



## ORIENTATION, EDUCATION, AND COMPETENCY ASSESSMENT

Welcome, we are excited to have you come support our team. The following document lists self-learning and on-line activities to help prepare you for our hands-on training and transition to caring for patients in our patient care areas.

The learning materials are found on our website [Clinical Facility Temp Worker \(intermountainhealthcare.org\)](https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/) URL: <https://intermountainhealthcare.org/careers/nonintermountain-workforce/contingent-workforce/temporary-worker/contracted-labor/clinical-facility/>.

We recommend that you bookmark the website for reference during your stay. The website will have additional resources that you will find helpful during your stay in Utah if you are coming to us from outside the area.

### Initial orientation day/ On-boarding class

- ☐ Complete hands-on skills and have instructors sign your competency assessment document.
- ☐ ID badge
  - Attending a central Contingent worker orientation class, pick up your badge before you leave.
  - Not attending a class, you will need to obtain your badge at your facility.
    - Badge access may take a day or two to be activated. If access is not working after two days, contact the local security department.
- ☐ Start the on-line modules. These need to be **completed within 2 weeks** of your start date or you will be pulled from the schedule. You will need to sign-yourself off on these modules on your competency assessment.
  - QR code will link you to the Non-Intermountain Clinical worker site.



### Unit Orientation

- ☐ Have your “buddy” or charge nurse complete your [Department Orientation Tour](#) (DOT) when you arrive on the unit.
  - NOTE: You need to have a new DOT completed and signed every time you first arrive on any unit/facility.
- ☐ You will be scheduled for one orientation shift to shadow another caregiver/buddy. Your buddy must sign-off your competency assessment documentation.
  - Note: Make sure to bring your competency assessment document with you for your shifts during orientation.
- ☐ After your orientation shifts you will be receiving your schedules from your dedicated unit manager.

**NOTE: Return all paperwork within 2 weeks.**

Contingent Workers return to [intermountainCWM@rightsourcingusa.com](mailto:intermountainCWM@rightsourcingusa.com)

NURSA nurses should return to [NursaCompliance@imail.org](mailto:NursaCompliance@imail.org)

Find information on how to [Activate your Intermountain Account](#) on the Website using the above QR code.

- Initial where indicated.
    - Key to abbreviations in the table: CW =Contingent Worker and Ed/TL=Educator/Team Lead.
- |       |               |        |
|-------|---------------|--------|
| Name: | Primary Units | Buddy: |
|-------|---------------|--------|

All educators/team leads must date and initial each item on the skills assessment and sign at bottom of form as Intermountain representative.

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	Ed/TL INITIALS	N/A
<b>SELF GUIDED GENERAL “E-LEARNING” MODULES FOR REVIEW</b> Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules.						
13785	Blood Product Administration	18 min				
16329	N95 and PAPR for Bio Aerosol Protection	16 min				
PREREQUISITE	<a href="#">OSHA Medical Questionnaire - complete in preparation for N95 and PAPR trainer</a>	5 min				
Website	Defibrillator Resources: Access the following modules via Zoll website R Series Videos (Software Version 14) <ul style="list-style-type: none"> <li>• R series ALS: Brief Overview - Software v 14</li> <li>• Introduction to R Series</li> <li>• Basic Operation</li> <li>• Patient Preparation</li> <li>• Monitoring</li> <li>• Advanced Monitoring Capabilities</li> <li>• Defibrillation</li> <li>• Synchronized Cardioversion</li> <li>• Pacing</li> <li>• Real CPR Help and See-Thru CPR</li> <li>• Support Functions</li> <li>• Pediatric Patients</li> <li>• Closing Summary</li> </ul>	30 min				
Resource	<b>Vocera User Training Videos</b> Learn a name and a command Phone integration – calling an outside number  <b>Vocera Documents for Central Hospitals</b> Vocera 3000 command pocket card Vocera 3000 reference card	3:26 min 1 min  5 min 5 min				
JOB AID	<b>UKG/KRONOS</b> <ul style="list-style-type: none"> <li>• Using the Time Clock</li> <li>• Punching on the Web</li> <li>• UKG App Tip Sheet</li> <li>• Checking my Schedule in the Mobile App</li> </ul>	10 min				

Resource	COVID-19 Resources for caregivers: PPE-Masking Toolkit <ul style="list-style-type: none"> <li>• Standard Precautions: Hand hygiene and PPE</li> <li>• How to wear a mask</li> <li>• How to keep safe in the breakroom</li> <li>• Cleaning your workspace</li> </ul>	6 min 5 min 5 min 5 min				
JOB AID	Medication Administration Job Aid	2 min				
JOB AID	Hospital Acquired Prevention Guide	2 min				
148069	Surgicount Training Video	10 min				
14029	Preventing Burns and Other Patient Injury in the OR	10 min				
284185	Surgical Specimen Labeling, Handling, and Transportation	10 min				
277363	Basic Aseptic Technique: Universal Protocol	10 min				
36254	Handling Human Cells, Tissues, and Cellular Based Products	10 min				
185073	Capnography for Nurses	10 min				
14000	Surgical Skin Preps	12 min				
13644	Sedation Analgesia	15 min				
<b>Total online learning time</b>		<b>3 ¼ hrs</b>				
<b>PRACTICE RESOURCE:</b> The contingent employees can access the <b>Lippincott Advisor and Procedure</b> resources by opening Lippincott Procedures at: <a href="https://procedures.lww.com/lnp/home.do">https://procedures.lww.com/lnp/home.do</a> , select login and then the self-enroll option.						
COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	Ed/TL INITIALS	N/A
<b>LIVE IN PERSON HANDS ON AND DIDACTIC TRAINING – FOUNDATIONAL</b>						
	Communication Device – Vocera	10 min				
	Defibrillator – Zoll R-Series quick review	15 min				
	N95 Fit Test and Pass Off – 3M mask types 8210, 1860, 1860S <i>Please make sure to bring your completed OSHA Medical Questionnaire</i>	15 min				
<b>TOUR FACILITY AND UNITS</b>						
8709	Complete DOT (department orientation and tour) for each facility you will be working at.					
	Cath/EP Lab department tour and introductions					

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	Ed/TL INITIALS	N/A
<b>UNIT ORIENTATION / SKILL COMFIRMATION</b>						
<b>ESSENTIAL SKILLS EVALUATION</b>						
Observed skills in the clinical setting ( <b>peer-to-peer evaluation</b> ). Educator/Team Lead to initial & date upon contingent worker completion of skill.						
Unit Based	General Cath/EP lab admission process and expectations					
Unit Based	General Cath/EP lab transfer/discharge process and expectations					
Unit Based	Patient Identification: Two patient identifiers					
Unit Based	Assessment: frequency and expectations					
Unit Based	Documentation expectations					
Unit Based	Medication Administration					
Unit Based	Cath/EP lab workflow					
Unit Based	Identify resources					
Unit Based	Specimen labeling and handling					
Unit Based	Aseptic technique					
Unit Based	Appropriate surgical attire and use of PPE					
Unit Based	Surgicount pass off					
Unit Based	Cleaning and transport of soiled instruments for reprocessing					
Unit Based	Urinary catheter insertion and infection prevention					
Unit Based	Patient education					
Unit Based	Universal protocol and Time Out process					
Unit Based	Radiation safety precautions for caregivers and patients					
<b>BELOW: OTHER SPECIALTY SKILLS/EQUIPMENT AS IDENTIFIED BY MANAGER/EDUCATOR ON UNIT</b>						

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. All questions have been answered to my satisfaction. I understand the information presented in the above listed materials and understand that I am accountable for complying with these and with all Intermountain policies, procedures, and guidelines. I will not perform any treatment or use any type of equipment with which I am unfamiliar or uncertain. If I need further assistance with performance of my job, I will request assistance from my manager(s), educator(s), or appointed ambassador.

Once completed send completed document to Margaret Stocking [intermountaincwm@rightsourcingusa.com](mailto:intermountaincwm@rightsourcingusa.com)

NURSA nurses should return skills assessments and other orientation documents to [NursaCompliance@imail.org](mailto:NursaCompliance@imail.org)

Contingent Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Intermountain Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_