

ATC Healthcare Associate Name _____

Date _____



SKILLS/COMPETENCY SELF-APPRAISAL
SPECIALTY AREA: OPERATING ROOM SCRUB OR CIRCULATOR

Please Check Occupation: RN LPN/LVN

Applicant, please indicate your current level of proficiency in **column A** for each type of equipment or situation using the following codes.
 (Columns Year 1, Year 2 and Year 3 will be used for annual update).

LEVEL OF PROFICIENCY CODES

O = NEVER DONE 1 = NOT DONE REGULARLY 2 = 6 MOS - 1 YEAR REGULAR EXPERIENCE 3 = 1 YEAR OR MORE REGULAR EXPERIENCE

| SKILLS | A | YEAR | YEAR | YEAR | SKILLS | A | YEAR | YEAR | YEAR |
|--|---|-------|-------|-------|--|---|-------|-------|-------|
| | | _____ | _____ | _____ | | | _____ | _____ | _____ |
| ▪ BCLS | | | | | ▪ Counting Instruments, Sponges, etc. | | | | |
| ▪ ACLS | | | | | ▪ Recognition Emergencies/Interventions | | | | |
| ▪ IV Certified | | | | | ▪ Surgical Preps | | | | |
| ▪ Other: | | | | | ▪ Patient Positioning & Draping | | | | |
| 1. AREAS OF EXPERIENCE: | | | | | ▪ Naso Gastric Tubes, Gastric Decompression | | | | |
| ▪ OR Scrub | | | | | ▪ Mechanical Ventilation/Complications | | | | |
| ▪ OR Circulator | | | | | ▪ ABG Interpretation/Intervention | | | | |
| 2. PATIENT GROUPS: | | | | | ▪ Intra-Operative CPR Procedures, Emergency Drugs (ACLS) | | | | |
| ▪ Infant | | | | | ▪ IV Cannulation, INT/Hep Lock | | | | |
| ▪ Pediatric | | | | | ▪ IV Medications & Fluids | | | | |
| ▪ Adolescent | | | | | ▪ Administration of Blood/Blood Products | | | | |
| ▪ Adult | | | | | ▪ Arterial Lines/Transducers | | | | |
| ▪ Geriatric | | | | | ▪ Central Venous Lines, Swan Ganz, CVP | | | | |
| 3. BASIC SKILLS: | | | | | ▪ Dysrhythmia Recognition/Intervention | | | | |
| ▪ Admission/Discharge/Transfer | | | | | ▪ Vital Sign Monitors, EKG/BP Monitors | | | | |
| ▪ Charting/Documentation/Consents/Care Plan | | | | | ▪ Communication With Other Team Members | | | | |
| ▪ Verify Chart, Patient ID, Consent, Pre-ops | | | | | ▪ Lab Values/Diagnostics | | | | |
| ▪ Sterile Technique | | | | | ▪ IV Conscious Sedation | | | | |
| ▪ Surgical Hand Scrub | | | | | ▪ Assist With Insertion of Epidural Catheter | | | | |
| ▪ Anesthesia: Procedure, Types, Complications (Malignant Hyperthermia) | | | | | ▪ Intermittent/Indwelling Catheterization | | | | |
| ▪ Universal Precautions/Infection Control | | | | | ▪ Pulse Oximetry Interpretation/Intervention | | | | |
| ▪ Confidentiality of Information | | | | | ▪ Surgical Conscience | | | | |
| ▪ Selecting Instruments, Packs, Supplies | | | | | 4. EQUIPMENT/PROCEDURES: | | | | |
| ▪ Checking for Sterility of Supplies | | | | | ▪ Anesthesia Machine | | | | |
| ▪ Arranging Supplies/Instruments on Sterile Field | | | | | ▪ Ambu Bags/Masks | | | | |
| ▪ Proper Gowning/Gloving, Using Face Shields | | | | | ▪ Oxygen Set-Up/Administration | | | | |
| ▪ Accepting/Dropping Items on Sterile Field | | | | | ▪ Suction Set-Up & Use, Routes | | | | |
| ▪ Handling specimens/Other Items on Sterile Field | | | | | ▪ OR X-Ray Technique | | | | |
| ▪ Passing Off/Accepting Instruments & Supplies To/From Surgeon(s) | | | | | ▪ Bone Bank | | | | |
| ▪ Restraints, Criteria, Safety | | | | | ▪ Organ Donation | | | | |
| ▪ Patient/Family Teaching | | | | | ▪ K-Pad | | | | |

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| SKILLS | A | YEAR | YEAR | YEAR | SKILLS | A | YEAR | YEAR | YEAR |
|--|---|------|------|------|---|---|------|------|------|
| ▪ Cautery (Bovie): Safety, Settings | | | | | 8. CHEST/THORAX: | | | | |
| ▪ Pneumatic Tourniquet | | | | | ▪ Lobectomy, Pneumonectomy | | | | |
| ▪ Blood Warmer | | | | | ▪ Pectus Excavation | | | | |
| ▪ Bair Hugger | | | | | ▪ Flail Chest, Rib Resection | | | | |
| ▪ Scopes: Microscope, Bronchoscope, Arthroscope, Cystoscope, Urethroscope, Gastroscope, etc. | | | | | ▪ Lung Transplant | | | | |
| ▪ Sutures, Auto-Suture | | | | | ▪ Chest Trauma | | | | |
| ▪ Sterilizers, Autoclaves | | | | | ▪ Chest Tube Insertion, Set-Up | | | | |
| 5. ABDOMINAL SYSTEM: | | | | | 9. EAR, NOSE & THROAT: | | | | |
| ▪ Appendectomy | | | | | ▪ Laryngectomy | | | | |
| ▪ Aneurysm | | | | | ▪ System Trauma: Nasal Fracture, etc. | | | | |
| ▪ Bowel Resection | | | | | ▪ Tonsillectomy & Adenoidectomy | | | | |
| ▪ Gastrectomy | | | | | ▪ Radical Neck | | | | |
| ▪ Colostomy | | | | | ▪ Tracheostomy | | | | |
| ▪ Cholecystectomy | | | | | ▪ Ear Tubes, Other Otic Procedures | | | | |
| ▪ Splenectomy | | | | | ▪ Thyroidectomy | | | | |
| ▪ Pancreatic Procedures | | | | | 10. GYNECOLOGICAL & OBSTETRICAL: | | | | |
| ▪ Hernias: Inguinal, Hiatal, etc. | | | | | ▪ Tubal Ligation | | | | |
| ▪ Obstruction: Tumors, etc. | | | | | ▪ Microtuboplasty | | | | |
| ▪ Congenital Anomalies | | | | | ▪ C-Section | | | | |
| ▪ Esophageal Varices | | | | | ▪ D & C | | | | |
| 6. BREAST: | | | | | ▪ Hysterectomy: Abdominal, Vaginal | | | | |
| ▪ Carcinoma: Lumpectomy, Mastectomy | | | | | ▪ A & P Repair: MMK, etc. | | | | |
| ▪ Cosmetic/Reconstructive: Mammoplasty, Reduction, Augmentation, etc. | | | | | ▪ Colposcopy, Laser Vaporization (Cervix) | | | | |
| 7. CARDIOVASCULAR: | | | | | 11. LIVER: | | | | |
| ▪ Aneurysm | | | | | ▪ Transplant | | | | |
| ▪ Bypass: Fem-Pop, Axillo-Femoral, etc. | | | | | ▪ Lobectomy | | | | |
| ▪ Carotid Endarterectomy | | | | | ▪ Biopsy | | | | |
| ▪ Embolectomy | | | | | 12. NEUROLOGICAL: | | | | |
| ▪ Pacemaker Insertion | | | | | ▪ Tumors | | | | |
| ▪ Congenital Anomalies | | | | | ▪ Craniotomy | | | | |
| ▪ Open Heart | | | | | ▪ Aneurysm | | | | |
| ▪ Heart Transplant | | | | | ▪ Myelogram | | | | |
| ▪ Heart-Lung Machine | | | | | ▪ Lumbar Laminectomy | | | | |
| ▪ Cardioversion/Defibrillation | | | | | ▪ Fusion: Cervical, Lumbar, etc. | | | | |

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| SKILLS | A | YEAR | YEAR | YEAR | SKILLS | A | YEAR | YEAR | YEAR |
|---|---|------|------|------|---|---|------|------|------|
| ▪ Head Injury | | | | | ▪ Sports Injuries: Rotator Cuff, etc. | | | | |
| ▪ Cerebral Hemorrhage | | | | | 16. RECTAL: | | | | |
| ▪ Spinal Injuries | | | | | ▪ Hemorrhoidectomy | | | | |
| ▪ ICP Monitoring | | | | | ▪ Pilonidal Cyst | | | | |
| ▪ Comatose Patient | | | | | ▪ Rectocele | | | | |
| 13. COSMETIC/RECONSTRUCTIVE: | | | | | ▪ Tumors | | | | |
| ▪ Burns, Thermal Injury, Chemicals | | | | | 17. TRAUMA: | | | | |
| ▪ Facelift | | | | | ▪ Gunshot Wounds | | | | |
| ▪ Rhinoplasty | | | | | ▪ Stab Wounds | | | | |
| ▪ Dermabrasion, Chemical Peels | | | | | ▪ Multiple Trauma | | | | |
| ▪ Skin Grafts | | | | | 18. SHOCK: Hypovolemic, Anaphylactic, Hemorrhagic, Septic, Cardiogenic, Neurogenic | | | | |
| ▪ Liposuction | | | | | 19. EYE: | | | | |
| ▪ Blepharoplasty | | | | | ▪ Enucleation | | | | |
| 14. UROLOGICAL: | | | | | ▪ Cataract | | | | |
| ▪ Congenital Anomalies | | | | | ▪ Glaucoma: Laser | | | | |
| ▪ Cystoscopy | | | | | ▪ Other Ophthalmic Procedures | | | | |
| ▪ Transurethral Resection of the Prostate | | | | | | | | | |
| ▪ System Tumors | | | | | | | | | |
| ▪ Renal Calculi: Laser, etc. | | | | | | | | | |
| ▪ Vasectomy | | | | | | | | | |
| ▪ Nephrectomy | | | | | | | | | |
| ▪ Kidney Transplant | | | | | | | | | |
| ▪ Ileostomy, Ileal Conduit | | | | | | | | | |
| 15. ORTHOPEDIC: | | | | | | | | | |
| ▪ Multiple Trauma | | | | | | | | | |
| ▪ Open Reduction/Hardware | | | | | | | | | |
| ▪ Closed Reduction | | | | | | | | | |
| ▪ Hip Replacement | | | | | | | | | |
| ▪ Arthroscopy, Arthrotomy | | | | | | | | | |
| ▪ Amputation | | | | | | | | | |
| ▪ Reattachment, Revascularization | | | | | | | | | |

Signed: _____

Date: _____

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