##

# WHAT TO LOOK FOR IN A MENTORSHIP FACILITY

When evaluating a facility for clinical mentorships, the student should thoroughly research the site. It is strongly suggested to visit the site if you are not currently working there. This experience is a chance to begin to apply the wealth of knowledge and skills acquired and developed to this point in your veterinary nursing education. The following are points of discussion or questions to consider when evaluating the site (RVT includes any credentialed veterinary technician):

* Does the site currently have credentialed veterinary technicians/nurses on staff?
* Are there any boarded DVM specialists or VTS RVTs on staff?
* What is the role of the technician/nurse versus other members of the staff (such as veterinary assistants)?
* What is the overall size of the staff (professional and paraprofessional staff)?
* Is the site an accredited practice or facility (AAHA, ALAC, etc.)?
* Has the site hosted a VNDL student in the past?
* Does the staff seem receptive to hosting a student?
* Is the site located in a safe and easily accessible location? Are there geographical considerations?
* Is this also an employment opportunity?
* Ask the supervisor:
	+ What are their specific goals for the student?
	+ Have they ever been a supervisor before for a veterinary technician/nursing student?
	+ Who else at the site may be involved in supervision?
	+ Do they have any concerns for the legal allowances in which the student may perform certain tasks?

It is strongly recommended that the student show potential mentorship supervisor(s) examples of mentorship logbooks, so they are aware of what the student will need to accomplish in this facility. The discussion should include that most tasks will require videos of the student performing skills, and how this will be accomplished. A student may have multiple supervisors (either DVM or credentialed technician), and one must be present any time the student is performing skills for a clinical mentorship. Supervisors sign Task Verification forms which state that they observed the student as they performed each task. Mentorship supervisors act as coaches and must be present to ensure the safety of the patient and personnel. They are not involved in evaluation of skills; this is done by Purdue instructors.

## Mentorship Facility Criteria and Approval Form

**INSTRUCTIONS:**

1. This form is intended to gather the necessary information to determine if the mentorship facility meets the necessary factors for both education and safety. The course coordinator and/or faculty of record will use this information to make final determination if the potential site is appropriate and acceptable.
2. The form is to be completed by the student and should not be handed to the potential supervisor for him/her to complete. The student may need to ask about some items listed.
3. This form must be completed and returned to the Veterinary Nursing program (vetnurse@purdue.edu)

**COMPLETE THE FOLLOWING INFORMATION:**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Telephone:** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility Owner/Manager Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (May be department head if site is a large facility such as research/zoo)

**Who will/would be your mentorship supervisor(s)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Yes | No |

**Has this site hosted previous Purdue VNDL students?**

|  |  |
| --- | --- |
|  |  |
|  |  |

**For practice setting, the number of staff:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Full-time DVM | Part-time DVM | Veterinary Technician/Nurse | Veterinary Assistant |
| Number |  |  |  |  |

**For non-practice setting, the number of employees in department:** \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  |  |

**Did you physically visit this facility?** Yes No

|  |  |
| --- | --- |
|  |  |

**Pertinent Tasks and Duties at Mentorship Facility**

**Circle/highlight duties in which you will be participating at this site:** (discuss your involvement with your supervisor):

|  |  |  |  |
| --- | --- | --- | --- |
| Surgical Nursing | Anesthesia Induction | Anesthesia Monitoring | Anesthesia Recovery |
| Medical Nursing | ICU/ECC Experience | Laboratory Diagnostics | Diagnostic Imaging |

Filling drug orders Client communication

**List additional technical tasks you may perform at this facility:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Pertinent Technical and Safety Criteria at Mentorship Facility**

**Circle/highlight anesthesia items available:**

|  |  |  |  |
| --- | --- | --- | --- |
| Gas Anesthesia | Injectable anesthesia | Intubation | Masking of patients |
| Rebreathing system | Non-rebreathing system(s) | Isoflurane or Sevoflurane | Anesthetic scavenger system |
| IV catheters for all surgeries | Anesthesiamonitor |  |  |

**Circle/highlight available items used in surgery:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Caps | Masks | Sterile Gloves | Gowns | Drapes |

**Brief description of sterilization procedures for instruments:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (i.e., steam sterilization, gas)

**Circle/highlight in-house laboratory tests performed on site:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hematology | Cytology | Urinalysis | Clinical Chemistries |
| Parasitology | Heartworm/FeLV | Bacteriology Culture and  | Sensitivity |

**Circle/highlight radiographic equipment available:**

|  |  |  |
| --- | --- | --- |
| PPE: Lead Gloves | PPE: Lead Thyroid Shield | PPE: Lead Apron/Gown |
| Regular X-ray Machine | Computerized Digital Radiography | Hand Processing |
| Automatic Processor |  |  |

**Does the facility have appropriate sharps containers, appropriately labeled secondary containers, and proper OSHA information posted?**

Yes No

**Briefly, what is your impression of this facility as a mentorship site?**

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**Please provide additional information that you believe justifies this site as an appropriate mentorship site:**

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**Please indicate any concerns you have about this mentorship site:**

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