



**Competency Check List  
Operating Room**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- Rating Scale:**
1. No previous experience.
  2. Previous training, but no personal hands on experience.
  3. Previous training/hands-on experience. Need additional practice with supervisor.
  4. Previous training and experience. Need clearance only.

<b>SKILL</b>	<b>Rating</b>	<b>SKILL</b>	<b>Rating</b>
<b>GENERAL SKILLS</b>		<b>ENT/PLASTICS SKILLS</b>	
1. Appendectomy		1. External Ear Procedures:	
2. Colon Resections		a. Keloids	
3. Cystocele/Rectocele Repair		b. Defects	
4. Excisional Biopsies		2. Fracture Fixations:	
5. Gastrostomy		a. Nasal	
6. Hernioplasties		b. Orbits	
7. Mastectomy		3. Laryngectomy	
8. Hemorrhoidectomy		4. Ear Procedures:	
9. Sigmoidoscopy		a. Stapedectomy	
10. Splenectomy		b. Myringotomy	
11. Thyroidectomy		5. Nasal Procedures:	
12. Liver biopsy		a. Submucous Resection	
13. Cholecystectomy CBDE		b. Rhinoplasty	
14. Tenchoff Catheter		6. Scoping Procedures:	
15. Hickman Catheter		a. Bronchoscopy	
16. Port-a-Cath		b. Direct Laryngoscopy	
17. Denver Shunt		c. Microlaryngoscopy	
18. Abd. Perineal Resection		d. Medias Tinoscopy	
19. Pilonidal Cyst		7. Tonsillectomy	
<b>NEURO SKILLS</b>		8. Tracheotomy	
1. Craniotomy		9. Sinus Procedures:	
2. Laminectomy		a. Ethmoidectomy	
3. Burr Holes		b. Sphenoidectomy	
4. Tumor		c. Antrostomy	
5. Aneurysm		d. Caldwell Luc	
6. Nerve Decompressions		10. Cleft Palate/Cleft Lip	
7. Carpal Tunnel		11. Breast Implants	
8. Cranioplasty		12. Reduction Mammoplasty	
9. V.P. Shunt		13. Blepharoplasty	
<b>SKILL</b>	<b>Rating</b>	<b>SKILL</b>	<b>Rating</b>
<b>ENT/PLASTICS SKILLS</b>		<b>ORTHOPEDIC SKILLS</b>	
1. Rotation Flap		1. Amputations	
2. Dermabrasion		2. Bursotomy	

3. Skin Graft		3. Ganglion Cystectomies	
4. Eyes:		4. Closed Reductions	
a. Cataract/Lens Implant		5. Compression Procedures:	
b. Trabeculectomy		a. Small Fragment/European	
c. Iridectomy		6. Arthorotomy:	
		a. Cartilage Procedures	
		b. Ligament Procedures	
<b>HANDLING OF SPECIMENS</b>		7. Hand Procedures	
1. Routine		8. Muscle Biopsy	
2. Frozen Sections		9. ORIF Olecranon	
3. Lymph Nodes		10. ORIF Patella	
4. Receptor Assay		11. ORIF Shoulder	
5. Neuromuscular bx		12. ORIF Hip	
		13. ORIF Ankle	
<b>UROLOGY SKILLS</b>		14. ORIF Forearm	
1. Bladder Procedures:		15. Arthroscopic Procedures	
a. Cystotomy		16. Tendon Procedures	
b. Supra Pubic Cystotomy		17. Total Hip	
2. Nephrectomy		18. Total Knee	
3. Penile Implants		19. Manipulations	
4. Meatoplasty		20. Iliac Bone Grafts	
5. Supra Pubic Prostatectomy		21. Laminectomy	
6. Cysto			
7. TURP - TURBT			
8. Orchiectomy		<b>CARDIOVASCULAR/THORACIC SKILLS</b>	
9. Vasectomy/Ureterolithotomy		1. Femoral Popliteal	
10. Ureteral Catheterization		2. Femoral-Femoral	
11. Urethral Proc./Dilatation		3. Aortic Aneurysm	
12. Ileo - Conduit		4. Biopsies:	
13. Ureterolithotomy		a. Temporal	
14. Internal Urethrotomy		b. Artery	
15. Circumcision		5. Embolectomy Procedures	
16. Urethroscopy		6. A-V Fistula or Shunt	
17. Nephroscopy		7. Pacemakers	
18. Lethotpsy		8. Thoracotomy	
		9. Cardiac Bypass	
		10. Heart Transplant	
<b>SKILL</b>	<b>Rating</b>	<b>SKILL</b>	<b>Rating</b>
<b>GYNELOGIC PROCEDURES</b>		<b>ORAL SKILLS</b>	
1. Abdominal Hysterectomy		1. Removal Wisdom Teeth	
2. Abdominal Tubal Ligation		2. Insertion Eric Arch Bars	
3. Cesarean Section		3. ORIF Maxilla	
4. D & C		4. ORIF Mandible	
5. D & E (prefers not to assist)		5. Lateral	
6. Excisional Biopsies			

7. Laproscopic Procedures			
8. Tuboplasty Procedures			<b>POSITION OF PATIENT</b>
9. Vaginal Hysterectomy		1. Supine	
10. Hysteroscope		2. Prone	
11. Ant./Post. Colposcopy		3. Lithotomy	
12. Removal Ectopic Pregnancy		4. Lateral	
<b>POST OPERATIVE</b>			<b>GENERAL PREOPERATIVE ASSESSMENT</b>
1. Transfer Patient to Stretcher		1. Identifies Self to Patient	
2. Transport to Recovery Room		2. Checks ID (Verbal and ID Bracelet)	
		3. Notes Presence/Absence of Allergies	
<b>TRANSPORTATION OF PATIENT</b>		4. NPO: Prosthetic Devices Removed, i.e., Dentures, Contact Lenses	
1. Safety Measures to Transfer Patient from Stretcher to Table		5. Records Check: Consent, OR Check List, H&P, Labs, EKG, Chest X-ray, Blood Permit	
2. Placement of Table Strap			
			<b>MISCELLANEOUS</b>
<b>CASE PREPARATION</b>		1. Proper placement of electro surgical grounding devices	
1. Selection of Supplies		2. Assisting anesthesia with induction	
2. Checking of Equipment:		3. Proper prepping/draping	
3. OR Table/Lights			
4. X-ray Lights			
5. Suction/Bovie			
6. Opening Sterile Packs			
7. Proper Pouring of Solutions			
8. Sponge/Needle/Inst. Counts			
9. Dispensing Supplies Onto the Sterile Field.			

Applicant's Name: \_\_\_\_\_