HEALTH CARE STAFFING

## Operating Room Skills Checklist

Name: $\qquad$ Date: $\qquad$

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a check $(\sqrt{ })$ in the appropriate box.

1 = No experience; Theory/observed only
3 = Acceptable competency; > 5 times per year
2 = Limited competency; < 5 times per year; Needs supervision
4 = Competent; Performs on a daily or weekly basis; Proficient

|  | Scrub |  |  |  | Circulate |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Skill Level | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

General Surgery

| Adrenalectomy | $\square$ |  | $\square$ |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |







| Herniations (Hiatal, Diaphragm) |  |  |  |  |  |  |  |  |
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| Herniorrhaphy (Femoral/Inguinal) |  |  |  |  |  |  |  |  |
| Laparascopy |  |  |  |  |  |  |  |  |
| Laparotomy |  |  |  |  |  |  |  |  |
| Mastectomy |  |  |  |  |  |  |  |  |
| Nephrectomy |  |  |  |  |  |  |  |  |
| Nissen Fundoplication |  |  |  |  |  |  |  |  |
| Pancreatectomy |  |  |  |  |  |  |  |  |
| Portal/Caval Shunt |  |  |  |  |  |  |  |  |
| Skin Grafts |  |  |  |  |  |  |  |  |
| Splenectomy |  |  |  |  |  |  |  |  |
| Transabdominal |  |  |  |  |  |  |  |  |
| Vagotomy/Pyloraplasty |  |  |  |  |  |  |  |  |
| Whipple Procedure |  |  |  |  |  |  |  |  |

Neurology

| Aneurysm |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Burr Holes |  |  |  |  |  |  |  |  |  |  |
| Cervical Fusion |  |  |  |  |  |  |  |  |  |  |
| Cervical Laminectomy |  |  |  |  |  |  |  |  |  |  |
| Carnioplasty |  |  |  |  |  |  |  |  |  |  |


|  | Scrub |  |  |  | Circulate |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Skill Level | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Neurology cont... |  |  |  |  |  |  |  |  |
| Craniotomy |  |  |  |  |  |  |  |  |
| Crutchfield Tong Insertion |  |  |  |  |  |  |  |  |
| Hypophysectomy |  |  |  |  |  |  |  |  |
| Lumbar Laminectomy |  |  |  |  |  |  |  |  |
| Meningocele Repair |  |  |  |  |  |  |  |  |
| Shunt Insertions |  |  |  |  |  |  |  |  |
| Trauma |  |  |  |  |  |  |  |  |
| Tumor |  |  |  |  |  |  |  |  |
| Ear, Nose, Throat |  |  |  |  |  |  |  |  |
| Acoustic Neuroma |  |  |  |  |  |  |  |  |
| Cleft Lip/Palate Repair |  |  |  |  |  |  |  |  |
| Endoscopic Sinus Surgery |  |  |  |  |  |  |  |  |
| Ethmoidectomy |  |  |  |  |  |  |  |  |
| Laryngectomy |  |  |  |  |  |  |  |  |
| Mandibular Fractures |  |  |  |  |  |  |  |  |
| Mastoidectomy |  |  |  |  |  |  |  |  |
| Maxillary Fractures |  |  |  |  |  |  |  |  |
| Myringotomy/PE Tubes |  |  |  |  |  |  |  |  |
| Neck Dissection |  |  |  |  |  |  |  |  |
| Orbital/Zygomatic Fractures |  |  |  |  |  |  |  |  |
| Parathyroidectomy |  |  |  |  |  |  |  |  |
| Reduction Nasal Fracture |  |  |  |  |  |  |  |  |
| Stapedectomy |  |  |  |  |  |  |  |  |
| T \& A |  |  |  |  |  |  |  |  |
| Thyroidectomy |  |  |  |  |  |  |  |  |
| Tracheostomy |  |  |  |  |  |  |  |  |
| Tympanoplasty |  |  |  |  |  |  |  |  |
| Cardiovascular |  |  |  |  |  |  |  |  |
| Angioplasty |  |  |  |  |  |  |  |  |
| Aortic Aneurysm |  |  |  |  |  |  |  |  |
| Aortic Balloon Insertion |  |  |  |  |  |  |  |  |
| Aortic Valve Replacement |  |  |  |  |  |  |  |  |
| Carotid Endarterectomy |  |  |  |  |  |  |  |  |



## Ortho cont...



| Aquamatic K Thermia Unit |  |  |  |  |  |  |  |  |  |  |  |  |
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| Argon Beam Coagulator |  |  |  |  |  |  |  |  |  |  |  |  |
| Arthroscopy Cameras |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood Warmer |  |  |  |  |  |  |  |  |  |  |  |  |
| Bovie Electrosurgical Unit |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardiac Monitor-Defibrillator |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell Saver |  |  |  |  |  |  |  |  |  |  |  |  |
| Centrifuge |  |  |  |  |  |  |  |  |  |  |  |  |
| Cidex Sterilization |  |  |  |  |  |  |  |  |  |  |  |  |
| Cry-Ophthalmic Unit |  |  |  |  |  |  |  |  |  |  |  |  |
| Dermatome |  |  |  |  |  |  |  |  |  |  |  |  |
| Drills |  |  |  |  |  |  |  |  |  |  |  |  |
| Dual Tract Lights |  |  |  |  |  |  |  |  |  |  |  |  |
| Ethylene Oxide Sterilizer |  |  |  |  |  |  |  |  |  |  |  |  |
| Fiber Optic Lumiator |  |  |  |  |  |  |  |  |  |  |  |  |
| Flash Autoclave |  |  |  |  |  |  |  |  |  |  |  |  |
| Fluid Pumps |  |  |  |  |  |  |  |  |  |  |  |  |
| Kiddie Pneumatic Tourniquet |  |  |  |  |  |  |  |  |  |  |  |  |
| Lasers |  |  |  |  |  |  |  |  |  |  |  |  |
| Nerve Stimulator |  |  |  |  |  |  |  |  |  |  |  |  |
| Operating Microscope |  |  |  |  |  |  |  |  |  |  |  |  |



Please list any areas of expertise below:


