

**Proficiency Skills Checklist**

**OR- RN- Circulate**

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

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

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

**N**= No skill

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Skills** | |  | |  | | **S A L N** | | | | | | | |
| **Awareness of HCAHPS** | |  | |  | |  | |  | |  | |  | |
| **Cardiac arrest/adult CPR** | |  | |  | |  | |  | |  | |  | |
| **Cardiac arrest/infant-child CPR** | |  | |  | |  | |  | |  | |  | |
| **Advanced directives** | |  | |  | |  | |  | |  | |  | |
| **Patient/family teaching** | |  | |  | |  | |  | |  | |  | |
| **Lift/transfer devices** | |  | |  | |  | |  | |  | |  | |
| **Specialty beds** | |  | |  | |  | |  | |  | |  | |
| **Restrictive devices (restraints)** | |  | |  | |  | |  | |  | |  | |
| **End of life care/palliative care** | |  | |  | |  | |  | |  | |  | |
| **Automated Medication Dispensing System, Pyxis, Omnicell, or other** | |  | |  | |  | |  | |  | |  | |
| **Bar coding for medication administration** | |  | |  | |  | |  | |  | |  | |
| **Diabetic management in the OR** | |  | |  | |  | |  | |  | |  | |
| **National Patient Safety Goals** | |  | |  | |  | |  | |  | |  | |
| **Accurate patient identification** | |  | |  | |  | |  | |  | |  | |
| **Effective communication** | |  | |  | |  | |  | |  | |  | |
| **Time out protocol** | |  | |  | |  | |  | |  | |  | |
| **Interpretation & communication of lab values** | |  | |  | |  | |  | |  | |  | |
| **Medication administration** | |  | |  | |  | |  | |  | |  | |
| **Labeling (medications & specimens)** | |  | |  | |  | |  | |  | |  | |
| **Medication reconciliation** | |  | |  | |  | |  | |  | |  | |
| **Anticoagulation therapy** | |  | |  | |  | |  | |  | |  | |
| **Monitoring conscious sedation** | |  | |  | |  | |  | |  | |  | |
| **Sedation/Anesthesia** | |  | |  | |  | |  | |  | |  | |
| **Infection control** | |  | |  | |  | |  | |  | |  | |
| **Universal precautions** | |  | |  | |  | |  | |  | |  | |
| **Isolation** | |  | |  | |  | |  | |  | |  | |
| **Minimize risk for falls** | |  | |  | |  | |  | |  | |  | |
| **Prevention of pressure ulcers** | |  | |  | |  | |  | |  | |  | |
| **Circulate: General Surgery** | |  | |  | | **S A L N** | | | | | | | |
| **Abdominal perineal resection** | |  | |  | |  | |  | |  | |  | |
| **Adrenalectomy bariatric surgery (gastric bypass)** | |  | |  | |  | |  | |  | |  | |
| **Bowel resection** | |  | |  | |  | |  | |  | |  | |
| **Cholecystectomy/cholangiogram** | |  | |  | |  | |  | |  | |  | |
| **Colostomy/ileostomy** | |  | |  | |  | |  | |  | |  | |
| **Gastrectomy** | |  | |  | |  | |  | |  | |  | |
| **Hemicolectomy** | |  | |  | |  | |  | |  | |  | |
| **Hepatic resection** | |  | |  | |  | |  | |  | |  | |
| **Herniorrhaphy-femoral/inguinal** | |  | |  | |  | |  | |  | |  | |
| **Hiatal herniorrhaphy** | |  | |  | |  | |  | |  | |  | |
| **Pancreatectomy** | |  | |  | |  | |  | |  | |  | |
| **Organ procurement** | |  | |  | |  | |  | |  | |  | |
| **Radical mastectomy** | |  | |  | |  | |  | |  | |  | |
| **Saphenous vein ligation/stripping** | |  | |  | |  | |  | |  | |  | |
| **Splenectomy** | |  | |  | |  | |  | |  | |  | |
| **Thyroidectomy** | |  | |  | |  | |  | |  | |  | |
| **Tracheostomy** | |  | |  | |  | |  | |  | |  | |
| **Vagotomy** | |  | |  | |  | |  | |  | |  | |
| **Familiarity with pediatric procedures** | |  | |  | |  | |  | |  | |  | |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Endoscopic Procedures** |  |  | **S A L N** | | | |
| **Bronchoscopy** |  |  |  |  |  |  |
| **Colonoscopy** |  |  |  |  |  |  |
| **Culdoscopy** |  |  |  |  |  |  |
| **Cystoscopy** |  |  |  |  |  |  |
| **Esophagoscopy** |  |  |  |  |  |  |
| **Gastroscopy** |  |  |  |  |  |  |
| **Hysteroscopy** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Laparoscopic Procedures** |  |  | **S A L N** | | | |
| **Appendectomy** |  |  |  |  |  |  |
| **Cholecystectomy** |  |  |  |  |  |  |
| **Colon resection** |  |  |  |  |  |  |
| **Gastric bypass** |  |  |  |  |  |  |
| **Hernia repair** |  |  |  |  |  |  |
| **Nephrectomy** |  |  |  |  |  |  |
| **Prostatectomy** |  |  |  |  |  |  |
| **Sinus surgery** |  |  |  |  |  |  |
| **Salpingo-oophorectomy** |  |  |  |  |  |  |
| **Splenectomy** |  |  |  |  |  |  |
| **Tubal ligation** |  |  |  |  |  |  |
| **Vaginal hysterectomy** |  |  |  |  |  |  |
| **Vitrectomy** |  |  |  |  |  |  |
| **Laryngoscopy** |  |  |  |  |  |  |
| **Mediastinoscopy** |  |  |  |  |  |  |
| **Pelviscopy** |  |  |  |  |  |  |
| **Sigmoidoscopy** |  |  |  |  |  |  |
| **Thoracoscopy** |  |  |  |  |  |  |
| **Whipple** |  |  |  |  |  |  |
| **Nissen fundoplication** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Urology** |  | |  | **S A L N** | | | |
| **Circumcision** |  | |  |  |  |  |  |
| **Cystoscopy/ureteroscopy** |  | |  |  |  |  |  |
| **Cystectomy** |  | |  |  |  |  |  |
| **Hypospadias repair** |  | |  |  |  |  |  |
| **Implants** |  | |  |  |  |  |  |
| **Lithotripsy** |  | |  |  |  |  |  |
| **Nephrectomy** |  | |  |  |  |  |  |
| **Orchiectomy** |  | |  |  |  |  |  |
| **Prostatectomy** |  | |  |  |  |  |  |
| **Ureterolithotomy** |  | |  |  |  |  |  |
| **TURP** |  | |  |  |  |  |  |
| **PVP - Photo Vaporization of Prostate** |  | |  |  |  |  |  |
| **Vasectomy** |  | |  |  |  |  |  |
| **Circulate: Orthopedic** | |  |  | **S A L N** | | | |
| **Achilles tendon repair** | |  |  |  |  |  |  |
| **Amputation** | |  |  |  |  |  |  |
| **Arthroscopy/anthrotomy** | |  |  |  |  |  |  |
| **Closed pinning & reduction of extremities** | |  |  |  |  |  |  |
| **External compression devices** | |  |  |  |  |  |  |
| **Hip compression nails & lag screws** | |  |  |  |  |  |  |
| **Total joint replacement - knee** | |  |  |  |  |  |  |
| **Total joint replacement - hip** | |  |  |  |  |  |  |
| **Total joint replacement - shoulder** | |  |  |  |  |  |  |
| **Spica cast** | |  |  |  |  |  |  |
| **ORIF - shoulder, hip, humerus** | |  |  |  |  |  |  |
| **Repair of dislocation** | |  |  |  |  |  |  |
| **Patellectomy** | |  |  |  |  |  |  |
| **Tendon implants & reanastomosis** | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Neurology** |  |  | **S A L N** | | | |
| **Kyphoplasty** |  |  |  |  |  |  |
| **A-V malformation** |  |  |  |  |  |  |
| **Laparoscopic spine procedures** |  |  |  |  |  |  |
| **Burr holes for subdural hematoma** |  |  |  |  |  |  |
| **Carotid ligation** |  |  |  |  |  |  |
| **Cervical sympathectomy** |  |  |  |  |  |  |
| **Cranioplasty** |  |  |  |  |  |  |
| **Craniotomy** |  |  |  |  |  |  |
| **Diskectomy/laminectomy** |  |  |  |  |  |  |
| **Halo traction application** |  |  |  |  |  |  |
| **Insertion of nerve stimulator** |  |  |  |  |  |  |
| **Myelomeningocele repair** |  |  |  |  |  |  |
| **Shunt procedure VP/VA/LP** |  |  |  |  |  |  |
| **Spinal fusions** |  |  |  |  |  |  |
| **Ventriculostomy** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Plastics** |  |  | **S A L N** | | | |
| **Abdominal lipectomy** |  |  |  |  |  |  |
| **Blepharoplasty** |  |  |  |  |  |  |
| **Face lift** |  |  |  |  |  |  |
| **Mammoplasty** |  |  |  |  |  |  |
| **Augmentation** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Plastics - cont.** |  |  | **S A L N** | | | |
| **Reduction** |  |  |  |  |  |  |
| **Liposuction** |  |  |  |  |  |  |
| **Otoplasty** |  |  |  |  |  |  |
| **Scar revisions** |  |  |  |  |  |  |
| **Skin grafting** |  |  |  |  |  |  |

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Endovascular** |  |  | **S A L N** | | | |
| **Endoluminal AAA** |  |  |  |  |  |  |
| **Carotid revascularization endarterectomy** |  |  |  |  |  |  |
| **Cerebral aneurysm repair** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Thoracic/Cardiovascular** |  |  | **S A L N** | | | |
| **Aortic femoral bypass graft** |  |  |  |  |  |  |
| **Femoral popliteal bypass** |  |  |  |  |  |  |
| **Pacemaker implantation/explanation** |  |  |  |  |  |  |
| **Care of patients with pacemaker** |  |  |  |  |  |  |
| **Care of patients with intra-aortic balloon pump** |  |  |  |  |  |  |
| **Septal defects, ASV, VSD** |  |  |  |  |  |  |
| **Coronary Artery Bypass & Graft (CABG) on pump** |  |  |  |  |  |  |
| **Coronary Artery Bypass & Graft (CABG) off pump** |  |  |  |  |  |  |
| **Valve replacement/repair** |  |  |  |  |  |  |
| **Aortic aneurysm** |  |  |  |  |  |  |
| **Thoracotomy/lobectomy** |  |  |  |  |  |  |
| **Endoscopic vein harvesting** |  |  |  |  |  |  |
| **Maze procedure** |  |  |  |  |  |  |
| **Thoracic aneurysm** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Transplant** |  |  | **S A L N** | | | |
| **Bone** |  |  |  |  |  |  |
| **Corneal** |  |  |  |  |  |  |
| **Harvesting** |  |  |  |  |  |  |
| **Heart/lung** |  |  |  |  |  |  |
| **Kidney** |  |  |  |  |  |  |
| **Liver** |  |  |  |  |  |  |
| **Multi organ** |  |  |  |  |  |  |
| **Pancreas** |  |  |  |  |  |  |
| **Skin** |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Circulate: Equipment** |  |  | **S A L N** | | | |
| **Argon beam coagulator** |  |  |  |  |  |  |
| **Camera/video systems** |  |  |  |  |  |  |
| **Cell saver** |  |  |  |  |  |  |
| **Cidex soak** |  |  |  |  |  |  |
| **Cryo-ophthalmic unit** |  |  |  |  |  |  |
| **Cavitron Ultrasonic Surgical Aspirator (CUSA)** |  |  |  |  |  |  |
| **Hypo/hyperthermia unit** |  |  |  |  |  |  |
| **Drill and saws** |  |  |  |  |  |  |
| **Electrosurgical unit** |  |  |  |  |  |  |
| **Fiber optic luminator** |  |  |  |  |  |  |
| **Cavitron** |  |  |  |  |  |  |
| **Autoclave** |  |  |  |  |  |  |
| **Fracture tables** |  |  |  |  |  |  |
| **Harmonic scalpel** |  |  |  |  |  |  |
| **Ligasure** |  |  |  |  |  |  |
| **Stapling devices** |  |  |  |  |  |  |
| **Mesh graft/dermatone** |  |  |  |  |  |  |
| **Microscopes** |  |  |  |  |  |  |
| **Nitrogen tank** |  |  |  |  |  |  |
| **Pneumatic tourniquet** |  |  |  |  |  |  |
| **Stealth** |  |  |  |  |  |  |
| **Steris unit** |  |  |  |  |  |  |
| **Pulsevac irrigation** |  |  |  |  |  |  |
| **Autotransfusion system** |  |  |  |  |  |  |
| **Laser equipment** |  |  |  |  |  |  |
| **Care of scopes & fiberoptic equipment** |  |  |  |  |  |  |
| **Venodyne robotics (Da Vinci)** |  |  |  |  |  |  |

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

# Fax to: 1-305-266-3242

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

**Signature**

**Date**