

# Psychomotor Skills Practice Instructions for Operating Room Setup

#	Step	Instructions	Good Skills (learning objectives)	Common errors	Guidance
1	Environmental readiness check	Articulates OR Environmental cleaning checklist / terminal cleaning checklist are completed			
2	<b>Verify</b> Planned procedure Surgeon requirements/preferences Special equipment needs	Articulates planned procedures and setup/special equipment required confirmed with surgeon			
3	Gather supplies	Articulate all needed equipment is available and ready			
4	Check and position OR furniture	Position OR bed/table, Mayo/side tables, anesthesia workstation and stools; ensure clear transfer space and walkways.	Correct ergonomic layout; unobstructed walkways; table aligned with lights; patient transfer space ready	Poor positioning causing crowding or obstruction; table not aligned to lights	Do a quick walk-around: transfer path, anesthesia access at head, and clear entry and exit routes.

5	Check lighting	Power on overhead/portable lights; position over expected field; confirm focus, intensity and movement range.	Lights positioned over surgical field; bulbs working, light arms stable; adjustable focus, intensity and movement range confirmed	Lights not tested; burned-out bulbs discovered during surgery, positions lights incorrectly away from the operative field, does not adjust focus or intensity appropriately, or does not check movement range and stability of the light arms.	Confirm sterile light handles/covers are available if used; set initial position for average patient height and expected surgical field.
6	Check suction system	Assemble canister/tubing; connect to wall/portable suction; test suction; keep spare canister/tubing.	Test suction function; correct tubing connections; spare canister ready	Weak suction pressure; leaks or blockages in tubing; no spare canister	If weak, check canister seal, tubing kinks, regulator, and power source (if portable).
7	Check anesthesia machine	Confirm anesthesia team has completed machine check; verify oxygen source present; ensure readiness for patient arrival.	Verify with anaesthesia lead that machine tested per protocol; oxygen supply adequate; circuits leak-checked; all alarms and safety system functional	Oxygen empty; leaks or disconnections in circuit; machine not tested before case	If the machine is not cleared, pause room readiness sign-off and escalate to anesthesia lead.
8	Set up waste disposal system	Place sharps containers and labeled waste bins in standard locations; ensure liners are present and accessible.	Clearly labeled, color-coded bins in correct locations	Bins missing, not within reach of procedural area or mislabeled; sharps container absent	If not properly organised, stop and correct the setup by repositioning or replacing waste containers before proceeding.
9	Verify available surgical instrument sets	Check correct set(s) for planned case; confirm seals intact; verify sterility indicators/expiry as visible; stage for opening	Confirm availability and correct type; check seals intact	Missing sets; damaged packaging; incorrect sets pulled	Escalate early—avoid opening incorrect sets and wasting sterile supplies
10	Arrange sterile supplies (without opening)	Check correct set(s) for planned case; confirm seals intact; verify sterility indicators/expiry as visible; stage for opening	Sterile packs placed on clean, dry surfaces; labels visible; expiry dates checked	Expired packs; damaged packaging; placed on contaminated surfaces	Leave a clear landing zone for opening; avoid stacking that crushes packaging or hides indicators

11	Check patient positioning equipment	Confirm needed positioning aids (straps, padding, armboards, stirrups, head ring) are present, intact, and clean	Equipment present, clean, functioning and within reach	Equipment missing or not easily accessible; straps frayed; padding torn	Match to likely case needs before the patient arrives; replace/flag damaged items.
12	Set up auxiliary equipment such as diathermy, warming devices	Route cords to reduce trip/pull risk; keep plugs accessible; avoid crossing walkways.	Cables inspected; grounding pads ready; devices tested	Faulty cables; ESU not tested; warming device missing	Route cords to reduce trip/pull risk; keep plugs accessible; avoid crossing walkways.
13	Verify emergency equipment, supplies and medications	Confirm crash cart access and key items (functional airway equipment, supplies, medications, oxygen) reachable; verify charge/power	Fully stocked; airway equipment (defibrillator, bag valve mask, suction) functional; equipment, supplies and medications accessible	Missing medications/ supplies /equipment; defibrillator not charged	Quick reach test:  Can the team access the emergency kit without moving clutter?  Can the team identify the backup location of emergency items before starting?
14	Patient data board, timeout list and count board	Prepare checklist/time-out materials; set up a count board; ensure patient placeholders are ready (update at time-out).	OR safety checklist and time out set up for patient to be operated on with current up to date information	Missing OR safety checklist and/or count board	Limit premature PHI; update immediately before time-out; keep board visible to the team.
15	Final room readiness check	Run a final sweep: clear pathways, remove hazards, confirm stations ready, retrieve or escalate missing items.	All stations ready; pathways clear; alarms and safety systems activated, safety hazards removed	Missing items; clutter; alarms and safety systems not functional, tripping hazards present	Use a consistent sweep order (door→anesthesia→scrub/circulator→exits) to avoid omissions
16	Ensure backup energy supply	Verbalizes backup energy supply is checked and functional			