

Operating Room Skills Checklist

Name _____

Last
Middle
First

The following checklist is used to assess your experience and skills and help your Nurse Advisor place you in the proper assignment. Please provide a self-assessment of your skills using the following guidelines:

- 1 - No experience
- 2 - Require training
- 3 - Have performed this task and able to perform without supervision
- 4 - Most experienced and able to perform independently
- 5 - Able to teach and supervise

I understand that the information provided in this application is true to the best of my knowledge. I authorize the release of the information in this document and facilitates where i may be employed.

Signature _____ Date _____

| Cardiovascular | Scrub | | | | | Circulate | | | | |
|---------------------------------------|--------------|---|---|---|---|------------------|---|---|---|---|
| Aortic Aneurysm | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Aorto-Femoral Bypass, Graft Insertion | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| A-V Shunts | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cardiac Valve Replacement | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Coronary Artery Bypass Graft | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Endarterectomy – Carotid/Femoral | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| External Temporary Pacemaker | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Internal Pacemaker Insertion | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Intra-Aortic Balloon Pump Catheter | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Patent Ductus Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Pericardial Windows | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Porta-Systemic Shunt | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Repair of Septal Defects | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Thrombectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Transplant Surgery | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Vena Cava Ligation | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| Endoscopy | Scrub | | | | | Circulate | | | | |
|------------------|--------------|---|---|---|---|------------------|---|---|---|---|
| Bronchoscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Colonoscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cystoscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Gastroscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| E.N.T. | Scrub | | | | | Circulate | | | | |
|------------------------------|--------------|---|---|---|---|------------------|---|---|---|---|
| Caldwell-Luc | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Ethmoidectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Frontal Flap Sinus Procedure | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Larynegectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Laryngoscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

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|---------------------------------|---|---|---|---|---|--|---|---|---|---|---|
| Mastoidectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Myringostomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Nasal Polypectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Open Reduction Facial Features | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Radical Neck | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Stapedectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Tonsillectomy and Adenoidectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Tympanoplasty | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |

| Eye | Scrub | | | | | Circulate | | | | | |
|-----------------------------------|-------|---|---|---|---|-----------|---|---|---|---|---|
| Canthotomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Corneal Transplant | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Correction of Ectropion/Entropion | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Enucleation | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Excision of Chalazion | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Integrated Orbital Implants | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Lacrimal Duct Probing | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Refractive Keratoplasty | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Repair of Retinal Detachment | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Vitrectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |

| General Surgery | Scrub | | | | | Circulate | | | | | |
|---------------------------------------|-------|---|---|---|---|-----------|---|---|---|---|---|
| Abdominal Perineal Resection | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Adrenalectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Bowel Resection | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Cholecystectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Colostomy/Ileostomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Gastrectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Hemicolectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Hepatic Resection | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Herniorrhaphy - Femoral/Inguinal | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Hiatal Herniorrhaphy | | | | | | | | | | | |
| Transabdominal | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Pancreatectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Organ Procurement | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Radical Mastectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Saphenous Vein Ligation and Stripping | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Splenectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Thyroidectomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Tracheostomy | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
| Whipple Procedure | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |

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| G.U. and Cysto | Scrub | | | | | Circulate | | | | |
|-----------------------|-------|---|---|---|---|-----------|---|---|---|---|
| Circumcision | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cystectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cystoscopy/Cystostomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hypospadias Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Ileal Loop | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Kidney Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Lithotripsy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Nephrectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Orchiectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Penile Implant | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Prostatectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| T.U.R.P./T.U.R.B. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Ureterolithotomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Vasectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| Gynecology | Scrub | | | | | Circulate | | | | |
|--------------------------|-------|---|---|---|---|-----------|---|---|---|---|
| Caesarean Section | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Dilation and Curettage | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hysterectomy – Abdominal | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hysterectomy – Vaginal | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Laser Surgery | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Radium Insertion | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Salpingo – Oophorectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Shirodkar Procedure | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Termination of Pregnancy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Tubal Ligation | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Vaginal Reconstruction | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Vaginectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| Laparoscopic | Scrub | | | | | Circulate | | | | |
|-----------------|-------|---|---|---|---|-----------|---|---|---|---|
| Appendectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cholecystectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Colon Resection | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hernia Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

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| Neurosurgery | Scrub | | | | | Circulate | | | | |
|----------------------------------|-------|---|---|---|---|-----------|---|---|---|---|
| Anterior Cervical Fusion | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Burr holes for Subdural Hematoma | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Craniotomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Laminectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Meningocele Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Shunt Procedures – VP/VA | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| Orthopedic | Scrub | | | | | Circulate | | | | |
|---|-------|---|---|---|---|-----------|---|---|---|---|
| Amputation – Leg/Arm | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Application of Halo Traction | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Arthroscopy/Arthrotomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Closed Pinning and Reduction of Extremities | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| External Compression Devices | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Insertion of Finger Prosthesis | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| O.R.I.F. – Shoulder, Hip, Humerus, etc. | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Patellectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Repair of Dislocation | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Spica Cast Application | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Spinal Fusion – Harrington Rods | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Tendon Implants and Reanastomosis | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Total Joint Replacement – Knee, Hip, Shoulder | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

| Plastics | Scrub | | | | | Circulate | | | | |
|------------------------------------|-------|---|---|---|---|-----------|---|---|---|---|
| Abdominoplasty/Abdominal Lipectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Augmentation Mammoplasty | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cleft Lip/Palate Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Dermabrasion | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Digital Flexor Tendon Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Liposuction | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Myelomeningocele Repair | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Otoplasty | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Rhinoplasty | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Reduction of Facial Fracture | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Scar Revision | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Skin Meshing | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Split Thickness Skin Grafting | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

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| Thoracic | Scrub | | | | | Circulate | | | | |
|-------------------------|-------|---|---|---|---|-----------|---|---|---|---|
| Bronchoscopy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Chest Tube Set-Up Type | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hiatal Hernia | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Lung/Wedge Resection | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Pneumonectomy/Lobectomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Sternal Splitting | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Thoracotomy | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |