

FACILITY AGENCY NURSE ASSIGNED:

AMG



NAME	TITLE
Specialty:	
Orientator:	

**A. Self-Study**

Print this form and Review orientation materials **prior** to precepted orientation (See Part B). Items may be viewed at the following Web-sites: <http://wisconsinmeded.org> and <https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/>. Please use Google Chrome or Firefox

✓ = REVIEWED      NA = NOT APPLICABLE

Complete self-study items below prior to reporting first day	Complete and bring all items listed below to orientation	
<p><a href="http://wisconsinmeded.org/careers/agency-and-allied-health/medical-group-and-clinic-setting/medical-assistant">http://wisconsinmeded.org/careers/agency-and-allied-health/medical-group-and-clinic-setting/medical-assistant</a></p> <p><b>Reviewed Online Orientation Materials:</b></p> <p><input type="checkbox"/> Contract and Allied Health Staff Orientation</p> <ul style="list-style-type: none"> <li>• Organizational Overview</li> <li>• Mission, Vision, Values</li> <li>• Service Excellence</li> <li>• Corporate Responsibility Program</li> <li>• Ethics</li> <li>• Gratuities</li> <li>• Diversity and Cultural Competence</li> <li>• Team Dynamics</li> <li>• Patient safety</li> <li>• Falls Prevention</li> <li>• Occurrence reports</li> <li>• Risk Management</li> <li>• Safety and Security</li> <li>• Harassment/Violence in the Workplace</li> <li>• Smoking Regulations</li> <li>• Alcohol and Controlled Substances</li> <li>• Dress Code / I.D. Badge</li> <li>• EMTALA</li> <li>• Patient's/Resident's Rights</li> <li>• Pain Management</li> <li>• Infection Control</li> <li>• Emergency Medical Services</li> <li>• Abuse, Neglect, and Exploitation</li> <li>• Caregiver Misconduct</li> </ul> <p><input type="checkbox"/> HIPAA</p> <p><input type="checkbox"/> Corporate responsibility Program</p> <p><input type="checkbox"/> OSHA</p> <p><input type="checkbox"/> Facility/Parking information</p> <p><input type="checkbox"/> MSDS</p> <p><input type="checkbox"/> Krames On-Demand Quick Start Guide</p>	<p><input type="checkbox"/> IV Site Care</p> <p><input type="checkbox"/> Ethical and Religious Directives</p> <p><input type="checkbox"/> how to access Policies</p> <p><input type="checkbox"/> Hazardous Meds List</p> <p><input type="checkbox"/> Unacceptable Abbreviations List</p> <p><input type="checkbox"/> Review/complete pre-work for appropriate E.H.R. applications</p> <p><input type="checkbox"/> Statewide Trauma Program</p> <p><input type="checkbox"/> Orientation to Ascension Mission</p> <p><input type="checkbox"/> National Patient safety Goals PowerPoint</p> <p><input type="checkbox"/> Falls Prevention PowerPoint</p> <p><input type="checkbox"/> Medication Management</p> <p><input type="checkbox"/> Abuse, Neglect, and Exploitation</p> <p><input type="checkbox"/> Pain Management PowerPoint</p> <p><input type="checkbox"/> Occurrence Report PowerPoint</p> <p><input type="checkbox"/> Caregiver Misconduct</p> <p><a href="https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/MinistrySite">https://www.pages03.net/ascensioninformationservices/Contingent-NNAO/Ministry Site</a></p> <p><input type="checkbox"/> Ascension Welcome</p> <p><input type="checkbox"/> Cultural Diversity Module</p> <p><input type="checkbox"/> Safety, Emergency Management and Environment of care Module</p> <p><input type="checkbox"/> Infection Prevention Module</p> <p><input type="checkbox"/> Intro to IT Privacy and Security</p> <p><input type="checkbox"/> Intro to Ascension's Compliance Program</p> <p><input type="checkbox"/> Workplace Violence Prevention</p> <p><input type="checkbox"/> <b>Attestation</b> from ministry site: <i>(Print and bring with you)</i></p> <p><b>Point of Care Online Materials</b></p> <p><input type="checkbox"/> Point of Care Regulations Overview</p> <p><input type="checkbox"/> Strep   <input type="checkbox"/> INR   <input type="checkbox"/> UA/Macro</p> <p><input type="checkbox"/> Pregnancy   <input type="checkbox"/> Blood Glucose</p>	<p><b>On-site on-boarding:</b></p> <p><input type="checkbox"/> ID Badge</p> <p><input type="checkbox"/> KRONOS Time clock functions</p> <p><input type="checkbox"/> Network Access:</p> <ul style="list-style-type: none"> <li>• E-mail (if requested)</li> <li>• System Portal (My Ascension)</li> <li>• My Learning</li> </ul> <p><input type="checkbox"/> System Overview of PCA/CNA responsibilities</p> <p><input type="checkbox"/> <b>Confidentiality</b> (provided)</p> <p><input type="checkbox"/> Precision Xtra Glucose Meter Part A (Print Screen) sign &amp; date</p> <p><input type="checkbox"/> Prior EPIC experience (yes or no)</p> <p><input type="checkbox"/> EPIC Training Scheduled _____</p> <p><input type="checkbox"/> First day reporting instructions</p> <p><input type="checkbox"/> 12 Lead ECG completed quiz</p> <p><input type="checkbox"/> Attestation from ministry site</p> <p><b>Signature Sheets:</b></p> <p><input type="checkbox"/> Initial Clinical Orientation and Evaluation Form(s) Given:</p> <p><input type="checkbox"/> Site/Department orientation checklist</p> <p><input type="checkbox"/> Competency Validation Tool</p> <ul style="list-style-type: none"> <li>• EPIC</li> <li>• Precision Xtra Glucose Meter (B)</li> <li>• Restraints</li> </ul> <p><input type="checkbox"/> Contract Staff Evaluation</p> <p>All completed forms <b>must be returned</b> to:</p> <p><b>E-Mail:</b> <a href="mailto:Michael.Mattes@Ascension.org">Michael.Mattes@Ascension.org</a></p> <p><b>Fax:</b> 414-465-3491</p> <p><b>Mail:</b> 400 W River Woods Parkway Glendale, WI 53212</p> <p><b>Inter-departmental:</b> Glendale Corporate</p> <p><b>Attn: Central Staffing Office</b></p>

**B. Complete Agency RN/LPN Orientation complete with facility preceptor** ✓ = REVIEWED      NA = NOT APPLICABLE

Orientation Items Covered		
<p><b>Overview:</b></p> <p><input type="checkbox"/> Advance Directives (Federal Law)</p> <p><input type="checkbox"/> System Overview of MA responsibilities</p> <p><input type="checkbox"/> Dress Code/ID Badge</p> <p><input type="checkbox"/> Electronic Health Record Applications as appropriate</p> <p><input type="checkbox"/> Patient Care Assessment Standards/Structured Care Methodologies</p> <p><input type="checkbox"/> <b>PLUS Training.</b></p>	<p><b>Equipment, policies, and procedures:</b></p> <p>VS Return demo: <input type="checkbox"/> Manual BP   <input type="checkbox"/> Pulse</p> <p><input type="checkbox"/> Pulse Ox   <input type="checkbox"/> Ht.   <input type="checkbox"/> Wt.</p> <p><input type="checkbox"/> BMI   <input type="checkbox"/> Temperature</p> <p><input type="checkbox"/> Blood Glucose Competency – Part A</p> <p><input type="checkbox"/> Blood Glucose CVT – Part B</p> <p><input type="checkbox"/> Krames</p> <p><input type="checkbox"/> 12 Lead ECG Return Demo</p> <p><input type="checkbox"/> Ear Lavage</p> <p><input type="checkbox"/> PAP set up</p> <p><input type="checkbox"/> Medication Administration and Injections</p> <p><input type="checkbox"/> Respiratory (hand-held nebulizer)</p>	<p><b>Point of Care-Return Demonstration (May not perform POC without training):</b></p> <p><input type="checkbox"/> Strep                      <input type="checkbox"/> INR</p> <p><input type="checkbox"/> UA/Macro                  <input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Blood Glucose</p> <p><b>Laboratory</b></p> <p>Specimen collection/management</p> <p><b>Facilitator signature</b> _____</p>

**Verification**

1. This Agency MA has completed all orientation requirements.

Agency MA Signature \_\_\_\_\_

Date \_\_\_\_\_

Orientator Signature \_\_\_\_\_

Date \_\_\_\_\_

**Directions:**

After completing the orientation class or precepted orientation, return this form to the orientation instructor or preceptor, who will forward it to the Central Staffing Office (Fax to: 414-465-3493). The Central Staffing Office will distribute copies to the agency.

**C. The MA Clinic Orientation and Competency Form is to be completed the first shift scheduled at a Ascension Healthcare facility**

1. Previous completion of Parts A and B (Self-Study and Classroom/Precepted Orientation) **must** be verified by the agency or WFMG Office Manager when an agency MA is scheduled to work for the first time at a WFH facility.
2. The agency MA should arrive 1/2 hour early for the first shift and, with the charge RN or designee, complete the Clinic Orientation Checklist. (See Agency MA Clinic Orientation and Competency Form).
3. During the shift, the MA should be signed off on the Core Clinical Competencies. (Preceptor to sign off the competencies as applicable).
4. Patient Care Supervisor or Charge Nurse to fax completed form to the Staffing office:
  - (414)-465-3491 (Milwaukee) or to
  - (262)-687-5007 (Racine).

Staffing office to file and distribute copies as needed to any Ascension Wisconsin site where agency RN/LPN will be working..