

The RN as a neurosurgical assistant

A new concept in total patient care

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“Not enough time” is an often repeated phrase heard in all hospitals. The concept of a clinical assistant has evolved to help alleviate some of these “time” problems.

The primary responsibility of the clinical assistant is to promote and maintain excellence in the technical, physical, and emotional care of the neurosurgical patient. By assisting the physician in the clinic, hospital, operating room, and research laboratory, clinical assistants work toward a goal of total patient care.

The Department of Neurological Surgery has expanded greatly in recent years. Members of the neurosurgical staff believe that merely to increase the number of Fellows serves only to decrease the amount of learning opportunity for each Fellow. An alternative solution has been to add the clinical assistants to the neurosurgical team.

These newest members of the Department of Neurological Surgery are registered nurses. Previous experience includes service in neurosurgical nursing and in intensive care nursing. Perhaps the most important contribution to the team is providing continuity of care. The nurse assimilates four physical areas into one, hoping to attain a continuum of high quality patient care.

Clinic. When a patient comes for his initial appointment, the clinical assistant interviews him for medical history. If he is to be admitted to the hospital for diagnostic studies or surgery, preoperative counseling is begun. A pamphlet prepared by the Department of Neurological Surgery is used as a guide.

After hospital discharge, the patient returns to the Clinic for follow-up. At this time the clinical assistant discusses with the patient his progress since hospital discharge.

Hospital. In the hospital, responsibilities are broad and varied. Morning rounds are made with the neurosurgical teams to hear the discussion of the cases, the patients' problems, and plans for their care. Later in the day, individual rounds are made to each patient to give further attention to any specific problems and to serve as liaison between him, his family, physician and floor personnel. When on the nursing division, procedures including changes of dressings, removal of sutures, and writing of orders may be performed. At the end of each day, a conference for the review of roentgenograms is organized and attended by the clinical assistants.

The patient's family is considered an extremely important factor in the care and rehabilitation of the neurosurgical patient. Much time is spent talking with the family and coordinating the services the patient may need during convalescence.

Surgery. In the operating room the position of the clinical assistant is that of a surgical assistant. One of the nurses has the additional responsibility of assisting with stereotactic procedures, including percutaneous cordotomy. This includes setting up and

operating certain equipment, e.g., the radiofrequency lesion generator. This learning experience is extremely helpful in evaluating the patient's postoperative results.

Research. There is a definite role in research for the clinical assistant. Each neurosurgical staff member has his own particular interest in research. The clinical assistant aids him by participating in actual procedures, as well as in collecting data. Being a participant in these studies gives the clinical assistant a continuing depth of experience and knowledge. The role in the research laboratory also includes the care of the laboratory and operating equipment and time scheduling.

Microneurosurgery has opened a new horizon in neurosurgery. In the laboratory a study has been undertaken on arterial anastomosis—on improving techniques in microvascular anastomosis by using the operating microscope. In addition, a special study on monitoring intracranial pressure, within the year, should result in a step forward in the preoperative and postoperative monitoring of patients with intracranial trauma, aneurysms, or brain tumors.

Outside the laboratory, a cooperative study is underway of the nonnarcotic control of pain by use of a cutaneous electrical stimulator, the EPC stimulator. Clinical research also includes an ongoing study on the postoperative infection rate within the neurosurgical service.

Summary

The Staff and Fellows in the Department of Neurological Surgery have expressed appreciation of the neurosurgical clinical assistants and accept them

as an integral part of the team. They agree that quality performance of the clinical assistants gives the Fellows, in particular, more opportunity for learning. By the same token, the learning experience of the clinical assistant is also enhanced.

The clinical assistant adds to the quality of the patient's care, as directed by the physician, and also im-

proves communication between nursing personnel and physician by providing the latter with an understanding liaison. Individual instruction given to patients by the clinical assistant on problems and specifics of neurosurgical illness has proved to be a valuable part of patient rehabilitation—one heretofore lost in the phrase, "not enough time."