

# Peri-operative nurse surgeons' assistants in day surgery an emerging role within Australia's health system

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## Abstract

As Australia has only recently adopted the Nurse Practitioner role within its public health system, the training of nurse practitioners in day surgery is limited. With a focus on Peri-operative Nurse Surgeon's Assistant (PNSA) Nurse Practitioners, and from a trainee perspective, this paper seeks to identify the overall benefits of the role, specifically to day surgery.

**Keywords:** Nurse practitioner; Nurse practitioner training; Registered nurse first assistant; Peri-operative nurse surgeon's assistant

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Required training and recognition, the future of training PNSA Nurse Practitioners in Australia and some brief historical facts about Nurse Practitioners and PNSAs within Australia are all discussed. There is no doubt that the day surgery environment is an ideal area for both nurse practitioner training and employment

## Nurse Practitioners in Australia – History & Statistics

The work towards the recognition and training of nurse practitioners in Australia began in 1990. However, it wasn't until November 1998 that the Nursing Act was amended to incorporate nurse practitioners. In Dec 1999, the first trial of nurse practitioners started in the Australian Capital Territory in the areas of wound care, sexual health, mental health and the military. A year later in Dec 2000, the first nurse practitioners were authorized, and the Australian Association for Nurse Practitioners was formed in 2003. Currently in Australia, state registration exists for nursing. Each state has gradually begun to authorize or endorse nurse practitioners with the latest, the Northern Territory, only legislating in September 2008. There are now approximately 370 nurse practitioners endorsed or authorized around Australia, encompassing many different nursing specialties. Each state now boasts a Chapter of the Australian College of Nurse Practitioners. This college was newly registered in 2009 and was the product of many years of hard work by the Association of Nurse Practitioners [1].

## Peri-operative Nurse Surgeon's Assistant (PNSA) – Brief History

Jane Rothrock (1997) is the main author of the peri-operative nurse's bible, "The Alexanders (Care of the Patient in Surgery)". She is also one of the pioneers of the Registered Nurse First Assistant (RNFA) or equivalent Australian PNSA role in the USA. In Rothrock's text for RNFA's [2], she states: "Quality surgical care encompasses more than the safe performance of a surgical intervention with the achievement of its physiological intent. Patient preparation for the surgical intervention itself and for the ability to participate in rehabilitation and self-care at home, are important responsibilities of the Registered Nurse First Assistant". This is a succinct definition of the importance of the PNSA role in providing holistic care to the surgical patient.

Attention should be paid to a few important words within this statement by Rothrock. They are 'quality surgical care'. This is a very topical choice of words, which asks one to analyse the surgical

practice as a whole. The gold standard for patient care is the holistic care paradigm. The questions one needs to ask are: Do I provide truly holistic care to my patients? If so, at what cost?

In day surgery, the patient is not always under the care of a doctor or nurse 24 hours a day, 7 days per week, and this often increases the need for patients to be in phone contact with someone for advice. This can be one of the many hefty social burdens placed on the surgeon. Could this burden could be shared with a clinical assistant who knew the patient as well as the surgeon, who understands the surgeon's preferences, and with many years of experience and training under the surgeon's guidance, and one who could see the patient if required and vet all of those worried patients who just simply require a little bit of reassurance? Is this person the nurse surgical assistant?

This is just one of the many benefits of working with a PNSA, especially a PNSA nurse practitioner.

This paper endeavours to identify a different way to holistically treat surgical patients, and a way which hopefully will reduce the cost, if not physically, at least mentally and socially. Through personal experience as a PNSA nurse practitioner trainee, this has proven most beneficial in the day surgery environment.

## PNSA – Role Defined

To provide true holistic care, the PNSA requires knowledge. This is attained through peri-operative nursing experience and 5 years is the mandatory pre-requisite for acceptance to the PNSA postgraduate course in Australia.

The assessment and transference of clinical information and knowledge is expertly and professionally performed by the PNSA through the pre-operative assessment. This pre-operative assessment is thorough, and conducted with 8 essential items. These are:

### 1. The Patient History

Quite often the patients appear to give a different history content to the PNSA during the pre-operative consultation than the one that they gave during the surgical consultation. Being more social, but no less

important, this consultation is an opportunity to learn more about the patient's home situation. This is especially important in same day discharge, where the vast majority of the post-operative care will be in the home. This can then shed light onto factors that eliminate the patient's suitability for day surgery or more often highlight risks that need to be addressed prior to admission.

## **2. The physical examination**

Patient suitability for a booked procedure, especially within a day surgery facility, comes down many a time to the surgeon's physical examination technique and psychosocial status assessment. By using a PNSA to perform this also, combined with the history, a more accurate discharge plan can be formulated and for those with long elective booking times, patients that may have appeared suitable at consultation time may have the ability to be re-evaluated prior to surgery.

## **3. Assessment of psychosocial status**

### **4. Assessment of the potential complications**

Using all of the identified forms of assessment, the PNSA can formulate an assessment of potential complications – procedure specific. Patients can be risk rated for the known post-operative complications based on their pre-operative assessments. Any patients that fall into the high risk categories can be noted for re-assessment or post-operative planning and all other risks can be identified to the hospital staff and monitored by either the surgeon or PNSA throughout the patient's peri-operative experience (Carroll, 2007 [3]).

## **5. The Nursing Diagnosis**

The main aim of the nursing diagnosis is to bring together all of the prioritised information and risk assessments for evaluation by the surgeon, management by the hospital and nursing staff, and recommendations for further investigation or intervention.

## **6. Collaboration and Communication with Surgeon**

It is important therefore that a good relationship exists between the surgeon and their PNSA. As with any team environment, good communication is paramount to a successful team outcome.

## **7. Problems & Problem Solving Strategy**

In an interesting Canadian study from 2008, it was identified that patients with communication issues were 3 times more likely to experience a preventable adverse event in an acute care setting (Bartlett et al, 2008 [4]). This re-iterates the importance of thorough pre-operative assessment, risk management and the initiation of risk prevention strategies prior to admission.

## **8. Education**

It is imperative that as part of the pre-operative assessment, the PNSA takes the opportunity to answer any patient questions, and prepares the patient for the operative experience through education. This is procedure specific and should include information about the pre-operative, intra-operative and post-operative treatment.

There are many benefits to conducting this education and Fox (1998) [5] identified the following:

- a. Relieving anxiety
- b. Increasing self esteem by increasing self – efficacy
- c. Speedy recovery
- d. Reducing hospitalization costs
- e. Decreasing the amount of perceived immediate and residual pain.

The PNSA, having a thorough understanding of the surgical procedure and the surgeon's preferences with that procedure, and having worked closely with the surgeon in the operating theatre, will

be in a unique position, with greater time and at less cost, to educate the patients on best practice for an optimal surgical outcome. This is a tried and tested scenario and a major part of the PNSA role.

## **Intra-operative Role**

Each PNSA performs the normal duties of a surgical assistant, within their scope of nursing practice and as required by the surgeon with whom they are working. It is also important to note here that the added Nurse Practitioner qualification can allow the PNSA to perform more duties under a wider scope of practice.

The patient's response to the PNSA's presence in theatre has been noted to be very positive. They say they feel more comfortable knowing that there is someone that they feel they know in the theatre 'looking after them'. This may seem like just a bit of PR, but for the nervous patient this reassurance and emotional support is invaluable.

## **Post-operative Role and On Call Duties**

With all surgical procedures, effective post-operative wound management is essential. 'Successful nursing care of surgical wounds is dependent on the nurse's knowledge and understanding of normal wound healing physiology, the type of surgery performed, the method of closure and the optimal treatment of the resultant wound. Using this knowledge, nurses can provide a systematic and holistic patient assessment, and consider any potential wound-related complications.' (Vuolo, 2006, [6]). A PNSA, who has undertaken advanced training in these areas and knows the specific surgeon's preferences can instigate and manage a wound management protocol for those patients within the high risk categories.

This also leads to the 'on call' protocol. Trying to attain a work life balance in this technologically savvy world, where one is always expected to be available 24/7, is extremely difficult and sometimes, depending on the specialty concerned, impossible. Having the ability to have a buffer, be that even part time, is of huge benefit.

Being trained in the surgeon's preferences and working under their guidance, the PNSA can provide an interface 'on call' service to the patients. This provides benefit to the patient (to relieve anxiety) and to the surgeon, to relieve the burden of the 'always working, always on call' scenario that we are now facing. Through experience it has been found that the patients have not only felt more secure and have been more compliant in their post-operative care with the 'on call' service available, but it has also served as good PR, relief of patient anxiety, and perceived as added value to the procedure that they are paying for.

## **The benefits of a PNSA to the Surgical Practice**

Today's surgical patient is more knowledgeable than the surgical patient of twenty years ago. Due in part to globalisation and the ability to obtain information with greater ease over the internet, the modern surgeon needs to provide a superior service for less money and under greater scrutiny than ever before.

So how can a better service be provided? The answer is optimal holistic care. The patient has a decreased risk of sub-optimal surgical outcome when this care is performed.

This is simply the benefit of the PNSA to the surgical practice today. Being superiorly trained through their peri-operative experience, and by understanding the surgeon's individual preferences and practices they can provide an effective interface. They can, through sensitive and careful communication, provide a supportive, empathic, yet professional, face for the surgical practice (Norvedt, 1996 [7]) thereby reducing the litigious intent of the patient and the demands on the surgeon's precious and costly time.

This combination of PR and knowledge is expertly and professionally performed by the PNSA.

## The benefits of a PNSA to the Day Hospital

Before we identify the benefits I would like to mention a few of the challenges faced by day hospitals at the present time.

These have been identified by the Queensland Health jurisdiction as, 'pressure from a growing and ageing population, increasing chronic disease in the community, rapid development of health technologies, potential workforce shortages and increasing costs, which are not necessarily matched by increases in the health funding base.' For private facilities and day hospitals especially, the most prominent of these is finance and staff.

To assist with these issues, especially those of finance and staff, the PNSA can help to increase efficiency and decrease costs. This is achieved very simply. They are another set of hands, someone to help the surgeon with their notes, someone to advise the scrub scouts of the surgeon's preferences, someone to go out with the patient and give a nursing handover, and the list goes on and on. It is important to remember that the PNSA Nurse Practitioner was once an experienced peri-operative nurse. This person can, with the consent of the surgeon, assist with teaching of inexperienced staff and most importantly can be an interface and source of knowledge for the nursing staff.

Most importantly, the PNSA Nurse Practitioner does not need to be paid out of the nursing budget and most PNSA's in Australia work in collaboration with a single surgeon, and are remunerated by them.

Recently in Australia, the Federal Government has announced that Nurse Practitioners will be allowed access to the Medicare Benefits Scheme (MBS) and the Public Benefits Scheme (PBS) systems, therefore hopefully being remunerated for their work by Government subsidy. Unfortunately, it has not yet been clarified as to how this will happen. However, it is gratifying to see that the Australian Government has finally recognized the benefits that a Nurse Practitioner can provide to the provision of health care services and has opened the door to the possibility of access to the MBS surgical assisting item numbers by PNSA Nurse Practitioners.

## The benefits of a PNSA to the patient

Some of the benefits of the PNSA to the patient have already been identified. It is pertinent to look at what Queensland Health feel are the challenges facing health care consumers today.

'Health care consumers also face challenges, such as managing and understanding the growing body of information about health, disease and treatment options; managing complex self-care and self-medication regimes; interfacing with multiple care teams across treatment for chronic and co-morbid disease, and issues of timely and coordinated access to health service.'

'New directions in health service emphasize multidisciplinary, collaborative team approaches to care, in acknowledgement of the fact that no single health care provider or service model can adequately meet the complex requirements of the 21st century health care consumer. The nurse practitioner is a model of workforce reform that adds a new type of clinical service to the multidisciplinary team.' [8].

This clearly outlines the need for the PNSA role.

## PNSA Training in Day Surgery – Why it is superior to Inpatient Hospital Training

The answer to this is simple. In an environment where the patients total perioperative care is conducted within a day, the PNSA can easily be involved in the whole experience. This makes training more streamlined and less limited to separation of all of the aspects of the perioperative experience. This is even more emphasized in freestanding day surgery facilities as the team is often smaller and the physical surrounds more conducive to holistic perioperative training.

## PNSA Nurse Practitioner Training – The Future.

Currently in Australia there is a dilemma. The training of nurse practitioners and PNSA's has been separated and this is one of the reasons that the role has not been widely embraced. PNSA's can be more adequately qualified by combining the training of the PNSA and the nurse practitioner to attain recognition.

Unfortunately, despite many PNSA's working within Australia, there is no national body for this nursing specialty. A voice for this specialty is urgently required.

The key to the success of this nursing specialty and nurse practitioner sub specialty is in the access to the Medicare Benefits Scheme which, due to the Government's recent announcements, may now become available to Nurse Practitioners. So that this role may more widely be embraced and respected by the surgical community, all the currently qualified PNSA's, many no longer working as assistants, may need to complete the Masters of Nurse Practitioner Studies.

The last important aspect of the future is that of recognition of PNSA status. It should be suggested that this training be re-thought as much of it is on the job training and very specific to the surgical specialty in which the PNSA is working. Should a medical model of postgraduate training be considered?

Overall, this paper has outlined the advantages of an emerging nurse practitioner role within Australia, that of the PNSA Nurse Practitioner. That role is of one provision of continuous holistic nursing care to the surgical patient whilst providing assistance to the surgeon, nursing staff and hospitals in which they work. The training and employment of these PNSA Nurse Practitioners in an ambulatory surgery setting is considered a high priority in the delivery of quality health care to the Australian community.

## References

1. [www.acnp.org.au](http://www.acnp.org.au)
2. Rothrock, J. *The RN first assistant: an expanded perioperative nursing role*. Philadelphia: Lippincott, 1999.
3. Carroll, V. The adult patient assessment tool and care plan. *Australian Nursing Journal* 2007;14 (7):29-31.
4. Bartlett, G. et al. Impact of patient communication problems on the risk of preventable adverse events in acute care settings. *Canadian Medical Association Journal* 2008;178(12):1555-1563.
5. Fox, V. Postoperative education that works. *AORN Jnl* 1998;67(5):1010-1017.
6. Vuolo, J.C. Assessment and management of surgical wounds in clinical Practice. *Nursing Standard* 2006;26(52):46-57.
7. Nortvedt, P. *Sensitive judgement: nursing, moral philosophy and an ethics of care*. Oslo:Tano Aschehoug, 1996.
8. [www.health.qld.gov.au](http://www.health.qld.gov.au)