PROGRESSIVE CARE UNIT (PCU) RNs CONTINGENT NURSING
CLINICAL ORIENTATION, EDUCATION, AND SKILLS 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 can be on our website Clinical Facility Temp Worker (intermountainhealthcare.org) 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.

Department Orientation: (Print out and give to manager/educator to fill out)
A department orientation must be completed within two weeks of the worker's start date.
Account Activation:
Workers, participating in patient charting or requiring access to Intermountain systems, should receive an Intermountain account or user ID. This account is temporary and must be activated by the worker prior to their first day. Instructions for activating an Intermountain account.

- Initial where indicated.
  - Key to abbreviations in the table: **CW** =Contingent Worker and **Ed/TL**=Educator/Team Lead.

    Name:_____Primary Units_____   Buddy:_____

    Assigned Hire Date: _____

All educators/team leads must sign at bottom of form as Intermountain representative.
Once completed the caregiver needs to send completed document to:
Margaret Stocking intermountaincwm@rightsourcingusa.com. Must be completed within 2 weeks of starting.

QR code to website:

COURSE REFERENCE NUMBER	COURSE NAME	TIME	DATE	CW INITIALS	CC INITIALS	N/A
**SELF GUIDED GENERAL "E-LEARNING" MODULES FOR REVIEW** 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				
Review for Hands-On	PT0051 Glucose Monitoring in Whole blood (Nova Stat strip Glucose Monitoring System) PT0051C1 – *Content Test to complete and bring to training*	15 min				
16329	N95 and PAPR for Bio Aerosol Protection	16 min				
13679	Restraints and Seclusions	12 min				
PREREQUSITE	OSHA Medical Questionnaire_WithSubmit.pdf – complete in preparation for N95 and PAPR trainer – *Completed and submitted digitally on the website.*	5 min				
website	**Defibrillator Resources: Access the following modules via Zoll website R Series Videos (Software Version 14)** • R series ALS: Brief Overview - Software v 14 • Introduction to R Series • Basic Operation • Patient Preparation • Monitoring • Advanced Monitoring Capabilities • Defibrillation • Synchronized Cardioversion • Pacing • Real CPR Help and See-Thru CPR • Support Functions • Pediatric Patients • Closing Summary	30 min				
	Vocera User Training Videos Learn a name and a command Phone integration – calling an outside number **Vocera Documents for Central Hospitals** Vocera 3000 command pocket card Vocera 3000 reference card	3:.26 min 1 min 5 min 5 min				
	Ventilator RN Training Videos - Primary model PB980	2:40 min				
JOB AID	• Using the Time Clock • Punching on the Web • UKG App Tip Sheet • Checking my Schedule in the Mobile App	10 min				

COURSE REFERENCE NUMBER	COURSE NAME	DATE	CW INITIALS	CC INITIALS	N/A
	COVID-19 Resources for caregivers: PPE-Masking Toolkit • Standard Precautions: Hand hygiene and PPE • How to wear a mask • How to keep safe in the breakroom • Cleaning your workspace	5 min 5 min 5 min			

SELF GUIDED GENERAL "E-LEARNING" MODULES TARGETING ELECTRONIC HEALTH RECORD (Cerner = iCentra) FOR REVIEW

Contingent Worker to initial & date upon completion of e-learning. Manager/Educator/Designated Leader to mark any non-applicable modules.

COURSE REFERENCE NUMBER	COURSE NAME	DATE	CW INITIALS	CC INITIALS	N/A
211053	iCentra for Acute Nursing: Care Compass	10 min			
211055	iCentra for Acute Nursing: Search for Pts	10 min			
211061	iCentra for Acute Nursing: Navigate in iView	10 min			
211063	iCentra for Acute Nursing: Medication Administration	10 min			
211065	iCentra for Acute Nursing: Manage Orders	10 min			
Total online learning time		**3 ½ hrs.**			

PRACTICE RESOURCE: The contingent employees can access the **Lippincott Advisor and Procedure** resources by opening Lippincott Procedures at: https://procedures.lww.com/lnp/home.do, select login and then the self-enroll option

COURSE REFERENCE NUMBER	COURSE NAME	DATE	CW INITIALS	CC INITIALS	N/A
LIVE IN PERSON INSTRUCTOR LED EHR TRAINING (2 hours)					
iCentra Trainer	Introduction and practice to basic functionality and navigation of Intermountain's EHR Cerner commonly referred to as iCentra. Topics addressed: Dashboard, tasks, assessment (iView), I/O's, blood administration, protocols/standing orders, medication administration (infusion pump association), orders management (2 hrs.).				
IN PERSON HANDS ON TRAINING DURING DAY #1 – FOUNDATIONAL EQUIPMENT					
Groups of two rotations through each station					
4242	Communication Device -*Vocera SPO (set-up for unit)*	10 minutes			
3011	Defibrillator – *Zoll R-Series quick review*	15 minutes			
Lab	Glucometer - *Nova StatStrip*	20 minutes			
5579	Oxygen Equipment (Critical Care) SPO – *Focus High flow NC*	10 minutes			
20792	N95 SPO – *3M mask types 8210, 1860, 1860S and reprocessing Please make sure to bring your completed OSAH Medical Questionnaire – 4 stations*	15 minutes			
7042	PAPR (powered Air Purifying Respirator SPO - *TR600 Versa-flo - 2 stations*	15 minutes			
8796	Restraints SPO	10 minutes			

Other common equipment that will be used but not trained to due to previous experience and expertise.
Each unit has a nurse educator to help with any additional training questions. During each shift you will also have a "buddy" assigned to help answer any questions regarding protocols, guidelines, and or procedures that may be different.

• Cardiac Monitors – Philips • Central Lines (13567) • Feeding pump - Kangaroo					
• Hill-Rom beds – Versa Care, Progressa, and Total Care • Infusion Pump – CareFusion / Alaris pump • Medication dispensing machine – AcuDose • Urinary Catheters					

TOUR FACILITY AND UNITS

8709	Complete DOT (department orientation and tour) for all ICUs/Facilities (3 ICUs – Respiratory, Shock Trauma, and Coronary).					

UNIT ORIENTATION / SKILL COMFIRMATION

"BUDDY" ESSENTIAL NURSING SKILLS EVALUATION
Observed skills in the clinical setting **(peer-to-peer evaluation)**. Clinical Coach/Preceptor to initial & date upon contingent worker completion of skill.

Unit Based	General admission process and expectations					
Unit Based	General transfer process and expectations					
Unit Based	Assessment: frequency and expectations					
Unit Based	Documentation expectations					
Unit Based	Intake / Output					
Unit Based	Labs: schedule, status e.g., STAT vs ROUTINE etc.					
Unit Based	Medication Administration: practice barcoding, pump association					
Unit Based	Patient Education diagnosis specific e.g. Patient medication (what they are, side effects….)					
Unit Based	Patient identification: Two patient identifiers					
Unit Based	Interdisciplinary plan of care (IPOC) (Care planning)					
Unit Based	Preoperative and postoperative care					
Unit Based	Unit workflow					

Note: To be completed on the first day scheduled on the unit

I have completed all the above-listed items and have had the opportunity to ask questions and clarify my understanding. Any and 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 being in compliance 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

Contingent Worker Signature:_____ Date:_____

Printed Name:_____ Initials: _____

Intermountain Representative Signature:_____ Date:_____

Printed Name:_____ Initials:_____

PCU_Contingent Work 20_12_28 (v2)

Intermountain Representative Signature: Date:

Printed Name: Initials:

Intermountain Representative Signature: Date:

Printed Name: Initials:

Intermountain Representative Signature: Date:

Printed Name: Initials: