

SurgiStaff

Subsidiary of HiTech Searches, Inc.

Surgical Tech Skills Checklist

Please Print Name: _____ Date: _____

How many years of experience? _____ Are you Certified? Yes/No

Strongest areas of expertise? _____

Weakest area of expertise? _____

DIRECTIONS: By completing this checklist to the best of your ability, you will help us match your skills and areas of interest with our available assignments. Please circle the number, 1, 2, 3, or 4, that most accurately describes your level of experience with each skill. Print and fax your list to 707/265-9182

EXPERIENCE LEVELS

4 = VERY EXPERIENCED (can perform well independently)

3 = EXPERIENCED (Need initial review, then can perform independently)

2 = SOME EXPERIENCE (Require assistance/supervision)

1 = NO EXPERIENCE

GENERAL SURGERY

	Experience Level
AKA/BKA (amputation)	1 2 3 4
Radical Mastectomy	1 2 3 4
Abdominal-Perineal Resection	1 2 3 4
Cholecystectomy (Open)	1 2 3 4
Exploratory Laparotomy	1 2 3 4
Appendectomy	1 2 3 4
Laparoscopic Procedures:	
-Cholecystectomy	1 2 3 4
-Appendectomy	1 2 3 4
Laparoscopic Procedure-Hernia	1 2 3 4
Laparoscopic Procedure-Nissan	1 2 3 4
Laparoscopic Procedure-Colectomy	1 2 3 4
Gastrectomy	1 2 3 4
Inguinal/Ventral Hernia Repair	1 2 3 4
Splenectomy	1 2 3 4
Bowel Resection/Colostomy	1 2 3 4
Thyroidectomy	1 2 3 4
Rectal Procedures	1 2 3 4
Esophagoscopy/Gastroscopy	1 2 3 4
Pediatric Case-Inguinal Hernia Repair	1 2 3 4
Pediatric Case-Pyloric Stenosis	1 2 3 4
Pediatric Case-Circumcision	1 2 3 4
Pediatric Case-Exploratory Laparotomy	1 2 3 4

VASCULAR SURGERY

Carotid Endarterectomy	1 2 3 4
Abdominal Aortic Aneurysm	1 2 3 4
Femoral-Popliteal By-pass Graft:	
- (Insitu)	1 2 3 4
-(Graph)	1 2 3 4
Portacath, Tesio, Hickman	1 2 3 4
AV Shunt	1 2 3 4
Thrombectomy	1 2 3 4
Pacemaker Insertion	1 2 3 4
Arterial Stenting/Intra-Operative Angioplasty	1 2 3 4
Subclavin/Carotid By-pass	1 2 3 4

CARDIAC/THORACIC/VASCULAR

Coronary Artery By-pass	1 2 3 4
Mitral Valve Repair/Replacement	1 2 3 4
Aortic Valve Replacement	1 2 3 4
Multiple Valve Transposition	1 2 3 4
Septal Defects	1 2 3 4
Ventricular Aneurysm Repair	1 2 3 4
Bring Back Heart	1 2 3 4
Pericardial Window	1 2 3 4
Intra-Aortic Balloon Insertion	1 2 3 4
Heartport or Similar CABG	1 2 3 4

Print Name: _____

Thoraco approach Mid-Cab	1 2 3 4
Aortic Arch Replacement/Valve Conduit	1 2 3 4
Mechanical Heart/LVAD	1 2 3 4
Pediatric Hearts	1 2 3 4
Tetralogy of Fallot	1 2 3 4
Chamberlain Procedure	1 2 3 4
Femoral Artery Cannulation	1 2 3 4
AICD Insertion	1 2 3 4
Saphenous Vein Harvest	1 2 3 4
Endoscopic Vein Harvest	1 2 3 4
Gastric Artery Harvest	1 2 3 4
Radial Vein Harvest	1 2 3 4
Carotid Endarterectomy	1 2 3 4
Abdominal Aortic Aneurysm	1 2 3 4
Femoral-Popliteal By-pass Graft	1 2 3 4
Thrombectomy	1 2 3 4
AV Shunt	1 2 3 4
Pacemaker Insertion	1 2 3 4
Insertion Vena cava Filter	1 2 3 4
Portacath, Tesio, Hickman Placement	1 2 3 4
Thoracotomy	1 2 3 4
Thoracoscopy	1 2 3 4
Insertion Chest Tubes	1 2 3 4
Esophageal Repair	1 2 3 4
Pneumonectomy/Lobectomy	1 2 3 4
Mediastinotomy	1 2 3 4
Descending Aortic Repair	1 2 3 4
Arterial Stenting/Intra-Operative Angioplasty	1 2 3 4

ORTHOPEDICS

Total Hip Replacement	1 2 3 4
Bipolar Hip	1 2 3 4
Compression Hip Screw	1 2 3 4
Total Knee Replacement	1 2 3 4
Knee Arthroscopy	1 2 3 4
ACL Knee Repair	1 2 3 4
Harrington Rod or Similar	1 2 3 4
I.M. Rodding	1 2 3 4
Hand & Foot Procedures	1 2 3 4
Mini, Standard, Large Fragment Screws & Plates	1 2 3 4
External Fixation	1 2 3 4
Shoulder Repair	1 2 3 4
Shoulder Arthroscopy	1 2 3 4
Spinal Fusion	1 2 3 4
Cast Application	1 2 3 4
Fracture Table Set-up	1 2 3 4

Drills, Saws and Reamers 1 2 3 4

GYNECOLOGY

D&C	1 2 3 4
Diagnostic Laparoscope	1 2 3 4
Laparoscopic Assisted Vaginal Hysterectomy	1 2 3 4
Abdominal Hysterectomy	1 2 3 4
Vaginal Hysterectomy	1 2 3 4
Anterior/Posterior Repair	1 2 3 4
MMK(Marshall Marchetti Krantz)	1 2 3 4
Tuboplasty	1 2 3 4
BTL(Bilateral Tubal Ligation)	1 2 3 4
C-Sections	1 2 3 4
UROLOGY	
Radical Prostatectomy	1 2 3 4
Radical Lymph Node Dissection	1 2 3 4
Insertion Penile Prosthesis	1 2 3 4
Hydrocelectomy	1 2 3 4
Cystoscopy	1 2 3 4
Ureteroscopy	1 2 3 4
TURP/TURST	1 2 3 4
Ultrasonic Lithotripsy	1 2 3 4

NEUROLOGY

Cervical Laminectomy(Anterior)	1 2 3 4
Cervical Laminectomy(Posterior)	1 2 3 4
Lumbar Laminectomy, Discectomy	1 2 3 4
Percutaneous Micro Discectomy	1 2 3 4
Craniotomy For Tumor	1 2 3 4
Craniotomy For Aneurysm	1 2 3 4
Burr Holes	1 2 3 4
VP Shunts	1 2 3 4
Transphenoidal Hypophysectomy	1 2 3 4
Carpal Tunnel Repair	1 2 3 4
Harrington Rod or Similar	1 2 3 4

PLASTICS

Mammoplasty	1 2 3 4
Facelifts	1 2 3 4
Skin Grafts	1 2 3 4
Rhinoplasty	1 2 3 4
Cleft Lip Repair	1 2 3 4
Abdominalplasty	1 2 3 4
Blepharoplasty	1 2 3 4
Otoplasty	1 2 3 4
Muscle Flaps	1 2 3 4

E.N.T.

Middle Ear Cases	1 2 3 4
T&A	1 2 3 4

Print Name: _____

Myringotomy 1 2 3 4
Tympanoplasty 1 2 3 4
Radical Neck Dissection 1 2 3 4
Septoplasty 1 2 3 4
Sinus Endoscopy 1 2 3 4

TRAUMA SURGERY

Transplant Surgery 1 2 3 4

Organ Procurement (Harvest) 1 2 3 4

THORACIC SURGERY

Thoracotomy 1 2 3 4
Thoracoscopy 1 2 3 4
Insertion Chest Tubes 1 2 3 4
Esophageal Repair 1 2 3 4
Pneumonectomy/Lobectomy 1 2 3 4

The information I have given is true and accurate to the best of my knowledge.

Sign: _____ **Date:** _____

Name (Please Print)