

## Medical Assistant Contingent Worker Orientation, Education, & 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: For nursing only: If you do not have a dedicated unit, your schedule will come from rusty.carlson@imail.org.

**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.

| Function and/or Clinical Skill   | All MA | MA with special training | 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   |        |                          |      |             |                |     |
| <b>UKG/Dimensions</b>  |        |                          |      |             |                |     |
| <ul style="list-style-type: none"> <li>Navigation Basics <ul style="list-style-type: none"> <li>Getting Started</li> <li>Understanding my timecard</li> </ul> </li> <li>Recording My Time <ul style="list-style-type: none"> <li>Punching at the clock</li> <li>Punching on the web</li> <li>Review and approve my timecard</li> </ul> </li> <li>Fixing my time <ul style="list-style-type: none"> <li>Fixing missed punches and other timecard changes</li> </ul> </li> </ul> | X      |                          |      |             |                |     |
| <b>Personal Protective Equipment (PPE)</b>   |        |                          |      |             |                |     |
| <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>   | X      |                          |      |             |                |     |
| <b>Vital Signs</b>   |        |                          |      |             |                |     |
| Blood Pressure Age Specific Parameters Lippincott Solutions  | X      |                          |      |             |                |     |
| Heart Rate Age Specific Parameters Lippincott Solutions  | X      |                          |      |             |                |     |
| Respiratory Rate Age Specific Parameters Lippincott Solutions  | X      |                          |      |             |                |     |
| Temperature Parameters Lippincott Solutions  | X      |                          |      |             |                |     |
| Postural Vital signs measurements ambulatory care Lippincott Solutions   | X      |                          |      |             |                |     |
| <b>Emergency</b>   |        |                          |      |             |                |     |
| AED (Zoll AED Plus), Public Access   | X      |                          |      |             |                |     |
| Red Flag List MG   | X      |                          |      |             |                |     |
| <b>Laboratory</b>  |        |                          |      |             |                |     |
| Specimen Labeling MG   | X      |                          |      |             |                |     |
| <b>Wound/Skin</b>  |        |                          |      |             |                |     |
| MG wound care 7.10.23  | X      |                          |      |             |                |     |
| Skin suture removal ambulatory care Lippincott Solutions   | X      |                          |      |             |                |     |
| Skin Staple and clip removal Lippincott Solutions  | X      |                          |      |             |                |     |
| Orthopedic Splinting Casting   | X      |                          |      |             |                |     |

| Function and/or Clinical Skill   | All MA | MA with special training | Date | CW INITIALS | Ed/TL INITIALS | N/A |
|--|--------|--------------------------|------|-------------|----------------|-----|
| <b>Medication</b>  |        |                          |      |             |                |     |
| Medication Administration  |        | X                        |      |             |                |     |
| How to use the oxygen tank   | X      |                          |      |             |                |     |
| Best Practices for Cleaning BD Alaris System Devices   |        | X                        |      |             |                |     |
| Infusion Pump Cleaning Log   |        | X                        |      |             |                |     |
| IV Insertion for Non-Licensed Clinical Caregiver Education   |        | X                        |      |             |                |     |
| LIVE IN PERSON HANDS ON AND DIDACTIC TRAINING – FOUNDATIONAL   |        |                          |      |             |                |     |
| <b>Patient Check in</b>  |        |                          |      |             |                |     |
| Collect patient history forms & Data   | X      |                          |      |             |                |     |
| Medication reconciliation  | X      |                          |      |             |                |     |
| Provide patient/family education as directed by provider   | X      |                          |      |             |                |     |
| <b>Emergency Response</b>  |        |                          |      |             |                |     |
| <b>Defibrillator Resources:</b><br>Know location of AED and how to use it (See link to wiki)             |        | X                        |      |             |                |     |
| <b>Crisis Response:</b> Patient threatening to harm self or others                                       | X      |                          |      |             |                |     |
| <b>Front Desk</b>  |        |                          |      |             |                |     |
| Check in patients  | X      |                          |      |             |                |     |
| Register new patients in computer  |        | X                        |      |             |                |     |
| Schedule appointments  |        | X                        |      |             |                |     |
| Schedule ancillary procedures/appointments   | X      |                          |      |             |                |     |
| <b>Genitourinary System</b>  |        |                          |      |             |                |     |
| Obtain clean catch specimen  |        | X                        |      |             |                |     |
| Demonstrate proper labeling, including, 2 patient identifiers, label in front of patient and final check |        | X                        |      |             |                |     |

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|---|--------|--------------------------|------|-------------|----------------|-----|
| Provide moderately complex wound care, e.g. packing (Under MD supervision which may include practice specific protocol)       |        | X                        |      |             |                |     |
| <b>Lab Specimen Collection/Testing</b>  |        |                          |      |             |                |     |
| Perform peripheral venipuncture and/or heel stick for lab specimen  |        | X                        |      |             |                |     |
| Perform waived lab tests  |        | X                        |      |             |                |     |
| <b>Medication Administration</b>  |        |                          |      |             |                |     |
| Administer oral, subcutaneous, intradermal, topical, intramuscular, transmucosal, sublingual, vaginal, or rectal medications. | X      |                          |      |             |                |     |
| Administer medication via inhalation (nebulizer)  |        | X                        |      |             |                |     |
| Administer investigational medication   |        | X                        |      |             |                |     |
| Administer allergy shots (no mixing of serum)   |        | X                        |      |             |                |     |
| Report adverse drug reaction  | X      |                          |      |             |                |     |
| <b>Musculoskeletal System</b>   |        |                          |      |             |                |     |
| Apply splints, slings, walking boots, collar, etc.  |        | X                        |      |             |                |     |
| Set up and assist with cast application   | X      |                          |      |             |                |     |
| Perform Cast removal  |        | X                        |      |             |                |     |
| Crutch and Walker Training  |        | X                        |      |             |                |     |
| <b>Radiology</b>  |        |                          |      |             |                |     |
| Prepare patients for radiology procedure  |        | X                        |      |             |                |     |
| Perform radiology procedure   |        | X                        |      |             |                |     |
| <b>Respiratory System</b>   |        |                          |      |             |                |     |
| Obtain pulse oximeter reading   | X      |                          |      |             |                |     |
| Suction mouth/nose with bulb syringe  |        | X                        |      |             |                |     |
| Assist patient in use of inhaler, spacers, etc.   |        | X                        |      |             |                |     |
| <b>Other</b>  |        |                          |      |             |                |     |
| Perform controlled substance count  | X      |                          |      |             |                |     |
| Perform & Witness wasting of controlled substance   | X      |                          |      |             |                |     |
| Insert peripheral venous needle/catheter  |        | X                        |      |             |                |     |

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| Irrigate Peripheral venous needle/catheter   |        | X                        |      |             |                |     |
| Discontinue peripheral venous needle/catheter  |        | X                        |      |             |                |     |
| Perform EKG (add line for postural vital signs)  |        | X                        |      |             |                |     |
| <b>SELF GUIDED GENERAL “E-LEARNING” MODULES TARGETING ELECTRONIC HEALTH RECORD (Cerner = iCentra) FOR REVIEW</b> |        |                          |      |             |                |     |
| iCentra introduction to PowerChart   | X      |                          |      |             |                |     |
| iCentra introduction to iCentra  | X      |                          |      |             |                |     |
| iCentra Patient Intake   | X      |                          |      |             |                |     |
| iCentra Patient Search   | X      |                          |      |             |                |     |
| iCentra Referrals  | X      |                          |      |             |                |     |
| iCentra Manage Orders Part 1   | X      |                          |      |             |                |     |
| iCentra Manage Orders Part 2   | X      |                          |      |             |                |     |
| iCentra Message Center Part 1  | X      |                          |      |             |                |     |
| iCentra Message Center Part 2  | X      |                          |      |             |                |     |
|  |        |                          |      |             |                |     |
|  |        |                          |      |             |                |     |
|  |        |                          |      |             |                |     |
|  |        |                          |      |             |                |     |
|  |        |                          |      |             |                |     |
|  |        |                          |      |             |                |     |

[illegible]

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:\_\_\_\_\_

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