



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
GENERAL					
Equipment:					
Bovie					
Tandem suction					
Blanketrol					
Headlights					
Stirrups					
ABC					
OR Spotlights					
Burn Cart					
Meshes					
Dermatomes: Zimmer Air					
Brown					
Padgett					
Reese					
Suction Curettage Machine					
Autoclaves					
Flash Paks					
Malignant Hyperthermia Cart					
Laparoscopic Video Equipment					
Colonoscopy / Sigmoidoscopy Cart					
OR Bed attachments					
Diving Board					
Bean Bag					
Procedures:					
Burns					
Laparoscopic: Chole					
Hernia					
Appy					
Colectomy					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
Procedures continued:					
A & P Repair					
MMK					
Breast Bx / Lumpectomy					
Mastectomy					
Open Hernia: Inguinal					
Ventral / Incisional					
Open Bowel Cases					
Hemorrhoidectomy / Rectal Cases					
Colonoscopy / Sigmoidoscopy					
Lower Anterior Resection / AP Repair					
Open Appendectomy					
PERIPHERAL VASCULAR					
Equipment:					
CMFH Cart					
Angioscope					
Doppler					
Procedures:					
Carotid Endarterectomy					
A-V Fistula					
Fem-Pop / Bypass Grafts					
AAA / Aorta Bifem.					
Vascular Access Catheter					
Greenfield Umbrella Filter					
Pacemaker Insertion					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment				
	<u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
THORCIC					
Equipment:					
Bronchoscopes: Rigid					
Flexible					
Mediastinoscope					
Gastroscope					
Esophagoscope					
Stryker Video System					
Procedures:					
Thoracotomy					
Thoracoscopy					
Mediastinoscopy					
Esophagogastrectomy					
Thymectomy					
Pericardial Window					
ENT / PLASTICS					
Equipment:					
ENT Cart					
Plastic Cart					
Laryngoscope Cart					
Storz Microscope					
Shaw Knife					
Stryker Command System					
Hall Drill					
Procedures:					
Lacerations					
Facial Fx					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment				
	<u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
Procedures – continued:					
Flaps					
Breast Reduction / Augmentation					
Thyroid					
Parotid					
Radical Neck					
Panendoscopy / Laryngoscopy					
EYES					
Equipment:					
Eye Cart					
Cryo Machine					
Vitrectomy Machine					
Storz Premier					
Zeiss Microscope					
Diathermia Machine					
Indirect Ophthalmic Scope					
F3 C8 Gas					
Chan Headrest					
Argon Laser					
Procedures:					
Sclera Buckle					
Vitrectomy					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
GU					
Equipment:					
Cysto Table					
Pulsolith Laser					
EHL Machine					
GU Video System					
I-125 Bed Frame					
Procedures					
Cysto					
Ureteroscopy					
TURP / TURB					
Prostatectomy					
Nephrectomy					
Cystectomy					
Bladder Suspensions					
ORTHO					
Equipment					
Chick Fx Table					
Amsco Fx Table					
Montreal Frame					
Cloward Saddle Frame					
Hall Frame					
Tourniquet					
Simpulse / Pulse Evac					
Nitrogen: Wall					
Tank					
Midas Rex					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
Equipment – continued:					
Anspoch					
Schlein Frame					
Shoulder Holder					
Arthroscopic Video System					
Sterile Hood System					
Hand Microscope					
Ultra Air System					
Procedures:					
Arthroscopy					
Total Hip					
Total Knee					
Open Shoulder Procedures					
ORIF Long Bones					
Hand Cases					
I & D's					
Laminectomy					
Spinal Fusion w/ Hardware					
Cervical Fusion (anterior/posterior)					
IM Rods					
Amputations					
Hip Pinning					
External Fixation					
ACL Reconstruction					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
NEURO					
Equipment:					
CUSA					
Contraves Microscope					
Mayfield Headrest w/ attachments					
Buddy Halo					
Greenberg					
Malis Bipolar					
Malis Irrigator					
Midas Rex					
Hall Frame					
Wilson Frame					
Cloward Saddle Frame					
Emergency Crani Cart					
Ultrasound					
CO2 Laser					
Garretson Overbed Frame					
Stereotaxic System					
Procedures:					
Craniotomy: generic					
aneurysm					
Cervical Fusion (anterior/posterior)					
Laminectomy					
Shunts					
Steriotaxic Procedures					
Spinal Fusion w/ Hardware					



SURGERY SKILLS SELF ASSESSMENT

Name: _____

Date: _____

- 1 = Feel competent/ have used equipment/ done procedure multiple times during last 6 mos.
- 2 = Feel comfortable/ have not used equipment/ done procedure within last 6 months.
- 3 = Have not used the equipment or done the procedure within the last year.
- 4 = Have been oriented to the equipment and / or procedure.
- 5 = Have never been exposed to the equipment and / or procedure.

Skill / Policy / Procedure	Self Assessment <u>C</u> irculate / <u>S</u> crub Write in C or S				
	1	2	3	4	5
OPEN HEART					
Equipment:					
Slush Machine					
Sternal Saws					
Mammary Retractor					
Rultrac Retractor					
Tetronic Monitor					
Fibrillator					
Pleurovac					
Emerson Pump					
Crash Cart					
Open Heart Emergency Cart					
Procedures:					
CABG					
AVR / MVR					
ASD / VSD					
PDA					
Thoracic / Bad. Aneurysm					
Balloon Pump Insertion					
Implantable Cardiac Defibrillator					

SIGNATURE: _____

Return to:
Elite Medical Staffing, Inc.
1110 Douglas Avenue, Suite 1018
Altamonte Springs, FL 32714