



Freedom Healthcare Staffing

Operating Room Skills Checklist

This assessment is for determining your experience in the below outlined clinical areas. This checklist will not be used as a determining factor in accepting your application to become an employee of Freedom HCS.

PROFICIENCY SCALE

- 1. No Experience
- 2. Need Training
- 3. Able to perform with supervision
- 4. Able to perform independently

| Proficiency Scale | Scrub | | | | Circulate | | | | Proficiency Scale | Scrub | | | | Circulate | | | |
|----------------------------------|-------|---|---|---|-----------|---|---|---|------------------------------|-------|---|---|---|-----------|---|---|---|
| | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| General Surgery | | | | | | | | | Ear, Nose, Throat | | | | | | | | |
| Adrenalectomy | | | | | | | | | Acoustic Neuroma | | | | | | | | |
| Appendectomy | | | | | | | | | Cleft Lip/Palate Repair | | | | | | | | |
| Bowel Repairs/Resections | | | | | | | | | Endoscopic Sinus Surgery | | | | | | | | |
| Cholecystectomy | | | | | | | | | Ethmoidectomy | | | | | | | | |
| Colectomy | | | | | | | | | Laryngectomy | | | | | | | | |
| Colostomy/Ileostomy | | | | | | | | | Mandibular Fractures | | | | | | | | |
| Esophageal Resection | | | | | | | | | Mastoidectomy | | | | | | | | |
| Esophagoscopy | | | | | | | | | Maxillary Fractures | | | | | | | | |
| Gastrectomy | | | | | | | | | Myringotomy/PE Tubes | | | | | | | | |
| Gastric Bypass/Stapling | | | | | | | | | Neck Dissection | | | | | | | | |
| Gastrosocopy | | | | | | | | | Orbital/Zygomatic Fractures | | | | | | | | |
| Hemorrhoidectomy | | | | | | | | | Parathyroidectomy | | | | | | | | |
| Hepatic Resection | | | | | | | | | Reduction Nasal Fracture | | | | | | | | |
| Herniations (Hiatal, Diaphragm) | | | | | | | | | Stapedectomy | | | | | | | | |
| Herniorrhaphy (Femoral/Inguinal) | | | | | | | | | T & A | | | | | | | | |
| Laparascopy | | | | | | | | | Thyroidectomy | | | | | | | | |
| Laparotomy | | | | | | | | | Tracheostomy | | | | | | | | |
| Mastectomy | | | | | | | | | Tympanoplasty | | | | | | | | |
| Nephrectomy | | | | | | | | | | | | | | | | | |
| Nissen Fundoplication | | | | | | | | | Cardiovascular | | | | | | | | |
| Pancreatectomy | | | | | | | | | Angioplasty | | | | | | | | |
| Portal/Caval Shunt | | | | | | | | | Aortic Aneurysm | | | | | | | | |
| Skin Grafts | | | | | | | | | Aortic Balloon Insertion | | | | | | | | |
| Splenectomy | | | | | | | | | Aortic Valve Replacement | | | | | | | | |
| Transabdominal | | | | | | | | | Carotid Endarterectomy | | | | | | | | |
| Vagotomy/Pyloroplasty | | | | | | | | | Coronary Artery Bypass | | | | | | | | |
| Whipple Procedure | | | | | | | | | Fem-Popliteal Bypass Graft | | | | | | | | |
| | | | | | | | | | Mitral Valve Replacement | | | | | | | | |
| Neurology | | | | | | | | | Pacemaker Insertion | | | | | | | | |
| Aneurysm | | | | | | | | | Pediatric Cardiac Procedures | | | | | | | | |



| Proficiency Scale | | | | 1 | 2 | 3 | 4 | Proficiency Scale | | | | 1 | 2 | 3 | 4 | Proficiency Scale | | | | 1 | 2 | 3 | 4 |
|-----------------------------|--|--|--|---|---|---|---|-------------------------------|--|--|--|---|---|---|---|-------------------|--|--|--|---|---|---|---|
| Burr Holes | | | | | | | | Septal Defects | | | | | | | | | | | | | | | |
| Cervical Fusion | | | | | | | | Vein Harvest | | | | | | | | | | | | | | | |
| Cervical Laminectomy | | | | | | | | Ventricular Aneurysm | | | | | | | | | | | | | | | |
| Cranioplasty | | | | | | | | | | | | | | | | | | | | | | | |
| Craniotomy: | | | | | | | | Ophthalmological | | | | | | | | | | | | | | | |
| Crutchfield Tong Insertion | | | | | | | | Cataract | | | | | | | | | | | | | | | |
| Hypophysectomy | | | | | | | | Detached Retina | | | | | | | | | | | | | | | |
| Lumbar Laminectomy | | | | | | | | Iridotomy | | | | | | | | | | | | | | | |
| Meningocele Repair | | | | | | | | LASIK | | | | | | | | | | | | | | | |
| Shunt Insertions | | | | | | | | Orbit/Globe Fractures | | | | | | | | | | | | | | | |
| Trauma | | | | | | | | | | | | | | | | | | | | | | | |
| Tumor | | | | | | | | Equipment | | | | | | | | | | | | | | | |
| | | | | | | | | Aquatic K Thermia Unit | | | | | | | | | | | | | | | |
| Plastics | | | | | | | | Argon Beam Coagulator | | | | | | | | | | | | | | | |
| Abdominalplasty | | | | | | | | Arthroscopy Cameras | | | | | | | | | | | | | | | |
| Facelifts | | | | | | | | Blood Warmer | | | | | | | | | | | | | | | |
| Mammoplasty | | | | | | | | Bovie Electrosurgical Unit | | | | | | | | | | | | | | | |
| Muscle Flaps | | | | | | | | Cardiac Monitor-Defibrillator | | | | | | | | | | | | | | | |
| Rhinoplasty | | | | | | | | Cell Saver | | | | | | | | | | | | | | | |
| Septoplasty | | | | | | | | Centrifuge | | | | | | | | | | | | | | | |
| | | | | | | | | Cidex Sterilization | | | | | | | | | | | | | | | |
| Transplant | | | | | | | | Cry-Ophthalmic Unit | | | | | | | | | | | | | | | |
| Bone-Harvest/Transplant | | | | | | | | Dermatome | | | | | | | | | | | | | | | |
| Eye-Harvest/Transplant | | | | | | | | Drills | | | | | | | | | | | | | | | |
| Heart-Harvest/Transplant | | | | | | | | Dual Tract Lights | | | | | | | | | | | | | | | |
| Liver-Harvest/Transplant | | | | | | | | Ethylene Oxide Sterilizer | | | | | | | | | | | | | | | |
| Lung-Harvest/Transplant | | | | | | | | Fiber Optic Lumiator | | | | | | | | | | | | | | | |
| Pancreas-Harvest/Transplant | | | | | | | | Flash Autoclave | | | | | | | | | | | | | | | |
| Renal-Harvest/Transplant | | | | | | | | Fluid Pumps | | | | | | | | | | | | | | | |
| Skin-Harvest/Transplant | | | | | | | | Kiddie Pneumatic Tourniquet | | | | | | | | | | | | | | | |
| | | | | | | | | Lasers | | | | | | | | | | | | | | | |
| Thoracic | | | | | | | | Nerve Stimulator | | | | | | | | | | | | | | | |
| Bronchoscopy | | | | | | | | Operating Microscope | | | | | | | | | | | | | | | |
| Chest Tubes | | | | | | | | Pleur-e-vac Units | | | | | | | | | | | | | | | |
| Esophageal Repair | | | | | | | | Shavers | | | | | | | | | | | | | | | |
| Mediastinoscopy | | | | | | | | Stapling Instrument | | | | | | | | | | | | | | | |
| Pneumonectomy | | | | | | | | Suction Unit Disposable | | | | | | | | | | | | | | | |
| Thoracic Aortic Aneurysm | | | | | | | | Ultrasonic Cleaner-AMSCO | | | | | | | | | | | | | | | |
| | | | | | | | | Vac-pac Positioner | | | | | | | | | | | | | | | |
| | | | | | | | | Washer Sterilizer-AMSCO | | | | | | | | | | | | | | | |



| Proficiency Scale | | 1 | 2 | 3 | 4 | Proficiency Scale | | 1 | 2 | 3 | 4 | Proficiency Scale | | 1 | 2 | 3 | 4 |
|--------------------------|--|---|---|---|------------------------|-------------------|--|---|---|---|---|-------------------|--|---|---|---|---|
| Ortho | | | | | OB/GYN | | | | | | | | | | | | |
| Arthroscopy-Knee | | | | | A & P Repair | | | | | | | | | | | | |
| Arthroscopy-Shoulder | | | | | Abdominal Hysterectomy | | | | | | | | | | | | |
| Cast Application | | | | | Colposcopy | | | | | | | | | | | | |
| External Fixations | | | | | C-Section | | | | | | | | | | | | |
| Foot Procedure/Fractures | | | | | Dilation & Curettage | | | | | | | | | | | | |
| Hand Surgery/Fx Repairs | | | | | Laparoscopy | | | | | | | | | | | | |
| IM Rods | | | | | Marshall Marchetti | | | | | | | | | | | | |
| ORIF-Lower Extremity | | | | | Suction Curettage | | | | | | | | | | | | |
| ORIF-Upper Extremity | | | | | Tubal Ligation | | | | | | | | | | | | |
| Spinal Fusion | | | | | Vaginal Hysterectomy | | | | | | | | | | | | |
| Total Hip Replacement | | | | | Vulvectomy | | | | | | | | | | | | |
| Total Knee Replacement | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Urology | | | | | | | | | | | | | | | | | |
| Cystoscopy | | | | | | | | | | | | | | | | | |
| Hydrocelectomy | | | | | | | | | | | | | | | | | |
| Lithotripsy | | | | | | | | | | | | | | | | | |
| Penile Prosthesis | | | | | | | | | | | | | | | | | |
| Prostatectomy | | | | | | | | | | | | | | | | | |
| TURP | | | | | | | | | | | | | | | | | |
| Vasectomy | | | | | | | | | | | | | | | | | |

Age Specific Competency

Able to ensure a safe and caring environment for the specific age groups indicated below; able to communicate and instruct patients from various age groups; able to evaluate age-appropriate behavior and skills.

| PROFICIENCY SCALE | 1 | 2 | 3 | 4 |
|---------------------------|---|---|---|---|
| Newborn (birth-30 days) | | | | |
| Infant (30 days-1 yrs) | | | | |
| Toddler (1-3 yrs) | | | | |
| Preschooler (3-5 yrs) | | | | |
| School Age (5-12 yrs) | | | | |
| Adolescents (12-18 yrs) | | | | |
| Young Adults (18-39 yrs) | | | | |
| Middle Adults (39-64 yrs) | | | | |
| Older Adults (64 yrs +) | | | | |

The information represented above is true and correct to the best of my knowledge. I also authorize **Freedom** Healthcare Staffing to share the above skills checklist with its hospital clients.

Signature _____ Date _____

Name (Printed) _____