principles of patient care section on the training of assistants, the statement says

*Surgeons may participate in the training of allied health personnel to act as technical assistants. Such individuals must perform their duties under the direct supervision of the surgeon, who has the responsibility for all their actions.*<sup>3 (sec 1E)</sup>

In section B, "Qualifications of the first assistant in the OR under principles of qualifications for surgical privileges," it states in part that

*The first assistant to the surgeon during a surgical operation should be a trained individual who is capable of participating in the operation and actively assisting the surgeon as part of a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, thereby helping the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with the surgical operation, specialty area, and type of hospital.*<sup>3 (sec 1B)</sup>

The ACS believes that, ideally, the first assistant should be a surgeon or a

***It is anticipated that reduction in duty-hour limits for residents will lead to a rise in the need for nonphysician providers of first assisting services.***

## **The American College of Surgeons says that RNs with additional specialized training may serve as first assistants.**

resident in a surgical program. The ACS's "Statements on principals," however, acknowledges that this is not always possible and may necessitate the use of a non-physician in the role of first assistant. Surgeon assistants and physician assistants with additional surgical training may act as first assistants if they meet national standards. Registered nurses who have additional specialized training also may serve as first assistants. Finally, the ACS says that "surgical technologists may function as first assistants in the absence of more qualified individuals."<sup>3</sup>

### **AORN'S OFFICIAL STATEMENT ON RN FIRST ASSISTANTS**

Perioperative RNs fill a number of roles to ensure quality patient care in the OR. These include scrub person, circulating nurse, patient educator, OR director, and RN first assistant (RNFA). During Congress in March 2004, the AORN House of Delegates approved a new RNFA position statement (see page 1163 in this issue).

Following is the definition of RNFA in AORN's official statement.

*The RNFA is a perioperative registered nurse who works in collaboration with the surgeon and health care team members to achieve optimal patient outcomes. The RNFA must have acquired the necessary*

*knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice. Intraoperatively, the RNFA practices at the direction of the surgeon and does not concurrently function as a scrub nurse.<sup>4</sup>*

The position statement also outlines the RNFA scope of practice, saying

*All state boards of nursing recognize the role of the RNFA as being within the scope of nursing 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. Activities included in first assisting are further refinements of perioperative nursing practice and are executed within the context of the nursing process. First assisting behaviors are based on an extensive body of scientific knowledge. Certain of these behaviors include delegated medical functions that are unique to the perioperative RN qualified to practice as an RNFA.<sup>4</sup>*

### **WHO MAY BE A FIRST ASSISTANT?**

There are a number of different names or titles given to individuals, other than the scrub person, who are not physicians and who assist surgeons during surgery or an invasive procedure. These include

- assistant at surgery,
- surgical assistant, and
- first assistant.

The number of associations representing first assistants and the number of certifying bodies are surprising.

Some of the licensed professionals practicing in the role of first assistant include RNFAs, certified RNFAs (CRNFAs), advanced practice nurses (APNs), certified physician assistants, and surgical physician assistants. More specific and current information on these roles is available on the web sites of their respective certifying bodies and member associations.

**RNFA.** Registered nurse first assistants and CRNFAs first must meet state licensure requirements to become licensed registered professional nurses. They must complete a state-approved professional nursing education program, pass the National Council of State Boards of Nursing NCLEX-RN examination, and meet any other state-specific requirements. Licensed registered professional nurses also must meet qualifications for entry into practice as outlined in the "AORN statement on RN first assistants." These include

- certification in perioperative nursing (ie, CNOR);
- successful completion of an RNFA program that meets AORN's "Recommended education standards for RN first assistant programs" and that is accepted by the Certification Board Perioperative Nursing (CBPN); and
- compliance with statutes, regulations, and institutional policies relevant to RNFAs.

**CRNFA.** Certified RNFAs are licensed registered professional nurses who have met CBPN's CRNFA eligibility requirements and have passed the CRNFA certification examination. These include that they must

- be an RN,
- have CNOR certification,
- have a bachelor's or master's of science in nursing degree,
- have at least 2,000 documented hours of practice as an RNFA, and
- complete a formal and acceptable RNFA program.

**APNs.** Advanced practice nurse is an umbrella term that includes nursing specialties such as clinical nurse specialist and certified RN anesthetist. Education and training for an APN are beyond that required for RNs.<sup>5</sup>

**Physician assistant-certified (PA-C).** Physician assistants are first trained in education programs under the medical model. They then must pass the physician assistant national certifying examination (PANCE), which is

administered by the National Commission on Certification of Physician Assistants (NCCPA).

**Surgical physician assistant.** To be eligible to take the NCCPA's surgery examination, physician assistants must hold a valid NCCPA certificate or register for the PANCE examination. To gain special recognition as a surgical physician assistant, physician assistants must pass both the PANCE examination and the surgery examination.<sup>6</sup>

#### UNLICENSED PERSONNEL IN THE FIRST ASSISTANT ROLE

There also are a number of types of unlicensed personnel who may serve in the first assistant role. These include the following categories.

**On-the-job-trained assistants.** These individuals have no formal perioperative education or clinical training before practicing in the first assistant role. They literally are trained on the job.

**Certified surgical technologists (CSTs).** To take the CST examination, an individual must be a graduate of a surgical technology program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

**Certified surgical technologist/certified first assistant (CST/CFA).** As of January 1, 2004, the Liaison Council on Certification for the Surgical Technologist will offer four options for individuals to be eligible to take the first assistant certifying examination

for CSTs. An individual taking the examination must

- be a current CST and have proof of experience on at least 350 procedures;
- have graduated from a CAAHEP-accredited or Association of Surgical Technologists-approved surgical assistant program and proof of experience on at least 135 procedures;
- have a two- or four-year degree from a surgical technology, physician assistant, or nursing program and proof of experience on at least 350 procedures
- have a medical degree (ie, MD, DO) and proof of experience on at least 350 procedures.<sup>7</sup>

**Surgical assistant-certified (SA-C).** The American Board of Surgical Assistants (ABSA) requires that licensed and nonlicensed candidates for their certification examination completely meet several criteria. These criteria include

- provide documentation of having first assisted for a minimum of two years;
- provide documentation of having first assisted on at least 200 procedures or 750 hours, each year, for each of the last two years and be listed as the first assistant on the surgical record;
- provide transcripts of successful completion of one year of college-level human anatomy and physiology; and
- provide documentation of successful completion of a formal surgical assisting training program, with a

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curriculum approved by the ABSA.<sup>8</sup>

Physicians seeking to sit for the certification examination for surgical assistants have a different set of requirements. They must provide

- a certified copy of their medical school graduation, a certified copy of their residency or advanced training, and a copy of their curriculum vitae that document a minimum of two years primary or advanced surgical experience or
- provide documentation of having first assisted for a minimum of two years and of having first assisted on at least 200 procedures or 750 hours, each year, for each of the last two years, and be listed as the first assistant on the surgical record.<sup>9</sup>

**Certified surgical assistant (CSA).** The National Surgical Assistant Association serves as both a certifying body, awarding the CSA certification, and a membership association. The association provides at least four options for qualifying for the CSA certification examination. Applicants must

- be a graduate of an NSAA-approved surgical assisting program,
- have three consecutive years experience as a surgical assistant with 750 hours of experience per year,
- be a graduate of a foreign medical school, or
- be a graduate of a US military program that empha-

sizes surgical assisting.<sup>10</sup>

**Assistant in surgery-certified (AS-C).** The AS-C certification is awarded by the National Center for Competency Testing. One of the following criteria is needed to take the certification examination. Applicants should

- have graduated from an approved course in surgical first assisting;
- be an MD or DO with extensive surgical experience;
- have two years of perioperative experience if they are an RN, be certified in the OR, and hold a current license in the state where practicing (the two-year requirement is waived for graduation from an approved course in surgical first assisting with a 125-hour clinical component); or
- have a minimum of two years experience as a first assistant and be able to document 250 procedures where they were listed as the first assistant on the surgical record (the 250 procedure requirement is waived for graduation from an approved course in surgical first assisting with a 125-hour clinical component).<sup>11</sup>

**US Army operating room specialist.** The US Army oversees a surgical technologist program through the Department of Nursing Science in the Army Medical Department. This program provides a foundation to perform roles such as scrub person, circulating technician, and central material service specialist. The program does not prepare OR specialists for the role of first assistant, but they are allowed to serve as second assistants.<sup>12</sup>

**Orthopedic technologists (OTs).** The National Association of Orthopaedic Technologists (NAOT) defines an OT as a "specially trained allied health care individual who assists the orthopaedic surgeon in the practice of medicine."<sup>13</sup> Orthopedic technologists traditionally remove casts and prepare types of traction. The NAOT also says that an OT may perform as a first assistant to an orthopedic surgeon in the surgical suite.

#### **CONCLUSION**

The reduction in the number of residency duty hours may affect the supply of individuals available to perform as first assistants. As the number of surgical or invasive procedures continues to increase, there will be a corresponding demand for first assistants.

AORN members who supervise the OR and are required to check the credentials of those working there must know where to go to

determine whether an individual is properly certified to work as a first assistant. This information also is important for individuals who are involved with verifying credentials and for risk managers who are working to advance safe, patient-centered, health care delivery. ❖

#### FREDERICK P. FRANKO

DIRECTOR OF STATE PUBLIC AFFAIRS  
GOVERNMENT AFFAIRS DEPARTMENT

#### NOTES

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2. "Integration of allied health personnel with surgical residents produces latticework of patient care delivery in an academic medical center," American College of Surgeons, Residency assist page, <http://www.facs.org/education/residencyassistener.html> (accessed 28 April 2004).
3. "Statements on principles," American College of Surgeons, [http://www.facs.org/fellows\\_info/statements/stonprin.html](http://www.facs.org/fellows_info/statements/stonprin.html) (accessed 28 April 2004).
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assistants," *AORN Journal* 79 (June 2004) 1163.

5. "Fact sheet: What is an advanced practice nurse," American Association of Critical-Care Nurses, <http://www.aacn.org/AACN/Advanced.nsf/0/053791565697c19f882567f600651604?OpenDocument> (accessed 28 April 2004).
6. "Exams: Surgery, overview," National Commission on Certification of Physician Assistants, [http://www.nccpa.net/EX\\_surgery.asp](http://www.nccpa.net/EX_surgery.asp) (accessed 28 April 2004).
7. "2004 expands certified first assistant requirements," Liaison Council on Certification for the Surgical Technologist, [http://www.lcc.st.org/whats\\_new.html](http://www.lcc.st.org/whats_new.html) (accessed 27 April 2004).
8. "Licensed and non-licensed allied health professionals," American Board of Surgical Assistants, <http://www.absa.net/licens-1.htm> (accessed 27 April 2004).
9. "Physicians," American Board of Surgical Assistants, <http://www.absa.net/PHYSIC-1.HTM> (accessed 3 May 2004).
10. "Membership qualifications and categories," National Surgical Assistant Association, <http://www.nsaa.net/membership.shtml> (accessed 28 April 2004).
11. "Assistant in surgery-certified, AS-C (NCCT)," National Center for Competency Testing, <http://www.nctinc.com/> (accessed

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12. "US Army (91D) surgical technologist program," Department of Nursing Science, US Army, <http://dns.amedd.army.mil/91d/index.htm> (accessed 3 May 2004).

13. "What is an orthopaedic technologist?" National Association of Orthopaedic Technologists, <http://www.naot.org/whatisanot.html> (accessed 28 April 2004).

#### RESOURCES

Certification Board Perioperative Nursing, <http://www.certboard.org> (accessed 28 April 2004).

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National Center for Competency Testing, <http://www.nctinc.com> (accessed 28 April 2004).

US Army (91D) Surgical Technologist Program, <http://www.dns.amedd.army.mil/91d/index.htm> (accessed 28 April 2004).

## Congratulations to Exhibit Hall Prize Station Winners

Three lucky visitors to the Exhibit Hall at the 51st Congress in San Diego have each won a complimentary one-week registration to the 52nd Congress in New Orleans, April 3 to 7, 2005. Attendees had to swipe their card at all three prize stations located in the Exhibit Hall on Tuesday, Wednesday, or Thursday of Congress week to be eligible for that day's drawing. The winners, chosen in a random drawing of all entrants, are

- Thelma Malecek, RN, CNOR, retired, Wood Dale, Ill;
- Nancy Stalker, RN, CNOR, RN first assistant, Ft Sanders Parkwest Medical Center, Knoxville, Tenn; and
- Deborah Huffman, RN, staff nurse, Surgi-Center of Winchester, Winchester, Va.

Thank you to all members and attendees who took the time to visit the Exhibit Hall.