



Mentoring New Faculty When Geographically Challenged: An Innovative Approach

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SIAS

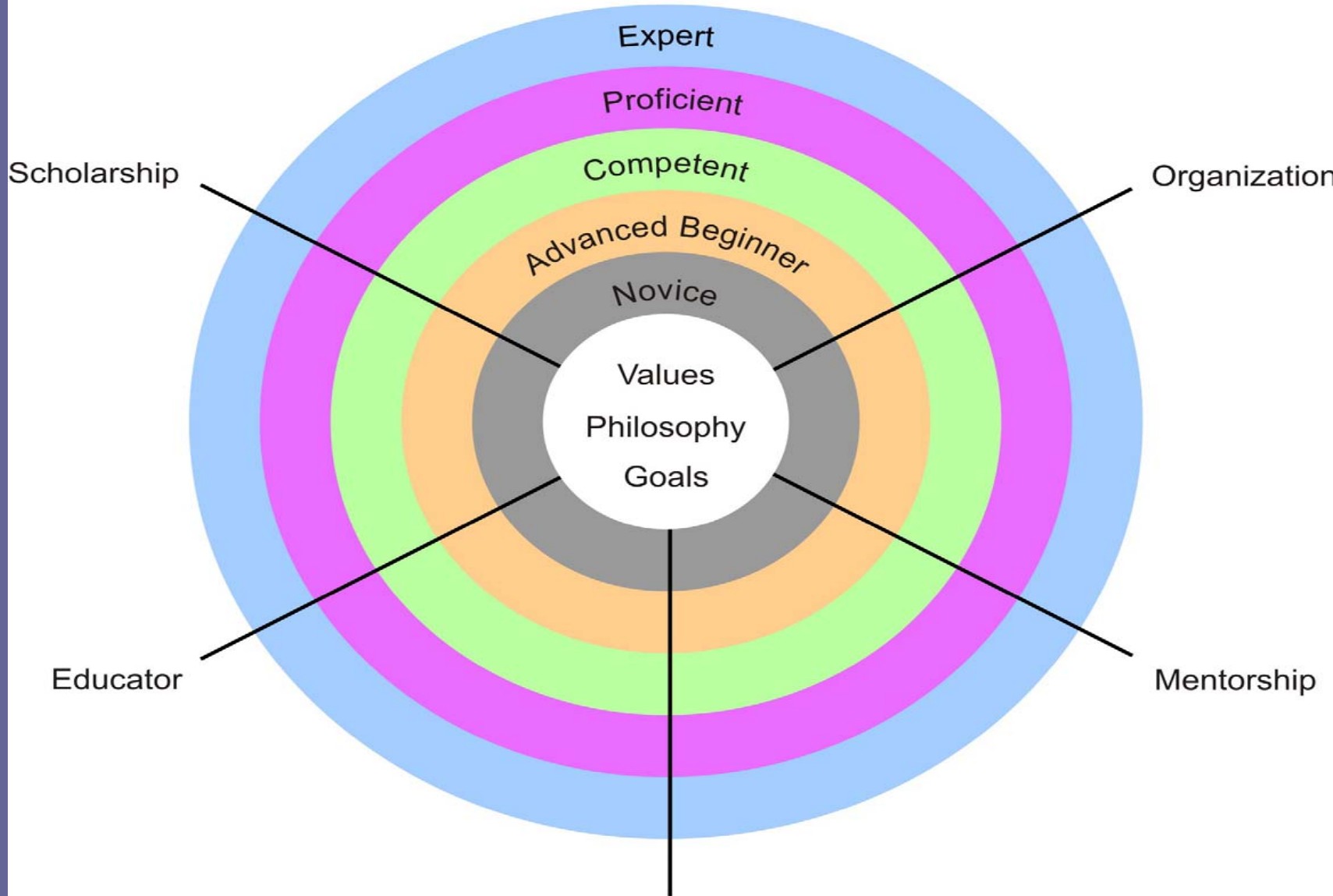
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Mentorship Development Model



The SIAST Nursing Division, Science and Health Division, and Mentorship Team are committed to advancing mentorship initiatives for faculty and staff. Mentorship programs support the growth of faculty and staff and enrich an organization's mentoring culture. Collaborative mentoring relationships provide a supportive foundation for positive work environments that further facilitate the advancement of health through excellence in education, a commitment to student success, and passion for lifelong learning.



Lyanne video 17.wmv

link

<http://www.voki.com/php/viewmessage/?chsm=e4e77fde51c1494f53fad3f6e64f21db&mlid=195822>

Dr. Jarman's/Dr. Lee Teaching Dialogue

Why do we use the McBurney Incision?

When the muscles are split such as this there is less chance of postop hernias. It is a quick and easy incision for the surgeon to perform.

What are the land marks for a McBurney incision?

It is an oblique incision that starts well below the umbilicus and goes thru McBurney point and extends upward towards the right flank.

Good job what is McBurney point ?

2/3s of the distance from the umbilicus to the anterior iliac spine in the RLQ.

What is the disadvantage of a McBurney's incision?

It doesn't provide good exposure and if you extend it you run the risk of ligating the inferior epigastric vessels, and incising the rectus sheath.

What does the mesoappendix do?

It is a portion of the mesentery that attaches the appendix to the posterior abdominal wall .

Really is that your final answer Dr. Lee?

Yes! (oh my God I was up all night last night why does she have to pick now to play 20 questions.... know how to do this surgery...just let me operate)

Operative Case Report

1. Date Day Month Year Theatre #

2. PT ID Consent Signature

3. Allergies: None Known See Chart

4. Procedure Status: Inpatient Out patient Elective Emergency Class: 1 2 3

5. Wound Classifications: 01 Clean 02 Clean - Contaminated 03 Contaminated 04 Dirty

6. Times: Patient in Theatre _____ Time _____ Anesthesia/Patient Contact in Theatre _____

7. Anesthesia: Anesthesiologist N/A General Monitored/Sedation Epidual Bier Block Spinal Caudal Anes Nurse(s) N/A Regional Block Topical Local Sundry Other

8. Surgical Personnel: Surgeon _____ Surgeon _____ Assist # 1 _____ Assist # 2 _____ Scrub Nurse _____ Circulating Nurse(s) _____

9. Position: Supine Sitting Prone Lateral right left Lithotomy Park Bench Thighs Safety Strap: Waist Chest Off for Surgery Stirrups: Fins Candy Canes

Positioning Aids: 1 Pillows Donut/ENT 2 Sand Bag Pillow 3 Padding 4 Vac Pac 5 Bolsters

Area: Correspond the Aid with Area: _____

10. Electrical Surgical Unit N/A Bipolar N/A Setting _____ C-Arm X-Ray Trauction Table

11. Special Procedure Equipment N/A C-Arm X-Ray Trauction Table

12. Tourniquet N/A ID #: _____ Call Applied by _____

Strathmore Ringette Tournament 2005



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