

OPERATING ROOM SKILLS CHECKLIST

Your Completion of this checklist will help us match your skills to the assignment of your choice. Please place a "√" in the column that best describes your experience level with each skill.

KEY

1. Perform Well (Minimum of 1 year experience, no assistance required)
2. Some Experience (6 months-1 year, some assistance required)
3. No Experience
4. Not Applicable

	SCRUB				CIRCULATE			
	1	2	3	4	1	2	3	4
GENERAL SURGERY								
Abdominal Perineal Resection	___	___	___	___	___	___	___	___
Adrenalectomy	___	___	___	___	___	___	___	___
Bowel Resection	___	___	___	___	___	___	___	___
Cholecystectomy	___	___	___	___	___	___	___	___
Colostomy/Ileostomy	___	___	___	___	___	___	___	___
Gastrectomy	___	___	___	___	___	___	___	___
Hemicolectomy	___	___	___	___	___	___	___	___
Hepatic Resection	___	___	___	___	___	___	___	___
Herniorrhaphy-Femoral/Inguinal	___	___	___	___	___	___	___	___
Hiatal Herniorrhaphy- Transabdominal	___	___	___	___	___	___	___	___
Pancreatectomy	___	___	___	___	___	___	___	___
Organ Procurement	___	___	___	___	___	___	___	___
Radical Mastectomy	___	___	___	___	___	___	___	___
Saphenous Vein Ligation & Stripping	___	___	___	___	___	___	___	___
Splenectomy	___	___	___	___	___	___	___	___
Thyroidectomy	___	___	___	___	___	___	___	___
Tracheostomy	___	___	___	___	___	___	___	___
Whipple Procedure	___	___	___	___	___	___	___	___
LAPAROSCOPIC PROCEDURES								
Cholecystectomy	___	___	___	___	___	___	___	___
Appendectomy	___	___	___	___	___	___	___	___
Hernia Repair	___	___	___	___	___	___	___	___
Colon Resection	___	___	___	___	___	___	___	___
GYNECOLOGY								
Caesarean Section	___	___	___	___	___	___	___	___
Dilation & Curettage	___	___	___	___	___	___	___	___
Hysterectomy – Vaginal	___	___	___	___	___	___	___	___
Hysterectomy – Abdominal	___	___	___	___	___	___	___	___
Laser Surgery	___	___	___	___	___	___	___	___
Radium Insertion	___	___	___	___	___	___	___	___
Salpingo-Oophorectomy	___	___	___	___	___	___	___	___
Shirodkar Procedure	___	___	___	___	___	___	___	___
Termination of Pregnancy	___	___	___	___	___	___	___	___

SCRUB

CIRCULATE

1 2 3 4

1 2 3 4

GYNECOLOGY (cont.)

Tubal Ligation _____
 Vaginectomy _____
 Vaginal Reconstruction _____

GYNECOLOGY (cont.)

Tubal Ligation _____
 Vaginectomy _____
 Vaginal Reconstruction _____

G.U. AND CYSTO

Circumcision _____
 Cystoscopy/Cystostomy _____
 Cystectomy _____
 Hypospadias Repair _____
 Kidney Transplant _____
 Ileal Loop _____
 Lithotripsy _____
 Nephrectomy _____
 Orchiectomy _____
 Penile Implant _____
 Prostatectomy _____
 Ureterolithotomy _____
 T.U.R.P./T.U.R.B. _____
 Vasectomy _____

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 Vasectomy _____

ORTHOPEDIC

Amputation-Leg/Arm _____
 Application of Halo Traction _____
 Arthroscopy/Arthrotomy _____
 Closed Pinning & Reduction of
 Extremities _____
 External Compression Devices _____
 Insertion of Finger Prosthesis _____
 Total Joint Replacement-Knee,
 Hip, Shoulder _____
 Spinal Fusion-Harrington Rods _____
 Spica Cast Application _____
 O.R.I.F.-Shoulder,
 Hip, Humerus, etc. _____
 Repair of Dislocation _____
 Patellectomy _____
 Tendon Implants & Reanastomosis _____

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NEUROSURGERY

Anterior Cervical Fusion _____
 Burrholes for Subdural Hematoma _____
 Craniotomy _____
 Laminectomy _____
 Meningocele Repair _____
 Shunt Procedures-VP/VA _____

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PLASTICS

Abdominoplasty/Abdominal Lipectomy _____
 Augmentation Mammoplasty _____
 Cleft Lip/Palate Repair _____
 Dermabrasion _____
 Digital Flexor Tendon Repair _____
 Liposuction _____
 Myelomenigocele Repair _____

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PLASTICS (cont.)

Otoplasty _____
 Rhinoplasty _____
 Reduction of Facial Fracture _____
 Scar Revision _____
 Skin Meshing _____
 Split Thickness Skin Grafting _____

PLASTICS (cont.)

Otoplasty _____
 Rhinoplasty _____
 Reduction of Facial Fracture _____
 Scar Revision _____
 Skin Meshing _____
 Split Thickness Skin Grafting _____

EYE

Excision of Chalazion _____
 Canthotomy _____
 Correction of Ectropian/Entropian _____
 Corneal Transplant _____
 Enucleation _____
 I.O.LI. Implants _____
 Lacrimal Duct Probing _____
 Refractive Keratoplasty _____
 Repair of Retinal Detachment _____
 Vitrectomy _____

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E.N.T.

Caldwell-Luc _____
 Ethmoidectomy _____
 Frontal Flap Sinus Procedure _____
 Larynegectomy _____
 Open Reduction Facial Fractures _____
 Radical Neck _____
 Tonsillectomy & Adenoidectomy _____
 Myringotomy _____
 Mastoidectomy _____
 Tympanoplasty _____
 Stapedectomy _____
 Nasal Polypectomy _____
 Laryngoscopy _____

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 Tympanoplasty _____
 Stapedectomy _____
 Nasal Polypectomy _____
 Laryngoscopy _____

THORACIC

Chest Tube Set-Up-Type _____
 Hiatal Hernia _____
 Pneumonectomy/Lobectomy _____
 Sternal Splitting _____
 Thoracotomy _____
 Bronchoscopy _____
 Lung/Wedge Resection _____

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ENDOSCOPY

Bronchoscopy _____
 Cystoscopy _____
 Gastoscopy _____
 Colonoscopy _____

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 Cystoscopy _____
 Gastrosopy _____
 Colonoscopy _____

CARDIOVASCULAR

A-V Shunts _____
 Aortic Aneurysm, Abdominal _____
 Aorto-Femoral Bypass, _____
 Graft Insertion _____
 Cardiac Valve Replacement _____
 Coronary Artery Bypass Graft _____
 Endarterectomy-Carotid/Femoral _____

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CIRCULATE

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CARIOVASCULAR (cont.)

Femoral-Popliteal Bypass	_____	_____	_____	_____
External Temporary Pacemaker	_____	_____	_____	_____
Internal Pacemaker Insertion	_____	_____	_____	_____
Intra-Aortic Balloon Pump Catheter	_____	_____	_____	_____
Patent Ductus Repair	_____	_____	_____	_____
Pericardial Windows	_____	_____	_____	_____
Porta-Systemic Shunt	_____	_____	_____	_____
Repair of Septal Defects	_____	_____	_____	_____
Thrombectomy	_____	_____	_____	_____
Transplant Surgery	_____	_____	_____	_____
Vena Cava Ligation	_____	_____	_____	_____

CARDIOVASCULAR (cont.)

Femoral-Popliteal Bypass	_____	_____	_____	_____
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Porta-Systemic Shunt	_____	_____	_____	_____
Repair of Septal Defects	_____	_____	_____	_____
Thrombectomy	_____	_____	_____	_____
Transplant Surgery	_____	_____	_____	_____
Vena Cava Ligation	_____	_____	_____	_____

RECOVERY ROOM/PACU

Please identify the equipment with which you can work independently.

Ventilators:

Bear I.....	YES	NO
Bear II.....	YES	NO
Bear V.....	YES	NO
Bennett 7200.....	YES	NO
CPAP.....	YES	NO
Emerson.....	YES	NO
Engstrom/Erica.....	YES	NO
EMV.....	YES	NO
MA-I.....	YES	NO
MA-II.....	YES	NO
Monihan.....	YES	NO
Ohio 560.....	YES	NO
PEEP.....	YES	NO
Pressure Pre-Set.....	YES	NO
Servo 900b.....	YES	NO
Servo 900c.....	YES	NO
Servo 900c.....	YES	NO
Siemens.....	YES	NO

Cardiac Monitors:

Hewlett-Packard.....	YES	NO
Spacelab.....	YES	NO
Siemens.....	YES	NO
Marquette.....	YES	NO
Mennen.....	YES	NO
Lifecare.....	YES	NO
Nihon-Koder.....	YES	NO

Stapling Devices:

TA 30 or Roticulator 30.....	YES	NO
TA 30-V3 or Roticulator 30-V3.....	YES	NO
TA 55 or Roticulator 55.....	YES	NO
TA 90.....	YES	NO
GIA-Type.....	YES	NO

Stapling Devices (cont.):

CEAA-Type.....	YES	NO
EEA 21.....	YES	NO
Purstring-Type.....	YES	NO
Powered LDS.....	YES	NO
Surgiclip-Type.....	YES	NO
DFS.....	YES	NO
Skin Stapler.....	YES	NO
Poly Surgiclip.....	YES	NO

Drills:

Dermatome-Type.....	YES	NO
Hall Micro-ototome.....	YES	NO
Codman Drill.....	YES	NO
Hall Sternal Saw.....	YES	NO
Maxi Driver.....	YES	NO
Mini Driver.....	YES	NO
Wire Driver.....	YES	NO
Synthes Drill.....	YES	NO
Anspach Drill.....	YES	NO
Zimmer Surgairtome.....	YES	NO
Stryker Drill.....	YES	NO
Stryker/Zimmer Oscillating Saw.....	YES	NO
Stryker/Zimmer Reciprocating Saw.....	YES	NO
Dyonics Intra-Articular Shaver/Meniscutome... ..	YES	NO
Dyonics Advanced Arthroplasty System.....	YES	NO
Stryker Micro-electric Arthroplasty System.....	YES	NO
Midas Rex.....	YES	NO
Codman Drill/Perforator.....	YES	NO
Gigli Saw.....	YES	NO
3M Craniotome.....	YES	NO
3M Air Drill.....	YES	NO
Ronjair.....	YES	NO

The information on this and all proceeding pages is true and correct.

Signature _____

Date _____