

Welcome to Broward Health

Please Review this Booklet Prior to Attending Nursing Orientation

This booklet is designed to assist in preparing you for a successful Nursing Orientation. It provides general information about each of the components on which you will be assessed.

You have a confirmed space in the Broward Health Nursing Orientation

Day	Date	Time	Content
Tuesday Broward Health Information Services (ISC) Building 1608 SE 3 rd Avenue 1st floor <i>Check in with Security</i>		Arrival Time: 7:45am Class Time: 8am-4:30pm	<ul style="list-style-type: none"> • Welcome & Introductions • Mission, Vision, and Values • Professional Development, Licensure/Compact • Jane Assessment components (Pharmacology, Basic Arrhythmia, Specialty Knowledge, & AI/Critical Thinking)
Wednesday ISC Building 1608 SE 3 rd Avenue 1st floor <i>BHMC Travelers Only</i>		8am-4:30pm	<i>Broward Health Medical Center (BHMC) Travelers ONLY!</i> <ul style="list-style-type: none"> • Point of Care Testing and then report to the BHMC Staffing Office
Friday ISC Building 1608 SE 3 rd Avenue 1st floor		8am-4:30pm	<ul style="list-style-type: none"> • Computer Documentation Training <ul style="list-style-type: none"> ○ <i>Remainder of schedule will be set by manager</i>

Name _____

Facility _____ Unit _____

Manager Name _____ Phone Number _____

HR Representative _____ Phone Number _____

Broward Health is committed to excellence in patient care, patient safety and nursing competence. This booklet is your introduction to the Nursing Orientation process. Please review the contents of this booklet prior to attending nursing orientation and bring it with you, along with any questions you may have, to nursing orientation.

Nursing Orientation Highlights

- An overview of the Pharmacology and Basic Arrhythmia assessments and websites to be used for review prior to taking the assessments on the first day of Nursing Orientation
- An Overview of the Jane Assessment with examples of the following assessment tools
 - Pharmacology
 - Basic Arrhythmia
 - Specialty Knowledge
 - AI/Critical Thinking

During the nursing orientation program, you will complete the Jane Assessments and you will be able to instantly see the results for all the knowledge assessments, and later on the unit, your Nurse Manager or Clinical Specialist will review the results of the AI/Critical Thinking assessment with you.

It is your responsibility to make sure your checklists are complete and signed off by your Clinical Coach, Manager, Assistant Nurse Manager or designee, before the completion of your orientation.

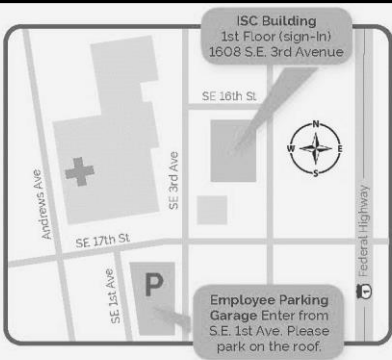
The Clinical Education Department

If you have additional questions, contact your regional Clinical Education Offices:

Broward Health (BH)	954.888.3502
Broward Health Medical Center (BHMC)	954.355.4790
Broward Health Coral Springs (BHCS)	954.344.3363
Broward Health Imperial Point (BHIP)	954.776.8850
Broward Health North (BHN)	954.786.6930

DIRECTIONS *(To the parking garage)*
FROM I-95 NORTH OR SOUTH

Exit Davie Boulevard East.
Turn right (south) on S.E. 3rd Avenue (past Andrews Ave.)
Continue south to S.E. 17th Street.
Turn right (west) on 17th Street.
Make the first left (south) on S.E. 1st Avenue to access parking garage. Parking garage entrance is on the west side of the structure.



Please park on the roof-top section of the parking garage.

Proceed to the crosswalk (traffic signals) and cross to S.E. 3rd Avenue. **The Broward Health – ISC Building is located at 1608 S.E. 3rd Avenue, Fort Lauderdale**

Upon entering the building, please present this document to a member of our security team. You will be directed to your orientation classroom.

Jane Assessments in Nursing Orientation for Travelers

Welcome to Broward Health!

As part of your orientation and competency validation, you will participate in the Jane assessment process during Nursing Orientation. These validated tools are designed to assess your knowledge and critical thinking skills and will measure your ability to meet job expectations. Your responses on these assessment tools are compared to national benchmarks to determine whether you are able to meet our organization's practice standards and criteria.

Your orientation and schedule will be based upon competency expectations that are determined through a combination of assessment tools and documented clinical practice. The conditions that need to be met for assignment are listed in the table below.

If you have any questions related to this process, please speak to the regional Clinical Education department.

Jane Assessment Result	Pharmacology Test	Basic Arrhythmia Test (if applicable)	Specialty Knowledge Test	Status
Acceptable-Overall score of 60% or better	80% or better (passing)	80% or better and no lethal rhythms missed (passing)	70% or better (passing)	Assign to Unit
Acceptable- Overall score of 60% or better	70% to 79%	70% or better, with or without lethal rhythms missed	60% to 69%	Assign to Unit. Evidence of Remediation for Math and/or BA as needed by the Agency prior to Unit Assignment (Copy of remediation to be provided to regional Clinical Education department)
Unacceptable-Overall score less than 60%	80% or better (passing)	80% or better and no lethal rhythms missed (passing)	70% or better (passing)	Assign to Unit for 3 shifts for clinical competence assessment and documentation.
Unacceptable-Overall score less than 60%	70% to 79%	70% or better, with or without lethal rhythms missed	60% to 69%	Assign to Unit for 3 shifts for clinical competence assessment and documentation. Evidence of Remediation for Math and/or BA as needed by Agency prior to Unit Assignment (Copy of remediation provided to regional Clinical Education department)
Acceptable- Overall score of 60% or better	Less than 70%	Less than 70% with or without lethal rhythms missed	Less than 60%	Not eligible for assignment at any BH facility for one year.
Unacceptable- Overall score of less than 60%	Acceptable or Unacceptable Score	Acceptable or Unacceptable Score	Acceptable or unacceptable Score	Not eligible for assignment at any BH Facility for one year.

Tips for Success

Welcome to our HealthCare Team! We are pleased that you have joined our Broward Health Team and will share in our philosophy of healthcare excellence.

Broward Health (BH) is committed to providing a work environment that supports the philosophy of teamwork, collaboration, and professional growth.

Tips for being successful during your orientation period and throughout your employment with Broward Health are listed below. As always, your facilitator, manager, or coach are available to help you navigate your way to success!



About Broward Health

Our name “Broward Health” reflects our commitment to our Mission to provide world class healthcare to the Broward County community, our physicians and all our employee partners.

Our Mission	Our Five Star Values	Our Vision
<p>The mission of Broward Health is to provide quality health care to the people we serve and support the needs of all physicians and employees.</p>	<div style="text-align: center;"> <p>Exceptional Service to our Community</p>  <p>Accountability for Positive Outcomes</p> <p>Collaborative Organizational Team</p> <p>Valuing Our Employee Family</p> <p>Fostering an Innovative Environment</p> </div>	<p>The vision of Broward Health is to provide world class health care to all we serve.</p>

Top Questions about Nursing Orientation

What should I wear on the first day?

Dress as the professional that you are! Dress pants, dress shirt, dress, dress slacks, skirt, dress blouse, and polished dress shoes are examples of professional attire. If you choose to wear scrubs please make sure that they are clean and pressed.

Jeans, mini-skirts, shorts, open-toe shoes, halter tops, spandex leggings, athletic wear, t-shirts etc. are not considered professional attire.

What color of scrubs do I wear on the unit?

Contact your supervisor/manager/hospital staffing coordinator for unit designated dress code and colors as it varies from unit and region.

Time and Attendance

Arrive on Time	We all have unplanned events but arriving late more than once does not leave a good impression on your new manager or your peers.
Return From Breaks and Meal On Time	If you have an emergency and need to return to class late, notify your facilitator. If you need to leave class, notify your manager and the facilitator.
Sleeping	Broward Health does not allow sleeping during meal periods or rest breaks.

What if I'm late or unable to attend?

Everyone has emergencies, please contact your recruiter if you are unable to attend orientation or will arrive late. If arrival time is after 8:30 a.m., your orientation will need to be rescheduled.

Mary Kozolis, RN, MS
mkozolis@browardhealth.org
 954.888.3513

or
 Cindy Pecora
cpecora@browardhealth.org
 954.888.3502

Pharmacology Assessment

All nurses will complete a Pharmacology Assessment. Included in this packet is a list of Pharmacology/Math websites, drug calculations and conversions, and a practice worksheet for you to review prior to taking the assessments. **Passing score is 80% or better.**

If this score isn't achieved, your contract status will be determined by the results of all the assessments taken during nursing orientation. Please refer to the grid on page 2 of this booklet for further clarification.

To ensure a successful score, it is highly recommended that any of the following math review web sites be reviewed prior to taking the assessment.

Math Review Websites

http://www.testandcalc.com/quiz/testiv.htm	http://www.rncalc.com/
http://www.dosagehelp.com/practice_questions	http://www.unc.edu/~bangel/quiz/testmet.htm

Math Worksheet - IV Calculations Dosage Quiz

- The order reads:
Administer 1000cc D5W @ 125cc/hr.
The drop factor on your IV tubing is 20gtts/cc.
How many gtts/min? _____
- The order reads:
Administer 1000cc of D5NS over 10 hrs.
The drop factor on your tubing is 15 gtts/cc.
How many gtts/min? _____
- 1000cc D51/2NS with 20mEq KCL over 12 hrs.
Drop factor: 10gtts/cc
How many gtts/min? _____
- Doctor orders Ancef 1gm q 6hrs IVPB. Ancef is added to 50cc D5W to run over 30 minutes.
Drop factor: 15gtts/ml
How many gtts/min? _____
- Doctor orders 1 unit of PRBC's to run over 4 hours. The unit of blood contains 450cc
Drop factor for the tubing is 10gtts/ml
How many gtts/min? _____
- Mr. Smith is on Heparin for a P.E. Your orders read 750units/hr. You enter the room and as you introduce yourself, you glance at the IV bag. The label indicates there are 25,000U of Heparin in 250ml D5@. The IVAC is currently running at 13ml/hr.
 - What is the concentration of Heparin per ml? _____
 - Is this IV rate correct? If not, what should the rate be? _____
- Mr. Peter Victor Cisneros is receiving Lidocaine @ 45ml/hr. Because you are a superior nurse, you know that this information is *not adequate* for your documentation. You look at the IV label and see the concentration is 4mg/ml.
How many mg/min? _____

You will be provided a copy of the following Drug Calculations/Conversions to use during the Pharmacology/Math assessment.



DEPARTMENT OF NURSING
Drug Calculations/Conversions

Approved 10/07 for January 1, 2008
Department of Nursing, Associate Deans

Metric System	Apothecary & Metric System		
1 mL.....	1 cc	gr 1	60 mg
1,000 mL.....	1 L	gr 1 ½	90 or 100 mg
1,000 mg.....	1 g	gr 15	1000 mg
1,000 mcg.....	1 mg	gr 15	1 g
1,000 g.....	1 kg	oz 1.....	30 mL
Metric & Household	Apothecary		
1 kg.....	2.2 lbs	cup 1	oz 8
30 mL.....	1 oz	pt 1.....	oz 16
5 mL.....	1 tsp	qt 1.....	oz 32
15 mL.....	1 tbsp	Household	
2.54 cm.....	1 inch	1 lb (#).....	16 oz
Rounding Rules	IV Formulas (Required)		
1. Round at the completion of each step of the problem 2. Round the weight of patient prior to working the problem 3. Round everything to the tenth place except the following: • mL : if less than one mL round to the hundredths • mg : if less than one mg. round to the thousandths • gr : if less than one gr. round to the thousandths • gtts : round to the whole number • units : round to the whole number • capsules : round to the whole number	FLOW BY GRAVITY 1. If greater than one hour, always calculate the hourly rate first, then $\frac{\text{mL/hr} \times \text{gtts/mL}}{60} = \text{gtts/min}$ 2. If infusion is ordered to run for less than one hour, then $\frac{\text{mL} \times \text{gtts/mL}}{\text{minutes}} = \text{gtts/min}$ FLOW BY INFUSION DEVICE 1. If an infusion is ordered to run over a number of hours and the hourly rate is needed for an infusion pump or to plug into formula number 1, then $\frac{\text{Total mL ordered}}{\text{Total hours}} = \text{mL/hr}$ 2. If an infusion is ordered to run for less than 60 minutes and an hourly rate is needed, then $\frac{\text{Volume} \times 60}{\text{minutes}} = \text{mL/hr}$		
TEMPERATURE: FAHRENHEIT - CELSIUS			
$F^{\circ} = 1.8 C^{\circ} + 32$	$C^{\circ} = \frac{F^{\circ} - 32}{1.8}$	98.6° F = 37° C 102.2°F = 39° C	

Answers to Math Worksheet - IV Calculations Dosage Quiz

1. $\frac{125\text{ml} \times 20\text{gtt/ml}}{60 \text{ minutes}}$ (divide by 60 because there are 60 mins in 1 hr)	= 42gtts/min	5. $\frac{450\text{ml} \times 10\text{gtts/ml}}{240 \text{ minutes}}$	= 19gtts/min
2. $\frac{1000\text{ml} \times 15\text{gtts/ml}}{600 \text{ minutes}}$ (10 hrs x 60)	= 25gtts/min	6a. $\frac{25000\text{U}}{250\text{ml}}$	= 100U/ml
3. $\frac{1000\text{ml} \times 10\text{gtts/ml}}{720 \text{ minutes}}$	= 14gtts/min	6b. No!! because $\frac{750\text{U/hr}}{100\text{U/ml}}$	=8ml/hr....Not 13ml/hr
4. $\frac{50\text{ml} \times 15\text{gtts/ml}}{30 \text{ minutes}}$	= 25gtt/min	7. $\frac{4\text{mg/ml} \times 45\text{ml/hr}}{60 \text{ minutes}}$	= 3mg/min

Basic Arrhythmia Assessment

All Acute Care Adult Clinical Nurses and All Acute Care Pediatric Nurses that will be working in areas with telemetry monitoring must achieve a score of 80% or better, and not miss any lethal arrhythmias on the Basic Arrhythmia Assessment. If this score isn't achieved, your contract status will be determined by the results of all the assessments taken during nursing orientation. Please refer to the grid on page 2 of this booklet for further clarification.

Areas required to take the Basic Arrhythmia assessment include:

- Critical Care areas, Telemetry/PCU, Remote Tele units, Emergency Room, Labor & Delivery, Post Anesthesia, Endoscopy, Same Day Surgery, Cath Lab, Interventional Radiology, Peds, Peds Emergency Department, Peds Cancer Center (outpatient), Peds Oncology, Peds Sedation, PICU.
- Additionally, Nursing Supervisors are required to take the assessment. ECG websites are listed below to review prior to the assessment.

To ensure a successful score, it is highly recommended that the following web sites be reviewed prior to taking the assessment.

Basic Arrhythmia Review Websites

<http://uthealth.utoledo.edu/depts/nursing/pdfs/Basic%20EKG%20Refresher.pdf>

<http://www.skillstat.com/tools/ecg-simulator>

<http://www.practicalclinicalskills.com/ekg.aspx>

Jane Assessments

Broward Health utilizes a series of standardized, online assessments to evaluate the knowledge and critical thinking of its staff prior to assignment in the clinical area. These assessments are based on the patient population that the nurse has been hired to work. Results from these assessments are then used to individualize and guide the orientation of each nurse. The assessments are categorized as either “Knowledge” or “Critical Thinking”.

Knowledge Assessments

Pharmacology

The Pharmacology: RN Assessment includes dosage calculations for oral and parenteral medications, intravenous boluses, insulin and heparin drips, metric units, and infusion rates. There are also items assessing the RN's knowledge about routes of administration, characteristics of medications, abbreviations, patient teaching, and additional knowledge, skills, and abilities necessary for RNs who administer medications as part of their job responsibilities.

Basic Arrhythmia

This assessment includes the recognition of sinus, atrial, junctional, ventricular, and bundle branch rhythms and AV Blocks. It also includes the management of life-threatening rhythms.

Specialty Knowledge

The specialty knowledge assessment covers topics related to the application of the nursing process in various specialty areas. The nurse will be assessed on the specialty area for which they have been hired. This will identify any gaps in knowledge and provide recommended learning modules to bridge those gaps. The nurse may also be required to attend other clinical specialty training as a part of their onboarding and orientation process.

AI/Critical Thinking

AI/Critical Thinking

This assessment component validates your ability to:

- Recognize and label clinical problems
- Communicate your clinical observations
- Manage the problem effectively and state the interventions
- Identify the urgency involved
- Explain and state the rationales for your interventions

You will view a short (1-2 minute) video clip of a clinical situation. You will then be interacting with the computer and responding to specific questions to assist you in identifying the problem, describing your clinical observations and problem management, selecting an appropriate level of urgency, and explaining the rationale for your responses. You will have 12 minutes to type your responses for each scenario based on the video simulation and a narrative description.

Key points:

- Read each prompt completely, then respond only to the question being asked
- Turn off CAPS LOCK
- Enter each Observation and Action as a single idea (e.g. “increased blood pressure”)
- Do not type your responses in long, complete, grammatically correct sentences

- Outline/bullet format is preferred
- Place one response or action on each line, you can add as many lines as you need
- Only enter what you observed
- Your responses reflect the actions you need to take at that time, not during the entire hospital stay
- If you think the patient needs: IV access, oxygen, safety precautions, airway assessment, etc., make sure to write it even if you see it on the vignettes.
- Don't forget to give a frequency for your interventions that need to be repeated. For example, Neuro checks every 15 minutes.
- Once you are at the end of the conversation, you can use keywords, "Problem", "Observation", "Action", etc. to return to that section

The next page is a Clinical Judgment Aide that you can use when taking your assessment. It will serve as a reminder of the actions you need to take and the format of how to type your responses.

Tips

- If you have any computer issues notify your facilitator STAT!
- Manage your time! You will not be able to spend more than 12 minutes per video in the Critical Thinking section.

Clinical Judgment Aide

Patient Problem:	Label the problem: <ul style="list-style-type: none"> What is wrong with the patient? Example: AMI, renal failure, DKA, pulmonary embolus Keep in mind that you are not diagnosing the patient. You are only indicating what you think is going on with the patient.
<p style="text-align: center;">Interventions</p> <ul style="list-style-type: none"> Describe the Priority Actions you would take to manage the problem It is easier to number each response. Your numbers are not intended to reflect the order in which you are doing the intervention; rather they will correspond to your rationales. 	<p style="text-align: center;">Rationales for Actions</p> <ul style="list-style-type: none"> Why did you do what you did? You should have 1 rationale for each intervention, i.e. if you have 3 interventions you should have 3 rationales Ask yourself, am I including the actions needed to take to keep this patient safe?
<ol style="list-style-type: none"> 1. Call MD – How soon? Write STAT or Now if you need immediate response from the MD. <i>Note:</i> LPN – notify RN 2. Paint the Picture - Tell him: Observations, assessment provided in the PBDS script, v/s, lab, x-rays, change in condition, adverse response to therapy. Any history if relevant to identify the problem. 3. ANTICIPATE ORDERS: For medications, procedures, etc. (once you have indicated “call MD”, it is assumed you will have an order for dependent interventions). 4. Monitor: What are you monitoring? How often? LOC, Glucose, O₂ sat., respiratory status, response to treatment 5. Assess: What system? How often? Be specific. Cardiac: Heart rhythm, circulation Respiratory: Breath sounds, rate, depth Neuro: LOC, movement, reflexes GI: Bowel sounds, tenderness, distention, ascites GU: bladder distention, I & O, vaginal bleeding Vital Signs: Which ones? How often? Be specific, state relevant v/s only. <i>Note:</i> Indicate priority by stating how often you will repeat them. 6. Independent Nursing Actions CALL MD Initiate Protocols Elevate HOB Comfort measures – be specific CPR, call a Code Inform other team members 	<ol style="list-style-type: none"> 1. To inform MD of condition changes To get orders Potential complication/emergent situation 2. To give enough information to the MD so he/she can determine what the problem is and provide relevant orders. 3. Medications: i.e. Tylenol = rationale: to reduce temperature Procedures: i.e. Chest x-ray = to confirm diagnosis or evaluate response of treatment 4. Baseline parameters To monitor condition Assess for changes and response to interventions Assess the response to treatment 5. Baseline assessment/identify symptoms that could differentiate diagnosis Monitor for changes Assess response to treatment/medications 6. Inform of condition, Communicate urgency, Get orders for treatment, protocols, tests, transfer To intervene in a timely manner To allow increased chest expansion/improve breathing/decrease workload of heart To provide comfort To maintain circulation/oxygenation To get help, consultation

TIPS TO REMEMBER: If you think the patient needs: IV access, oxygen, safety precautions or airway assessment make sure to write it even if you see it on the Assess RX (PBDS) vignettes. **Remember to give a frequency for your interventions that need to be repeated, i.e., Neuro checks every 15 minutes.**