



Please Complete and Fax to: 800-807-1963

Or mail to:

Medical Staffers, LLC
 910 Brooks St.
 Missoula, MT 59801

Questions? 800-393-1559

Last Name _____ First Name _____ MI _____

OPERATING ROOM SKILLS CHECKLIST

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

1. No experience
2. Limited Experience
3. Experienced
4. Highly Skilled
5. Able to teach and supervise

PROCEDURES AND SKILLS	1	2	3	4	5
Cataract					
Rectal Fistula/Hemorroid					
Whipple					
Pilonidal Cyst					
Closed Head Injury					
Skeletal Fractures					
Arthrodesis					
Gastroplasty					
Appendectomy					
Splenectomy					
Cholecystectomy					
Groshong					
Mastectomy					
Thyroidectomy					
Laryngectomy					
Abdominal Hyst					
Marshal Marchetti					
Cystoscopy					
Ileal Loop					
Penile Implant					
Dacryocystorhinostomy					
Glaucoma Procedures					
Tonometer					
Nasal Fracture					
Tympanoplasty					
Sinuscope					
Cosmetic (Facial)					
Breast Reduction					
Vein Ligation/Stripping					
Carotid Endarterectomy					
Vena Cava Ligation					
Intra-Aortic Balloon Pump					
Sternal Saw					
Burr Holes					
Ant Cerv Microdisectomy					
Crani For Aneurysm					
Contravis Microscope					
Mallis Cautery/Irrigator					
Cloward Frame					
Toronto Frame					
Orif-Synthes					
Gastric Resection					

PROCEDURES AND SKILLS	1	2	3	4	5
Infant Procedures					
Head and Neck					
Tracheostomy					
Maxillo-Facial					
Vaginal Hyst					
Laparoscopy					
Turp					
Nephrectomy					
Stamey					
Muscle Procedures					
Vitrectomy					
Cryo Unit					
T&A					
Rhinoplasty					
Stapedectomy					
Burns/Debridement					
Facial Fractures					
Dermabrader					
Femoral-Popliteal					
Thrombectomy					
Coronary Artery Bypass					
Repair Congenital Defects					
Internal Defibrillators					
Posterior Cerv. Lami					
Lumbar Plating					
Transssphenoidal					
Mayfield Headrest					
Ventriculo-Perit. Shunt					
Wilson Frame					
Shoulder Arthroscopy					
Gastric Banding					
A&P Resection					
Hernia					
Hickman Cath					
Breast Biopsy					
Radical Neck Dissection					
Parotidectomy					
Tuboplasty					
A&P Repair					
D&C					
Suprapubic Prostatectomy					
Scrotal Procedures					

OPERATING ROOM SKILLS CHECKLIST

PROCEDURES AND SKILLS	1	2	3	4	5
Lymphadenectomy					
Retinal Detachment					
Enucleation					
Lymphadenectomy					
Retinal Detachment					
Enucleation					
Wetfield Cautery					
Septoplasty (SMR)					
Miringotomy					
Endoscopy Procedures					
Skin Grafts/Mesher					
Breast Augmentation					
Dermatomes					
Abdominal Aortic Aneurysm					
Shunts/Portal System					
Valve Replacement					
Pacemaker					
Physio Control Lifepack					
Lumbar Lami					
Craniotomy For Tumor					
Intracranial Pressure Monitor					
Radionics Generator					
Anspach Saw					
Fanny Frame					
Knee Arthroscopy					
Wrist Arthroscopy					
Total Hip					
External Fisation Devices					
Case and Splint Application, Fiberglass and Plaster					
Hip Prosthesis – Bipolar					
Hip Spica Cast Frame					
Pneumatic Tourniquet					
Battery Powered Saws and Drills					
Air Powered Drivers					
Basic CO2 Laser Setup					
Camera and Video Setup W/ Lasers					
Camera Operator as Scrub					
Laser Laproscopic Procedure					
Bronchoscopy Procedure					
Pectus Excavatum					
Oximeter					
Self Gowning and Gloving					
Handling of Specimens					
Instrumentation					
Turnover Routine					
Draping					
Autoclaves					
Dermatomes					
Microscope / Zeiss					
Humidifier					
Swan-Ganz Catheter					
Esophagoscopy					
Electro Surgical Unit Valley Lab					
Vac Pac (Bean Bag)					
Phones / Intercoms / Code Buttons					
Eye Preps					
Ankle Arthroscopy					
Ligament Reconstruction					
Hip Compression					
Intramedullary Nailing Tibia and Femoral					

PROCEDURES AND SKILLS	1	2	3	4	5
Fracture Table 0 Amsco					
Knee Holders					
Dyonics Shaver					
Stryker Aire					
Basic YAG Laser Setup					
Laser Safety Precautions					
Laser Safety Nurse					
GYN Cervical Procedure					
Thoracotomy					
Pleur-Evac System					
EKG Monitors					
Gowning and Gloving Others					
Handling of Sponges					
Back Table Set Up					
Incision Sites/Prep Areas					
Counts					
OR Records / Charges					
Blood Warmer					
Microscope / Wild					
Disp. Nerve Stimulator					
Bronchoscopy / Rigid and Flexible					
Choledochoscope					
Electro Surgical Unit Bard					
OR Tables: Amsco and Champaigne					
Chest Tubes					
Ortho Preps					
Total Knee					
Osteotomies					
Shoulder					
Hip Prosthesis – Austin – Moore					
Cast Saw					
Surgi-Lavage					
Shoulder Traction Device					
Stryker Micro-Electric					
Micro Aire					
User of Microscope with Lasers					
Scrubbing/Instrumentation					
Circulating Skills with Lasers					
ENT Laser Procedure					
Thoraco-Abdominal					
Hyperthermia Blanket					
Warming Lights					
Surgical Scrub					
Knowledge of Sutures					
Mayo Set Up					
Positioning Principles					
Suction					
CO2 Insufflator					
Doppler					
Catheterization (Male / Female)					
Arterial Line Set Up					
Microlaryngoscopy					
Sequential Compression Device (SCD's)					
I-Med and Gemini Infusion Pump					
OR Overhead Lights					
General Skin Preps					

OPERATING ROOM SKILLS CHECKLIST

Age Appropriate Care: The ability to adapt care to incorporate normal growth and development, adapt method and terminology of client instructions as it relates to the age and comprehension level of the client, and to ensure a safe environment - reflecting specific needs of the client and various age groups.

AGE	1	2	3	4	5
Newborn (birth- 30 days)					
Infant (30 days-1 year)					
Toddler (1-3 years)					
Preschooler (3- 5 years)					
School Age (5 -12 years)					
Adolescents (12-18 years)					
Young Adults (18-39 years)					
Middle Adults (39-64 years)					
Older Adults (64+ years)					

The information I have provided above is true and accurate to the best of my knowledge, and I hereby authorize Medical Staffers, LLC to release this checklist to any potential employer that is contracted with Medical Staffers, LLC.

Employee Signature _____

Name and Title (please print) _____

Date _____