



Operating Room Technician Skills Checklist

Name: _____

Please indicate the years of your experience for each of the following:

Circulate _____ Years Scrub _____ Years First Assist _____ Years
 OR Tech _____ Years

Indicate your level of experience rating with one of the following:

- A – No Experience.
- B – Minimal Experience - need review and supervision, have performed at least once.
- C – Competent - able to perform independently.
- D – Expert - able to act as resource to others.

A. EAR, NOSE & THROAT

- | | |
|---|---|
| 1. Adenoidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Caldwell – Luc | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Cleft lip/palate repair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Closed reduction nasal fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Ethmoidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Excision of salivary gland tumor | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Fenestration procedure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Frontal flap sinus procedure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Glossectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Laryngectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Mandibulectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Mastoidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Maxillary advancement with hip graft | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 14. Maxillectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 15. Myringoplasty | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 16. Myringotomy/with PE tube insertion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 17. Nasal polypectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 18. Open reduction facial fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 19. Open reduction nasal fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 20. Parotidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 21. Pharyngeal flap procedure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 22. Radical neck dissection | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 23. Ranulectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 24. Rhinoplasty/septoplasty | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 25. Selective osteotomy of maxilla/mandible | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 26. Sinus endoscopy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 27. Sinusotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 28. Stapedectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

- 29. Submucous resection A B C D
- 30. Tonsillectomy A B C D
- 31. Tracheostomy A B C D
- 32. Tympanoplasty A B C D

B. ENDOSCOPIC PROCEDURES

- 1. Bronchoscopy A B C D
- 2. Colonoscopy A B C D
- 3. Culdoscopy A B C D
- 4. Cystoscopy A B C D
- 5. Esophagoscopy A B C D
- 6. Gastrosocopy A B C D
- 7. Hysteroscopy A B C D
- 8. Laparoscopic procedures
 - a. Appendectomy A B C D
 - b. Cholecystectomy/cholangiogram A B C D
 - c. Colon resection A B C D
 - d. Hernia repair A B C D
 - e. Nissen fundoplication A B C D
 - f. Salpingo-oophorectomy A B C D
 - g. Tubal ligation A B C D
 - h. Vaginal hysterectomy A B C D
- 9. Laryngoscopy & microlaryngoscopy A B C D
- 10. Mediastinoscopy A B C D
- 11. Pelviscopy A B C D
- 12. Sigmoidoscopy A B C D
- 13. Thoracoscopy A B C D

C. GENERAL SURGERY

- 1. Abdominal perineal resection A B C D
- 2. Adrenalectomy A B C D
- 3. Anal fissurectomy A B C D
- 4. Appendectomy A B C D
- 5. Breast biopsy A B C D
- 6. Colectomy A B C D
- 7. Colostomy/ileostomy A B C D
- 8. Gastrectomy A B C D
- 9. Gastroplasty A B C D
- 10. Hemorrhoidectomy A B C D
- 11. Hepatic resection A B C D
- 12. Herniorrhaphy – femoral, inguinal, umbilical A B C D
- 13. Hiatal herniorrhaphy, transabdominal/transthoracic A B C D
- 14. Hickman/Groshong/Portacath insertion A B C D
- 15. Hydrocelectomy A B C D
- 16. Imperforate anus reconstruction A B C D
- 17. Lumbar sympathectomy A B C D
- 18. Omphalocele repair A B C D

- | | |
|---|---|
| 19. Pancreatectomy/pancreatogram | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 20. Pilonidal cystectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 21. Portal caval shunt | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 22. Pyloric stenosis | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 23. Radical mastectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 24. Saphenous vein ligation and stripping | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 25. Sentinel node biopsy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 26. Splenectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 27. Tenckhoff catheter placement | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 28. Thyroglossal duct cyst excision | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 29. Thyroidectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 30. Tracheostomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 31. Vagotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

D. GYNECOLOGY

- | | |
|-------------------------------------|---|
| 1. Cesarean section | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Colpotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Dilatation and curettage (D & C) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Hysterectomy, abdominal | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Hysterectomy, vaginal | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Marshall – Marchetti | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Marsupialization, Bartholin cyst | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Ovarian cystectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Radium insertion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Sacral spinus fixation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Shirodkar procedure | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Suction curettage | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Vaginal reconstruction | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 14. Vaginectomy/vulvectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

E. NEUROLOGY

- | | |
|--|---|
| 1. A-V Malformation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Anterior cervical fusion | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Anterior laparoscopic spine procedures | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Anterior lumbar interbody fusion (ALIF) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Burr holes for subdural hematoma | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Carotid ligation | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Cervical sympathectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Craniectomy for decompression fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Cranioplasty/craniotomy | |
| a. Clipping of aneurysm | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| b. Tumor excision | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| c. Using stealth equipment (stealth craniotomy) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Discectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Hypophysectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Insertion nerve stimulators/medication pumps | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 13. Laminectomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

- 14. Myelomeningocele repair A B C D
- 15. Pedicle screw insertion A B C D
- 16. Posterior lumbar interbody fusion (PLIF) A B C D
- 17. Shunt procedure/VP, VA/LP A B C D
- 18. Spine fusion – list systems you have used A B C D
- 19. Ulnar nerve transfer A B C D
- 20. Ventriculography procedure/ventriculoscopy A B C D
- 21. Ventriculostomy A B C D

F. OPHTHALMOLOGY

- 1. Cataract extraction with IQL A B C D
- 2. Corneal transplant A B C D
- 3. Dacryocystectomy A B C D
- 4. Dacryocystorhinostomy A B C D
- 5. Iridectomy A B C D
- 6. Lid and muscle procedures A B C D
- 7. Orbital implant A B C D
- 8. Phaco emulsification A B C D
- 9. Pterygium repair A B C D
- 10. Recession resection A B C D
- 11. Repair orbital blowout fracture A B C D
- 12. Scleral buckle A B C D
- 13. Vitrectomy A B C D

G. ORAL

- 1. Closed reduction facial fractures/wiring A B C D
- 2. Excision odontoma A B C D
- 3. Extraction of deciduous teeth A B C D
- 4. Extraction of impacted molars A B C D
- 5. Fractured jaws, mandibular and zygomatic A B C D
- 6. LeFort osteotomies A B C D
- 7. Maxillary procedure with graft A B C D
- 8. Pediatric dentistry A B C D
- 9. Sagittal osteotomy A B C D
- 10. Temporomandibular joint (TMJ) with arthroplasty A B C D
- 11. TMJ exploration A B C D

H. ORTHOPEDICS

- 1. Acetabular/pelvic ORIF A B C D
- 2. Achilles tendon repair A B C D
- 3. Amputation – leg, arm A B C D
- 4. Anterior cruciate ligament repair A B C D
- 5. Application of external fixators
 - a. Extremities A B C D
 - b. Pelvis A B C D
- 6. Application of halo traction A B C D
- 7. Arthroscopy A B C D

- a. Ankle A B C D
- b. Elbow A B C D
- c. Knee A B C D
- d. Shoulder A B C D
- 8. Arthrotomy A B C D
- 9. Bipolar/unipolar hips A B C D
- 10. Bunionectomy A B C D
- 11. Calcaneal reconstruction A B C D
- 12. Capsulorrhaphy A B C D
- 13. Carpal tunnel release A B C D
- 14. Closed reduction fracture A B C D
- 15. Hand surgery with implants A B C D
- 16. Harrington rod instrumentation and/or Dwyer procedure A B C D
- 17. Heel cord lengthening A B C D
- 18. Hip compression nails & lag screws
 - a. Jewett A B C D
 - b. Kuntscher rod A B C D
 - c. Lottes A B C D
 - d. Rush A B C D
 - e. Schneider A B C D
 - f. Zimmer A B C D
 - g. Others – list (Hip) A B C D
- 19. Iliac crest bone graft A B C D
- 20. Insertion Austin Moor hip prosthesis A B C D
- 21. Intramedullary rods
 - a. Extraction A B C D
 - b. Femoral A B C D
 - c. Humeral A B C D
 - d. Insertion A B C D
 - e. Supracondylar A B C D
 - f. Tibial A B C D
- 22. Laminectomy A B C D
- 23. Olecranon bursa, excision of A B C D
- 24. Open reduction of fracture, internal fixation with compression set A B C D
- 25. Patellectomy A B C D
- 26. Putti Platt/Bankart procedure/rotator cuff repair A B C D
- 27. Reduction with compression sets A B C D
- 28. Reimplantation of digits A B C D
- 29. Repair hammer toes A B C D
- 30. Sacro-iliac (SI) joint screws A B C D
- 31. Sharrard procedure A B C D
- 32. Spica cast, application of A B C D
- 33. Spinal fusion A B C D
- 34. Tendon transplants (hand and foot) A B C D
- 35. Total joint replacements/revisions
 - a. Total hip A B C D

- b. Total knee
- c. Total shoulder

A B C D
A B C D

I. PLASTICS

- 1. Abdominal lipectomy
- 2. Blepharoplasty
- 3. Face lift
- 4. Mammoplasty
- 5. Augmentation
- 6. Reduction
- 7. Tramflaps with reconstructive mamoplasty
- 8. Mentoplasty
- 9. Otoplasty
- 10. Pedicle grafts
- 11. Scar revisions
- 12. Split thickness skin grafting
- 13. Tissue expanders

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D

J. THORACIC & OPEN HEART

- 1. Cervical rib excision
- 2. Chamberlain procedure
- 3. Closed thoracotomy
- 4. Correction pectus excavatum
- 5. Esophagectomy
- 6. Heller procedure
- 7. Mitral commissurotomy
- 8. Open Heart procedures
 - a. Mitral or aortic valve replacement
 - b. Patent ductus arteriosus
 - c. Septal defect repairs
 - d. Tetralogy of Fallot
- 9. Pacemaker implantation-endocardial
- 10. Pacemaker implantation-myocardial
- 11. Pericardiectomy
- 12. Resection coarctation aorta
- 13. Rib resection
- 14. Thoracoplasty
- 15. Tracheal resection
- 16. Transthoracic diaphragmatic herniorrhaphy

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D

K. TRANSPLANT

- 1. Bone
- 2. Bone marrow
- 3. Corneal
- 4. Harvesting
- 5. Heart
- 6. Kidney
- 7. Liver

A B C D
A B C D
A B C D
A B C D
A B C D
A B C D
A B C D

- 8. Lung A B C D
- 9. Multi-organ A B C D
- 10. Pancreas A B C D
- 11. Skin A B C D

L. TRAUMA

- 1. Burns A B C D
- 2. Gunshot/stab wounds
 - a. Abdomen A B C D
 - b. Chest A B C D
 - c. Head A B C D
- 3. Motor vehicle accidents (multiple injuries) A B C D
- 4. Traumatic amputations A B C D

M. UROLOGY

- 1. Adult circumcision A B C D
- 2. Cystectomy A B C D
- 3. Cystoscopy/ureteroscopy A B C D
- 4. Hypospadias repair A B C D
- 5. Implants; penile, testicular A B C D
- 6. Lithotripsy A B C D
- 7. Nephrectomy A B C D
- 8. Nephrolithotomy A B C D
- 9. Orchiopexy A B C D
- 10. Prostatectomy
 - a. Perineal A B C D
 - b. Supra-pubic A B C D
- 11. Pyeloplasty A B C D
- 12. Radical node dissection A B C D
- 13. Scott incontinence device A B C D
- 14. TURP A B C D
- 15. Ureterolithotomy A B C D
- 16. Vasectomy A B C D
- 17. Vasovasostomy A B C D
- 18. Waterhouse procedure A B C D

N. VASCULAR

- 1. A-V access graft A B C D
- 2. Aortic aneurysm with graft replacement A B C D
- 3. Endarterectomy/carotid – femoral A B C D
- 4. Peripheral vascular bypass procedures A B C D
- 5. Resection carotid aneurysm with graft A B C D
- 6. Thrombectomy/embolectomy A B C D
- 7. Vena cava filter/umbrella A B C D
- 8. Vena cava ligation A B C D

O. ANESTHESIA

- 1. Assist with intubation A B C D
- 2. Conscious sedation – administration and monitoring A B C D
- 3. Management of malignant hyperthermia crisis A B C D

P. EQUIPMENT

- 1. Argon beam coagulator A B C D
- 2. Bair Hugger A B C D
- 3. Blood/fluid warmer A B C D
- 4. Camera/video systems
 - a. Camera controller A B C D
 - b. Light source A B C D
 - c. Printers A B C D
 - d. VCRs A B C D
- 5. Cardiac monitor and pacemaker A B C D
- 6. Cell saver A B C D
- 7. Cidex soak A B C D
- 8. Cry-ophthalmic unit A B C D
- 9. Defibrillator/pacer A B C D
- 10. Dermatome
 - a. Brown A B C D
 - b. Padgett A B C D
 - c. Zimmer A B C D
- 11. Disposable grounding pads A B C D
- 12. Drills
 - a. 3-M Maxi driver A B C D
 - b. Codman craniotome A B C D
 - c. Hall air driver A B C D
 - d. Hall dental A B C D
 - e. Hall neurotome A B C D
 - f. Midax Rex/Anspach A B C D
 - g. Minidriver A B C D
 - h. Stryker drills
 - (1) Large battery Stryker A B C D
 - (2) Small battery Stryker A B C D
 - i. Surgairtome A B C D
 - j. Synthes A-O Drill A B C D
- 13. Electrosurgical unit A B C D
- 14. Emerson thoracic pump A B C D
- 15. Ethylene oxide sterilizer – AMSCO A B C D
- 16. Eye magnet A B C D
- 17. Fiber optic laminator – list types A B C D
- 18. Flash autoclave – AMSCO A B C D
- 19. Fracture tables
 - a. Chick table/Marquet table A B C D
 - b. Jackson table A B C D
 - c. Rush table/Skytron table A B C D
- 20. Hypo/hyperthermia unit A B C D
- 21. Intestinal stapling devices A B C D

- a. EEA A B C D
- b. GIA A B C D
- c. LDS A B C D
- d. TA A B C D
- 22. Kreiselman resuscitator A B C D
- 23. Laser
 - a. CO₂ A B C D
 - b. Eye A B C D
 - c. Yag A B C D
 - d. Other A B C D
- 24. Mesh graft A B C D
- 25. Microscopes, list type A B C D
- 26. Nerve stimulator A B C D
- 27. Nitrous oxide bank A B C D
- 28. Ohio suction units A B C D
- 29. Orthopedic arm board with drain A B C D
- 30. Pleurevac disposable chest drainage A B C D
- 31. Pneumatic tourniquet A B C D
- 32. Sterad machine A B C D
- 33. Steri-vac aeration cabinet, 3-M, portable A B C D
- 34. Steris unit A B C D
- 35. Suction unit, disposable A B C D
- 36. Tele-thermometer A B C D
- 37. Ultrasonic cleaner – AMSCO A B C D
- 38. Vac-pac positioner A B C D
- 39. Vacuum curettage A B C D
- 40. Washer sanitizer – AMSCO A B C D
- 41. Washer sterilizer – AMSCO A B C D

Q. PHLEBOTOMY/IV THERAPY

- Equipment & procedures
- a. Administration of blood/blood products
 - (1) Packed red blood cell A B C D
 - (2) Whole blood A B C D
 - b. Assist with IA/IV therapy
 - (1) Insertion of A-lines A B C D
 - (2) Insertion of CVP – jugular/subclavian A B C D
 - (3) Insertion of Swan-Ganz A B C D
 - c. Drawing blood from central line A B C D
 - d. Drawing venous blood A B C D
 - e. Starting IVs
 - (1) Angiocath A B C D

R. ASEPTIC TECHNIQUE

- 1. Surgical Scrub A B C D
- 2. Gowning Self A B C D
- 3. Gowning Surgical Team A B C D

- | | |
|----------------------------|---|
| 4. Gloving – Open | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Gloving – Closed | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Gloving – Surgical Team | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

S. SKIN PREP

- | | |
|----------------------|---|
| 1. Removing Adhesive | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Betadine Wash | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Hibeclens Wash | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Sponge Stick Prep | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Spray Bottle Prep | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

T. OPERATING TABLE

- | | |
|------------------------|---|
| 1. Amsco | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Diving Board | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Urogen | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Urology Table | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Radiop | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Fracture | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Eye Chair | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Transport Stretcher | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Arm Boards | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Laminectomy Rests | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Head Rests | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

U. INSTRUMENT MAINTENANCE

- | | |
|----------------------|---|
| 1. Cleaning | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Hinged Inst. | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Inst. Milk | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Sterilization | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Steam (Vacuum) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Steam (Pressure) | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. ETOH | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 8. Wash Cycle | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 9. Fresh Cycle | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 10. Indicator Strips | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 11. Disinfecting | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 12. Cidex | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

V. POSITIONING

- | | |
|------------------|---|
| 1. Supine | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 2. Prone | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 3. Lithotomy | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 4. Jackknife | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 5. Semi Fowlers | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 6. Lateral | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |
| 7. Trendelenburg | A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> |

8. Thyroid A B C D

W. ELECTROSURGERY

1. Unipolar Unit A B C D

2. Bipolar Units A B C D

3. Grounding Pad Placement A B C D

X. OTHER EQUIPMENT

1. Defibrillator A B C D

2. Cell Saver A B C D

3. EKG Machine A B C D

4. O2 Saturation Monitor A B C D

5. Wall Suction - Portable A B C D

6. Radiant Overbed Warmer A B C D

7. K-Thermia Machines A B C D

8. Pneumatic Tourniquets A B C D

9. Doppler A B C D

10. Site (eye) Machine A B C D

11. Video Equipment A B C D

12. Phaco A B C D

13. Arthroscopic Planer/Edger A B C D

14. CO2 Insufflators A B C D

15. Cast Cutter A B C D

16. TURP Pump A B C D

17. Hemovac A B C D

18. Pleurevac A B C D

19. Solcotrans A B C D

20. Internal Staples A B C D

21. Surgical Lights A B C D

Y. OPERATING MICROSCOPES

1. Ceiling Mounted Scopes A B C D

2. Zeiss Floor Scopes A B C D

3. Change Optics A B C D

4. Bulb Changes A B C D

5. Change Lenses A B C D

Z. COMPRESSED GASES

1. Nitrogen – Tank Source A B C D

2. Nitrogen – Central Source A B C D

3. CO2 A B C D

4. O2 Portable and Inline A B C D

AA. FLEXIBLE FIBER OPTICS

1. Assembly A B C D

2. Decontamination A B C D

3. Disinfection A B C D

4. Sterilization A B C D

BB. LIGHT SOURCES

- 1. Olympus – Cold A B C D
- 2. Wolfe – Regular Intensity A B C D
- 3. Wolfe – High Intensity A B C D
- 4. Pilling A B C D
- 5. Xenon Light Source A B C D

CC. NITROGEN POWERED

- 1. Drills A B C D
- 2. Saws A B C D
- 3. Reamers A B C D
- 4. Ototome A B C D
- 5. Dermatome A B C D
- 6. Cebatome A B C D

DD. LASERS

- 1. CO2 Laser A B C D
- 2. Nd: YAG Laser A B C D
- 3. Argon Laser A B C D

EE. ANESTHETIC TECHNIQUES

- 1. Topical A B C D
- 2. Local A B C D
- 3. Field Block A B C D
- 4. Spinal A B C D
- 5. Epidural A B C D
- 6. General A B C D
- 7. Neurolept A B C D
- 8. MAC A B C D

Age Specific Practice Criteria

Please circle each age group you have expertise in.

- A. Newborn/Neonate (birth-30 days)
- B. Infant (30 days – 1 year)
- C. Toddler (1 - 3 years)
- D. Preschooler (3 - 5 years)
- E. School age children (5 - 12 years)
- F. Adolescents (12 - 18 years)
- G. Young adults (18 - 39 years)
- H. Middle adults (39 - 64 years)
- I. Older adults (64+)

My experience is primarily in: (please indicate number of years.)

- Total Years OR _____ year(s)
- Endoscopy _____ year(s)

- ENT _____ year(s)
- GYN _____ year(s)
- Neuro _____ year(s)
- Ophthalmology _____ year(s)
- Ortho care _____ year(s)
- Plastics _____ year(s)
- Thoracic/Open Heart _____ year(s)
- Transplant _____ year(s)
- Trauma _____ year(s)
- Urology _____ year(s)
- Vascular _____ year(s)
- Other _____ year(s)

Certification:

List all certifications and indicate the expiration day for each certificate that you have. If you do not know the exact day, please use the last date of the specific month (e.g., 8/31/04).

- _____ Exp. Date: _____ (mm/dd/yyyy)
- _____ Exp. Date: _____ (mm/dd/yyyy)
- _____ Exp. Date: _____ (mm/dd/yyyy)
- _____ Exp. Date: _____ (mm/dd/yyyy)
- _____ Exp. Date: _____ (mm/dd/yyyy)

Please read and agree to the statements below by marking the checkbox.

I attest that the information I have given is true and accurate to the best of my knowledge and that I am the individual completing this form. I hereby authorize the Company to release this Operating Room Technician Skills Checklist to the Client facilities in relation to consideration of employment as a Registered Nurse with those facilities.

Signature

Date

Joint Commission
**2006 Critical Access Hospital and Hospital
National Patient Safety Goals**

Note: New Goals and Requirements are indicated in **bold**.

- Goal 1 Improve the accuracy of patient identification.
- 1A Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.
- 1B Not applicable.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2D Not applicable.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.**
- Goal 3 Improve the safety of using medications.
- 3A Retired in 2006.
- 3B Standardize and limit the number of drug concentrations available in the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- 3D Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.**
- Goal 4 Not applicable.
- Goal 5 Retired in 2006
- Goal 6 Not applicable.
- Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

- Goal 8 Accurately and completely reconcile medications across the continuum of care.
 - 8A Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
 - 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization.

- Goal 9 Reduce the risk of patient harm resulting from falls.
 - 9B Implement a fall reduction program and evaluate the effectiveness of the program. **Note: Replacement for 9A.**

- Goal 10 Not applicable.
- Goal 11 Not applicable.
- Goal 12 Not applicable.
- Goal 13 Not applicable.
- Goal 14 Not applicable.