

 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**NAME: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **Work Settings** |  |  **S A L N** |
| **Inpatient hospital** |  |  |  |  |  |  |
| **Level 1 trauma center** |  |  |  |  |  |  |
| **Outpatient setting** |  |  |  |  |  |  |
| **General Skills** |  | **S A L N** |
| **Awareness of HCAHPS** |  |  |  |  |  |  |
| **Patient/family teaching** |  |  |  |  |  |  |
| **Restrictive devices (restraints)** |  |  |  |  |  |  |
| **Lift/transfer devices** |  |  |  |  |  |  |
| **Patient positioning** |  |  |  |  |  |  |
| **National Patient Safety Goals** |  |  |  |  |  |  |
| **Accurate patient identification** |  |  |  |  |  |  |
| **Effective communication** |  |  |  |  |  |  |
| **Infection control** |  |  |  |  |  |  |
| **Universal precautions** |  |  |  |  |  |  |
| **Care of the patient in isolation** |  |  |  |  |  |  |
| **Medication administration on sterile field** |  |  |  |  |  |  |
| **Labeling (medications & specimens) on sterile field** |  |  |  |  |  |  |
| **Time out protocol** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **General Surgery** |  |  **S A L N** |
| **Abdominal perineal resection** |  |  |  |  |  |  |
| **Adrenalectomy** |  |  |  |  |  |  |
| **Bowel resection** |  |  |  |  |  |  |
| **Cholecystectomy/cholangiogram** |  |  |  |  |  |  |
| **Colostomy/ileostomy** |  |  |  |  |  |  |
| **Gastrectomy** |  |  |  |  |  |  |
| **Herniorrhaphy-femoral/inguinal** |  |  |  |  |  |  |
| **Hiatal herniorrhaphy transabdominal** |  |  |  |  |  |  |
| **Pancreatectomy** |  |  |  |  |  |  |
| **Organ procurement** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **General Surgery - cont.** |  |  **S A L N** |
| **Radical mastectomy** |  |  |  |  |  |  |
| **Saphenous vein ligation/stripping** |  |  |  |  |  |  |
| **Splenectomy** |  |  |  |  |  |  |
| **Thyroidectomy** |  |  |  |  |  |  |
| **Vagotomy** |  |  |  |  |  |  |
| **Breast biopsy** |  |  |  |  |  |  |
| **Mastectomy** |  |  |  |  |  |  |
| **Common bile duct explorations** |  |  |  |  |  |  |
| **Open appendectomy** |  |  |  |  |  |  |
| **Jejunostomy tube replacement** |  |  |  |  |  |  |
| **Liver biopsy** |  |  |  |  |  |  |
| **Excision of lipoma** |  |  |  |  |  |  |
| **Parathyroidectomy** |  |  |  |  |  |  |
| **Parathyroidectomy with transplant** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Gynecology** |  |  **S A L N** |
| **Caesarean section** |  |  |  |  |  |  |
| **Dilation & curettage** |  |  |  |  |  |  |
| **Hysterectomy - vaginal** |  |  |  |  |  |  |
| **Hysterectomy - abdominal** |  |  |  |  |  |  |
| **Radium insertion** |  |  |  |  |  |  |
| **Shirodkar procedure** |  |  |  |  |  |  |
| **Termination of pregnancy** |  |  |  |  |  |  |
| **Tubal ligation** |  |  |  |  |  |  |
| **Vaginectomy** |  |  |  |  |  |  |
| **Vaginal anterior repair surgery** |  |  |  |  |  |  |
| **Vaginal posterior repair surgery** |  |  |  |  |  |  |
| **Salpingo-oopherectomy** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **Endoscopic Procedures** |  |  **S A L N** |
| **Bronchoscopy** |  |  |  |  |  |  |
| **Endo/colonoscopy** |  |  |  |  |  |  |
| **Culdoscopy** |  |  |  |  |  |  |
| **Cystoscopy** |  |  |  |  |  |  |
| **Esophagoscopy** |  |  |  |  |  |  |
| **Gastroscopy** |  |  |  |  |  |  |
| **Hysteroscopy** |  |  |  |  |  |  |
| **Endoscopic Procedures - cont.** |  |  S |  A L N |
| **Laparoscopic Procedures** |
| **Appendectomy** |  |  |  |  |  |  |
| **Cholecystectomy** |  |  |  |  |  |  |
| **Colon resection** |  |  |  |  |  |  |
| **Hernia repair** |  |  |  |  |  |  |
| **Salpingo-oophorectomy** |  |  |  |  |  |  |
| **Tubal ligation** |  |  |  |  |  |  |
| **Vaginal hysterectomy** |  |  |  |  |  |  |
| **Laryngoscopy** |  |  |  |  |  |  |
| **Mediastinoscopy** |  |  |  |  |  |  |
| **Pelviscopy** |  |  |  |  |  |  |
| **Sigmoidoscopy** |  |  |  |  |  |  |
| **Thoracoscopy** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **Urology** |  |  **S A L N** |
| **Circumcision** |  |  |  |  |  |  |
| **Cystoscopy/ureteroscopy** |  |  |  |  |  |  |
| **Cystectomy** |  |  |  |  |  |  |
| **Hypospadias repair** |  |  |  |  |  |  |
| **Implants** |  |  |  |  |  |  |
| **Lithotripsy** |  |  |  |  |  |  |
| **Nephrectomy** |  |  |  |  |  |  |
| **Orchiectomy** |  |  |  |  |  |  |
| **Prostatectomy** |  |  |  |  |  |  |
| **Ureterolithotomy** |  |  |  |  |  |  |
| **TURP** |  |  |  |  |  |  |
| **Vasectomy** |  |  |  |  |  |  |
| **Implants - penile** |  |  |  |  |  |  |
| **Uteroplasty** |  |  |  |  |  |  |
| **Transurethral Resection of Bladder Tumor (TURBT)** |  |  |  |  |  |  |
| **Testicular tortion** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Orthopedic** |  |  **S A L N** |
| **Achilles tendon repair** |  |  |  |  |  |  |
| **Amputation** |  |  |  |  |  |  |
| **Arthroscopy/arthrotomy** |  |  |  |  |  |  |
| **Closed pinning & reduction of extremities** |  |  |  |  |  |  |
| **External compression devices** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE: D**irections:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **Orthopedic** |  |  **S A L N** |
| **Hip compression nails & lag screws** |  |  |  |  |  |  |
| **Total joint replacement - knee, hip, shoulder** |  |  |  |  |  |  |
| **Spica cast** |  |  |  |  |  |  |
| **ORIF - shoulder, hip, humerus** |  |  |  |  |  |  |
| **Repair of dislocation** |  |  |  |  |  |  |
| **Patellectomy** |  |  |  |  |  |  |
| **Tendon implants & reanastomosis** |  |  |  |  |  |  |
| **External fixator** |  |  |  |  |  |  |
| **ORIF - ankle** |  |  |  |  |  |  |
| **ORIF - radius/ulna** |  |  |  |  |  |  |
| **Neurology** |  |  **S A L N** |
| **A-V malformation** |  |  |  |  |  |  |
| **Laparoscopic spine procedures** |  |  |  |  |  |  |
| **Burr holes for subdural hematoma** |  |  |  |  |  |  |
| **Carotid ligation** |  |  |  |  |  |  |
| **Cervical sympathectomy** |  |  |  |  |  |  |
| **Cranioplasty** |  |  |  |  |  |  |
| **Craniotomy** |  |  |  |  |  |  |
| **Discectomy/laminectomy** |  |  |  |  |  |  |
| **Halo traction application** |  |  |  |  |  |  |
| **Insertion of nerve stimulator devices** |  |  |  |  |  |  |
| **Myelomeningocele repair** |  |  |  |  |  |  |
| **Shunt procedure VP/ VA/LP** |  |  |  |  |  |  |
| **Spinal fusions** |  |  |  |  |  |  |
| **Ventriculostomy** |  |  |  |  |  |  |
| **Kyphoplasty** |  |  |  |  |  |  |
| **Spinal cord stimulator insertion** |  |  |  |  |  |  |
| **Cervical laminectomy** |  |  |  |  |  |  |
| **Lumbar laminectomy** |  |  |  |  |  |  |
| **Spinal fusion - cervical** |  |  |  |  |  |  |
| **Spinal fusion - lumbar** |  |  |  |  |  |  |
| **Panniculectomy** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistance

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |
| --- | --- | --- |
| **Plastics** |  |  **S A L N** |
| **Abdominal lipectomy** |  |  |  |  |  |  |
| **Blepharoplasty** |  |  |  |  |  |  |
| **Face lift** |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Plastics - cont.** |  |  **S A L N** |
| **Mammoplasty** |  |  |  |  |  |  |
| **Augmentation** |  |  |  |  |  |  |
| **Reduction** |  |  |  |  |  |  |
| **Reconstructive** |  |  |  |  |  |  |
| **Liposuction** |  |  |  |  |  |  |
| **Otoplasty** |  |  |  |  |  |  |
| **Scar revisions** |  |  |  |  |  |  |
| **Skin grafting** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ophthalmology** |  |  **S A L N** |  |
| **Cataract extraction** |  |  |  |  |  |  |
| **IOL implants** |  |  |  |  |  |  |
| **Corneal transplant** |  |  |  |  |  |  |
| **Orbital implant** |  |  |  |  |  |  |
| **Enucleation** |  |  |  |  |  |  |
| **Repair orbital blowout fracture** |  |  |  |  |  |  |
| **Repair of retinal detachment** |  |  |  |  |  |  |
| **Scleral buckle** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistannce

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Ear, Nose & Throat** |  |  **S A L N** |  |
| **Caldwell-luc** |  |  |  |  |  |  |
| **Cleft lip/palate repair** |  |  |  |  |  |  |
| **Laryngectomy** |  |  |  |  |  |  |
| **Radial neck disection/resection** |  |  |  |  |  |  |
| **Tonsillectomy & adenoidectomy** |  |  |  |  |  |  |
| **Mandibulectomy** |  |  |  |  |  |  |
| **Mastoidectomy** |  |  |  |  |  |  |
| **Rhinoplasty/septoplasty** |  |  |  |  |  |  |
| **Sinusotomy** |  |  |  |  |  |  |
| **Tracheostomy** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vascular** |  |  **S A L N** |  |
| **Angiography** |  |  |  |  |  |  |
| **A-V access graft** |  |  |  |  |  |  |
| **Aortic aneurysm: abdominal** |  |  |  |  |  |  |
| **Endarterectomy: carotid** |  |  |  |  |  |  |
| **Peripheral vascular bypass procedures** |  |  |  |  |  |  |
| **Thrombectomy** |  |  |  |  |  |  |
| **Embolectomy** |  |  |  |  |  |  |
| **Vena cava ligation** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistannce

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Thoracic/Cardiovascular** |  |  **S A L N** |  |
| **Aortic femoral bypass graft** |  |  |  |  |  |  |
| **Femoral popliteal bypass** |  |  |  |  |  |  |
| **Pacemaker implantation/explantation** |  |  |  |  |  |  |
| **Care of patients with pacemakers** |  |  |  |  |  |  |
| **Care of patients with IABP** |  |  |  |  |  |  |
| **Septal defects, ASV, VSD** |  |  |  |  |  |  |
| **Coronary artery bypass graft** |  |  |  |  |  |  |
| **Valve replacement** |  |  |  |  |  |  |
| **Aortic aneurysm: thoracic** |  |  |  |  |  |  |
| **Thoracotomy** |  |  |  |  |  |  |
| **Lobectomy** |  |  |  |  |  |  |
| **Rib resection** |  |  |  |  |  |  |
| **Endoscopic vein harvesting** |  |  |  |  |  |  |
| **Off pump bypass** |  |  |  |  |  |  |
| **Transplant** |  |  **S A L N** |  |
| **Bone** |  |  |  |  |  |  |
| **Bone marrow** |  |  |  |  |  |  |
| **Corneal** |  |  |  |  |  |  |
| **Harvesting** |  |  |  |  |  |  |
| **Heart/lung** |  |  |  |  |  |  |
| **Kidney** |  |  |  |  |  |  |
| **Liver** |  |  |  |  |  |  |
| **Multi organ** |  |  |  |  |  |  |
| **Pancreas** |  |  |  |  |  |  |
| **Skin** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Trauma** |  |  **S A L N** |  |
| **Burns** |  |  |  |  |  |  |
| **Gunshot/stab wound** |  |  |  |  |  |  |
| **Motor vehicle accidents** |  |  |  |  |  |  |
| **Traumatic amputations** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistannce

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** |  |  **S A L N** |  |
| **Camera/video systems** |  |  |  |  |  |  |
| **Cell saver** |  |  |  |  |  |  |
| **Cidex soak** |  |  |  |  |  |  |
| **Cryo-ophthalmic unit** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment - cont.** |  |  **S A L N** |  |
| **CUSA** |  |  |  |  |  |  |
| **Drills & saws** |  |  |  |  |  |  |
| **Electrosurgical unit** |  |  |  |  |  |  |
| **Fiber optic laminator** |  |  |  |  |  |  |
| **Cavitron** |  |  |  |  |  |  |
| **Autoclave** |  |  |  |  |  |  |
| **Fracture tables** |  |  |  |  |  |  |
| **Stapling devices** |  |  |  |  |  |  |
| **Mesh graft/dermatone** |  |  |  |  |  |  |
| **Microscopes** |  |  |  |  |  |  |
| **Nitrogen tank** |  |  |  |  |  |  |
| **Pneumatic tourniquet** |  |  |  |  |  |  |
| **Steris unit** |  |  |  |  |  |  |
| **Pulsevac irrigation** |  |  |  |  |  |  |
| **Autotransfusion systems** |  |  |  |  |  |  |
| **Laser equipment** |  |  |  |  |  |  |
| **Care of scopes & fiberoptic equipment** |  |  |  |  |  |  |
| **Venodyne robotics (DaVinci)** |  |  |  |  |  |  |



 **Proficiency Skills Checklist**

**SURGICAL TECHNICIAN / OR Tech**

**INITIALS: DATE:** Directions:Check the column **S** = Strong skill: at least one (1) year of work experience; can perform without assistance

that best describes your skill level **A** = Adequate skill: at least six (6) months work experience; may require some assistannce

in each area. **L**= Limited skill: less than six (6) months work experience ; will require assistance

  **N**= No skill; no experience

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Specific Competencies** |  |  **S A L N** |  |
| **Newborn/neonate (birth-30 days)** |  |  |  |  |  |  |
| **Infant (31 days-1 year)** |  |  |  |  |  |  |
| **Toddler (ages 2-3 years)** |  |  |  |  |  |  |
| **Preschool (ages 4-5 years)** |  |  |  |  |  |  |
| **School age (ages 6-12 years)** |  |  |  |  |  |  |
| **Adolescent (ages 13-21 years)** |  |  |  |  |  |  |
| **Young adult (ages 22-39 years)** |  |  |  |  |  |  |
| **Adult (ages 40-64 years)** |  |  |  |  |  |  |
| **Older adult (ages 65-79 years)** |  |  |  |  |  |  |
| **Elderly (ages 80+ years)** |  |  |  |  |  |  |

# Fax to: 305-266-3242

**The information on this and all preceding pages is true and correct.**

**Signature**

**Date**