



Marcel La Haye

A succession plan is needed for operating room nurses

Nothing appeals to people's imaginations quite as much as the mysterious goings-on in an operating room – that place where consciousness fades, where the heart stops beating, where blood is shunted through a pump as bones are sawed and nailed back together and the brain is laid bare. Where the soul waits to flow back into a damaged body filled with new hope.

We've all seen the images in TV hospital shows: a stretcher being wheeled away down a long corridor, loved ones clasping the patient's hands, and the anxious faces waiting outside the swinging doors. The doctors and nurses, caps and masks hiding all but their eyes, exchanging meaningful glances expressing wordless concern. And all the time we hear the beep-beep of the heart monitor and the whooshing of the mechanical ventilator, as gloved hands push aside the organs, cauterize and suture incisions. *Grey's Anatomy* and *House* are two series that take viewers straight into operating rooms these days and leave us all admiring the miracles of modern medicine.

Who are operating room nurses?

There are about 2,500 operating room nurses in Quebec, and 46 nurse first surgical assistants (NFSAs). They are grouped into two dynamic associations: the Corporation of Operating Room Nurses of Quebec (CORNQ) and the Registered Nurse First Surgical Assistant Association (RIPAC). There is considerable concern at the moment about what will become of them, for 41.6% of them are age 50 or older. Will they have time to pass along their unique knowledge and expertise before they retire?

Clearly, a succession plan is needed. It wasn't so long ago that all nurses received an introduction to internal and external operating room services. But as the profession evolved and hospital nursing schools closed, the college-level nursing program kept only a few hours of observation in an operating room. When the program was revised, training in this area disappeared completely from the basic nursing curriculum. The length of the training and its specific nature made it difficult to include it in the DEC-BAC program, as well. This means that in Quebec, each hospital offers its own theory and practical training lasting six to nine months, and covered by no outside certification. To guarantee the skills required to work in an operating room, many countries demand that candidates wishing to practise in this setting have a degree on top of their basic training, or special certification. In France, operating room nurses with state diplomas (IBODE) are very highly regarded.

An operating room, it must be remembered, is a place where the risk factors for patients are high: 51.4% of adverse events in hospitals are related to surgical care, mainly in perioperating room settings, and it is estimated that 37% of these events are avoidable.¹ Nurses working there must master a wide range of knowledge and skills required for the different

kinds of surgery, asepsis control, infection prevention, compliance with environmental standards, the safe use of a huge variety of devices, operating room pharmacology and clinical monitoring during the immediate postoperative phase.

In 2000, Quebec led the way among Canadian provinces by adopting a regulation recognizing the delegation of medical acts to NFSAs, in keeping with North American trends. This role goes beyond internal service, allowing such nurses to perform clinical and technical activities, i.e. using surgical instruments during the operation; exposing the surgical site; handling tissues safely; performing hemostasis; dissecting tissues and helping to close incisions. This regulated role requires at least three years' operating room experience and a baccalaureate including a 30-credit certificate offered only at the Université du Québec à Trois-Rivières. It should be noted that at the time, it was assumed that these nurses' role would evolve into that of specialized nurse practitioners. However, perioperating room functions were not included in the role of nurse practitioners specializing in cardiology.

A study² done by the Order in winter 2006 showed that administrative, budgetary and other constraints related to the requirement for this baccalaureate and insufficient access to training have delayed the deployment of NFSAs. Yet 92% of hospitals estimate that they are needed for certain operations. In addition, 48% of hospital centres feel that nurses in internal service exceed their roles by providing first assistance, in violation of the regulation in effect.

What does the future hold?

Given the widespread nursing shortage, the Federation of Medical Specialists of Québec (FMSQ) has suggested that a new category of operating room personnel be introduced in Quebec: instrumentalists. Heart surgeons and orthopedists continue to call for NFSAs, however. In short, the situation is becoming confused, and all the more worrisome in that there is considerable pressure on operating rooms with the aim of reducing waiting times, shortages of nurses (and doctors) appear to be here to stay, and hundreds of young nurses will have to be trained to work in operating rooms. Not to mention the opening of private clinics, where the current regulation concerning NFSAs does not apply...

The Order wishes to propose, in conjunction with the CORNQ and the RIPAC, a succession plan³ for operating room nurses and an approach to enhancing their role, based on the following principles:

- Focus on attracting and retaining operating room nurses. This will mean setting up mandatory province-wide training for operating room nurses through a 30-credit post-DEC alternating work/study program and recognizing operating room nurses by means of a permit attesting to their competency.
- Reorganize operating room work. This will mean increasing nurses' versatility by enhancing their skills so that all of them are capable of providing surgical assistance in both public and private settings, thanks to a specific permit for perioperative care and first assistance. Nursing assistants will also have to be trained for internal service in large surgeries.
- Ensure operating room safety by identifying which operations require surgical assistance, and providing appropriate professional training for nursing assistants in internal service and nurse first assistants.

I am convinced that by reorienting and enhancing the role of operating room nurses so that they can act as nurse surgical assistants, the versatility gained would help ensure public safety. Moreover, creating a specific permit, with consequently higher pay, could help attract competent newcomers to the field. ●



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1. Baker, G.R. *et al.* "The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada". *Canadian Medical Association Journal*, Vol. 170, No.11, May [2004], p. 1678-1686.
2. Ordre des infirmières et infirmiers du Québec (OIIQ). *Évaluation de la situation de la fonction d'infirmière première assistante en chirurgie. Document de référence*, Montréal, OIIQ, 2007.
3. Brief being prepared at the time this editorial was written.