

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF THE AMENDMENT TO THE DECLARATORY RULING ISSUED JULY 21, 1999, PERTAINING TO THE PERFORMANCE BY A REGISTERED NURSE OF THE DUTIES OF A REGISTERED NURSE FIRST ASSISTANT AND TO THE PERFORMANCE OF DUTIES BY A CERTIFIED NURSE MIDWIFE AS FIRST ASSISTANT.

SECOND AMENDED DECLARATORY RULING

The Petition of L. Louise Drake, M.H.R., R.N., requesting an amendment to the Amended Declaratory Ruling as to the applicability of Oklahoma Nursing Practice Act, 59 O.S. §§567.1 *et. seq.*, specifically §567.3a.3.m., 8. and 9, and OAC §485:10-11-1(b)(8)(D), (E) and (F), [now §485:10-11-1(b)(4)(D), (E) and (F) by amendment at 19 OK Reg. eff July 1, 2002], of the Rules promulgated by this Board to the performance by a Registered Nurse of the duties of the Registered Nurse First Assistant and to the performance by a Certified Nurse Midwife of the duties of a first assistant during obstetrical and/or gynecological procedures, comes on for hearing this 23rd day of May, 2006, all members of the Board being present. Petitioner appears in person, without counsel.

After considering all information relevant to the Petition including testimony of witness, the Board finds:

1. The Petition is properly before this Board pursuant to OAC §485:1-1-5(c) of the Rules of this Board.
2. The role and scope of responsibilities of the Registered Nurse to perform the duties of the Registered Nurse First Assistant shall be in compliance with the *AORN Official Statement on RN First Assistants* as established by the Association of periOperative Registered Nurses ("AORN"), Inc., and shall meet the *AORN Standards for RN First Assistant Education*

Programs, copies of which are attached hereto as Attachments "A" and "B" respectively to this Ruling and made a part hereof.

3. This Ruling should read to incorporate the current *AORN Official Statement on RN First Assistants* and the current *AORN Standards for RN First Assistant Education Programs* as so modified by that association should the official statement and standards be further modified, as applicable and in accordance with the Oklahoma Nursing Practice Act and Rules of the Board.

4. The performance of the duties of a Registered Nurse First Assistant must be under the supervision and in the physical presence of the supervising physician.

5. The Registered Nurse First Assistant's responsibility is an additional function of the Registered Nurse which requires documented didactic and clinical education and training.

6. Certified Nurse Midwives, who have received certificates of recognition by the Oklahoma Board of Nursing, may complete the American College of Nurse-Midwives ("ACNM") process for incorporating first assistant responsibilities for obstetrical and/or gynecological procedures into their scope of practice in lieu of completing an AORN course/program accepted by the Competency and Credentialing Institute, which provides certification in perioperative nursing [CNOR] and certification in registered nurse first assistants [CRNFA], and in lieu of meeting the recommended *AORN Standards for RN First Assistant Education Programs*.

7. The certified nurse midwife who first assists is doing so under the provision of advanced practice certification and not as an RN First Assistant, pursuant to individually expanding practice beyond the Core Competencies for basic midwifery practice, and in compliance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife*

as *First Assistant at Surgery* and the *Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice*, [which are incorporated into the *Standards for the Practice of Midwifery*, specifically Standard VIII], copies of which are attached hereto as Attachments "C" and "D" respectively to this Ruling and made a part hereof to include any and all future modifications, as applicable and in accordance with the Oklahoma Nursing Practice Act and Rules of the Board.

8. OAC §485:10-11-1(b) (4) (B), (D), (E) and (F) of the Rules of this Board was adopted to protect the patient from acts and procedures performed or carried out by a licensed nurse who does not have the proper education, training and preparation necessary to perform or carry out safely such acts or procedures.

9. The performance of the duties of a Registered Nurse First Assistant in accordance with the Association of periOperative Registered Nurses' *AORN Official Statement on RN First Assistants* and *AORN Standards for RN First Assistant Education Programs* is within the definition of the practice of registered nursing as defined in 59 O.S. § 567.3a. 3.m.

10. The performance of duties of a Certified Nurse Midwife as a first assistant in accordance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife as First Assistant at Surgery* and the *Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice*, [which are incorporated into the *Standards for the Practice of Midwifery*, specifically Standard VIII], is within the definition of the practice of a certified nurse midwife as defined in 59 O.S. §567.3a. 8. and 9.

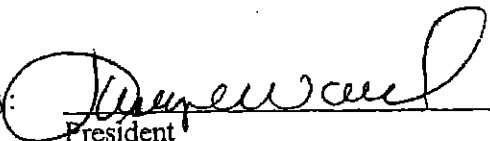
The Oklahoma Board of Nursing therefore concludes and declares that the performance of the duties and responsibilities by a Registered Nurse First Assistant in accordance with the *AORN Official Statement on RN First Assistants*, and the findings of this Board hereinabove set

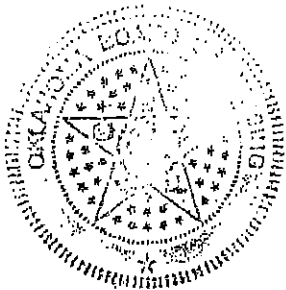
forth, is not in and of itself a violation of 59 O.S. §567.8 and OAC §485:10-11-1(b) (4) (B), (D), (E) or (F).

The Oklahoma Board of Nursing further concludes and declares that the performance of the duties and responsibilities by a Certified Nurse Midwife in accordance with the ACNM Position Statement: *The Certified Nurse-Midwife/Certified Midwife as First Assistant at Surgery*, and the findings of this Board hereinabove set forth, is not in and of itself a violation of 59 O.S. §567.8 and OAC §485:10-11-1(b) (4) (B), (D), (E) or (F).

This Declaratory Ruling issued this 23rd day of May, 2006.

OKLAHOMA BOARD OF NURSING

By: 
President



Updated Attachments*

Attachment A: AORN Position Statement on RN First Assistants [Approved by the AORN Board of Directors, December, 2013]

Attachment B: AORN Standards for RN First Assistant Education Programs [Approved by the AORN Board of Directors, December, 2013]

Attachment C: American College of Nurse-Midwives: The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery [Approved by the American College of Nurse-Midwives' Board of Directors, April, 2012]

Attachment D: Standards for the Practice of Midwifery: Standard VIII [Approved by the American College of Nurse-Midwives' Board of Directors, April, 2012]

*The updated attachments are included pursuant to Paragraph 3 of the *Second Amended Declaratory Ruling* issued by the Oklahoma Board of Nursing on May 23, 2006.

Posted: March 7, 2018

AORN Position Statement on RN First Assistants

POSITION STATEMENT

This AORN position statement delineates the definition, scope of practice, and educational requirements for the perioperative registered nurse (RN) who practices as a registered nurse first assistant (RNFA). The qualifications to be met and components of the clinical privileging process are also described.

Definition of RN First Assistant

The RNFA is a perioperative registered nurse who:

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

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. First assisting behaviors are further refinements of perioperative nursing practice and are executed within the context of the nursing process. These behaviors include certain delegated medical functions that can be assumed by the RN who is qualified to practice as an RNFA. Registered nurse first assistant behaviors may vary depending on patient populations, practice environments, service provided, accessibility of human and fiscal resources, institutional policy, and state nursing regulations.

Registered nurse first assistant behaviors 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 plan of care; and
- intraoperative performance of surgical first assistant techniques such as:
 - using instruments and medical devices,
 - providing surgical site exposure,
 - handling and/or cutting tissue,
 - providing hemostasis,
 - suturing, and



- wound management; and
- postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as:
 - participating in postoperative rounds and
 - 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 recipients of perioperative nursing services necessitates nurses to be specialized and to continue their education beyond generic nursing programs.

Effective January 1, 2020 the education level for entry into an RNFA program and, subsequently, RNFA practice will be the baccalaureate degree. AORN recommends that RNs who were practicing as RNFAs prior to January 1, 2020 and do not have a baccalaureate degree be permitted to continue to practice as RNFAs.

Perioperative nurses who wish to practice as RNFAs should develop a set of cognitive, psychomotor, and affective behaviors 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”¹; and
- requires a baccalaureate degree for entry into the program after January 1, 2020.

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”¹;
- compliance with all 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 to practice at his or her existing level of education.



Continued Competency

The RNFA:

- demonstrates behaviors that progress on a continuum from basic competency to excellence,
- maintains CNOR status, and
- is encouraged to achieve and maintain CRNFA certification when educational and experiential requirements have been met.

Clinical Privileging for the RNFA

The facility(ies) 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 competency in the RNFA role,
- assessing compliance with relevant institutional and departmental policies,
- defining lines of accountability,
- incorporating peer and/or faculty review,
- validating continuing education relevant to RNFA practice, and
- verifying physical ability to perform the role.

RATIONALE

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 The American College of Surgeons continues to support the role as evidenced in a study on assistants at surgery in 2011.³ AORN officially recognized this role as a component of perioperative nursing in 1983 and adopted the first “Official statement on RN first assistants (RNFA)” in 1984.⁴ All state boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

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 entails.

REFERENCES

1. AORN standards for RN first assistant education programs. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2012:749-751.
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: 2011 study. American College of Surgeons. <http://www.facs.org/ahp/pubs/2011physasstsurg.pdf>. Accessed June 22, 2012.
4. Task force defines first assisting. *AORN J*. 1984;39(3):403-405.



Original approved by the House of Delegates, Atlanta, March 1984

Revision approved by the House of Delegates, March 1993

Revision approved by the House of Delegates, April 1998

Revision approved by the House of Delegates, March 2004

Revision approved by the House of Delegates, December 2005

Revision approved by the House of Delegates, March 2010

Revision approved by AORN Board of Directors, August 2012

Editorial revision approved by AORN Board of Directors, December 2013

Sunset review: August 2018



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*¹ and the *AORN Position Statement on the Perioperative Advanced Practice Nurse*;²
- incorporate all of the content in the current edition of the *Core Curriculum for the RN First Assistant*;³ 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.¹
- 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*³ 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.¹
- 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*,³
 - 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)."^{4(p7-8)}

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).⁵

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. Accessed August 13, 2013.
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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.
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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 and subsequent publication in the AORN Journal.

Acknowledgements

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POSITION STATEMENT

The Certified Nurse-Midwife/Certified Midwife as First Assistant during Surgery

The American College of Nurse-Midwives (ACNM) affirms the following:

- Acting as the first assistant during obstetric and gynecologic (OB/GYN) surgery is within the scope of expanded practice of a certified nurse midwife/certified midwife (CNM/CM).
- The ACNM Standards for the Practice of Midwifery,¹ specifically Standard VIII, outline the steps for CNMs and CMs to follow to prepare for the role of first assistant.
- A specific credential external to the midwifery* profession is not necessary for the CNM/CM to function as first assist during OB/GYN surgery, as ACNM Standard VIII provides for a competency-based approach to expanding skills and practice as a midwife.
- A number of different education and training mechanisms are appropriate for midwives who choose to develop the expanded practice skill set necessary to practice in the first assistant role during OB/GYN surgical procedures.

Background

Serving as first assistant at cesarean birth is a frequently performed, expanded, midwifery practice skill. Expanding midwifery practice to include the ability to serve as first assistant during OB/GYN surgery can promote woman-centered care, enhance continuity of care, improve access and timeliness of emergency care, and increase the value of the CNM/CM as a member of the healthcare team. The role of the midwife as first assistant is one of active participation and requires the midwife to function independently in a coordinated and collaborative manner with the surgeon in order to facilitate a safe surgical procedure.

Individuals who seek certification from the American Midwifery Certification Board (AMCB) must graduate from an education program accredited by the Accreditation Commission for Midwifery Education (ACME) (formerly the American College of Nurse-Midwives Division of Accreditation [ACNM DOA]) and must demonstrate clinical skills and scientific knowledge as outlined in the ACNM Core Competencies for Basic Midwifery Practice.² Midwifery education includes knowledge and competencies required for first assistants, including patient assessment, anatomy and physiology, and principles of wound repair. Midwifery education also includes the development of basic surgical skills such as aseptic technique and suturing.

Consistent with the ACNM Standards for the Practice of Midwifery,¹ the organization provides ACNM and AMCB CNMs and CMs a mechanism with which to expand their scopes of practice and gain new technical skills while following the steps outlined in Standard VIII of the Standards for the Practice of Midwifery:

STANDARD VIII

MIDWIFERY PRACTICE MAY BE EXPANDED BEYOND THE ACNM CORE COMPETENCIES TO INCORPORATE NEW PROCEDURES THAT IMPROVE CARE FOR WOMEN AND THEIR FAMILIES. The midwife:

1. Identifies the need for a new procedure taking into consideration consumer demand, standards for safe practice, and availability of other qualified personnel.
2. Ensures that there are no institutional, state, or federal statutes, regulations, or bylaws that would constrain the midwife from incorporation of the procedure into practice.
3. Demonstrates knowledge and competency, including:
 - a) Knowledge of risks, benefits, and client selection criteria.
 - b) Process for acquisition of required skills.
 - c) Identification and management of complications.
 - d) Process to evaluate outcomes and maintain competency.
4. Identifies a mechanism for obtaining medical consultation, collaboration, and referral related to this procedure.
5. Maintains documentation of the process used to achieve the necessary knowledge, skills and ongoing competency of the expanded or new procedures.¹

As with any expanded midwifery practice skill, the choice to act as first assistant is based on the individual midwife's education, employment, and professional interests. The ability to act as surgical first assistant is governed by hospital credentialing processes, medical staff regulations, and, in some states, licensure. Following appropriate education and training and demonstrated competency, midwives can seek privileges to function in the perioperative setting and assist with cesarean birth, tubal ligation, and other OB/GYN surgery.

Educational Preparation

To assure that midwives who serve as first assistants do so safely within the scope of midwifery practice, ACNM requires that midwives who have not been educated and trained as a first assistants prior to or during their midwifery educations

- Follow Standard VIII to gain the knowledge and learn the procedures necessary to demonstrate competency as first assistant at obstetric or gynecologic surgery and
- Document the education, training, and evaluation process.

In utilizing the steps outlined in this standard, CNMs/CMs are responsible for obtaining and documenting their educational process, which may include, but is not limited to formal study, supervised practice, and comprehensive evaluation.

Scope of Practice

The activities midwives perform as first assistants are further refinements of midwifery practice that are executed within the context of an active collaborative relationship with the surgeon in a manner supportive of the woman and her family. The perioperative scope of practice for the midwife first assistant includes pre, intra, and postoperative care. Components of care will vary with the individual's education, clinical experience, clinical practice site, state licensing statute or rule, and surgeon preference.

The preoperative skill set demonstrated by the midwife first assistant may include, but is not limited to

- Determining the need for cesarean and obtaining surgical consultation
- Performing the preoperative history and physical examination
- Writing preoperative orders
- Obtaining informed consent
- Providing support and information

The intraoperative skill set demonstrated by the midwife first assistant may include, but is not limited to:

- Patient positioning, preparation, and draping
- Application of surgical aseptic technique
- Using surgical instruments and devices
- Providing exposure
- Handling and dissection of tissue
- Wound closure and suturing
- Providing hemostasis
- Initiating emergency actions as indicated

The postoperative skill set demonstrated by the midwife first assistant may include, but is not limited to:

- Immediate postoperative orders
- Postoperative rounds
- Identification and triage of postoperative complications
- Postoperative follow-up after discharge

ACNM Standard VIII provides a competency-based approach to expanding skills and practice for midwives. A specific credential external to the midwifery profession for surgical first assistant is indicated only when the midwife chooses to assist with surgery beyond the midwife's scope of practice as defined by ACNM.³

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* Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board (AMCB), formerly the ACNM Certification Council, Inc. (ACC).

Source: Division of Standards & Practice
Approved by ACNM Board of Directors: May 1998
Revised: October 2008
Revised and Approved BOD: April 2012