

**AL HADA MILITARY HOSPITAL
NURSING DEPARTMENT**

NAME: _____

DATE: _____

OPERATING ROOMS
RECRUITMENT SKILLS CHECKLIST: PERIOPERATIVE NURSING

AIM OF CHECKLIST:

When completing the following, please remember that this checklist is used by the reviewer to assess your overall competency and suitability to a particular area.

Please feel free to elaborate on any area you feel necessary to give a more comprehensive overview to the reviewer.

For your most recent Operating Room experience, indicate the following information:

- Number of beds in hospital. _____
- Number of Operating Rooms functioning. _____
- Average number of Operating Room cases per day. _____
- Number of years of Perioperative nursing experience. _____

EXPERIENCE: How frequently have you given nursing care to patients with the conditions listed below (within the last two years).

Experience:

- 1 - None
- 2 - Limited, Need Practice
- 3 - Frequent, Well Skilled

	SCRUB			CIRCULATE		
	1	2	3	1	2	3
I. GENERAL						
Major						
Minor						
Laparoscopic Chole, Hernia, Others						
Pediatrics (PDA, Pylorotomy, Imperforate Anus, etc.)						
II. OB/GYN						
Major/Oncology						
Laparoscopic: LAVH/Hysteroscopy						
Laser: Cervical/Vulva/Peritoneal						
III. OPHTHALMOLOGY						
Retinal/Laser						
Corneal - Transplant						
Cataract Surgery (Phaco-IOL)						
DCR						

XIV.

1. What is your average staffing ratio or number of nurses per room? _____

2. Have you ever been responsible for or in charge of a particular surgical service? E.g.; Vascular Ophthalmology.
Yes _____ No _____
If yes, which service (s) and for how long _____

3. Are you often assigned to departments other than O.R., for example L & D, Recovery Room, E.R.
Yes _____ No _____

Please specify the number of whole day/year spent in: O.R. _____

Specify other department and number of day/year: _____

Thank you for completing the above. Demonstration of skills stated will be expected during 90 days probationary period. Inability to demonstrate skills stated may result in termination during probationary period.

Name / Signature