



**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. Bursectomy	



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: \_\_\_\_\_