Lake Regional Health System Externship Program

What's in it for me?

Participation in Lake Regional's nurse extern program provides many benefits, including:

- More bedside experience with patients
- Increased critical knowledge and critical thinking skills
- Exposure to critical care and medical/surgical concepts
- Higher starting wage if employed by Lake Regional as a Clinical Level I nurse
- Decreased reality shock when transitioning from graduate nurse to registered nurse
- Development of professional relationships with preceptors, nurse managers, nurse educators, physicians and more

Program Structure

Lake Regional's nurse externship program includes clinical and classroom segments designed to develop your nursing knowledge. The program is much more comprehensive than an observation or job shadowing experience.

Extern Application Checklist Resume

- □ Verification of 3.2 GPA or higher
- □ Successful completion of Med/Surg I
- Two reference letters, one from a nursing instructor
- Completed application form
- □ Copy of Basic Life Support Card (CPR)

Clinical Experience

During the clinical segment, nurse externs will provide and manage direct patient care under the supervision of an assigned, licensed nurse preceptor.

The nurse extern will perform most nursing skills and procedures with some exceptions. Exceptions include:

- Administering IVP medications
- Witnessing blood products
- Giving verbal orders
- Pulling cardiac sheaths

Classroom Learning

Classroom activities will incorporate adult learning principles, skills labs and discussion time to learn topics central to critical care and medical/surgical nursing.

Course instructors are employed by Lake Regional and are nursing experts. They will function as facilitators to promote critical thinking and valuable discussions, and will provide evaluation of the externs.

Classes will promote professional development and are essential for providing quality patient care. Attendance is required.



54 Hospital Drive, Osage Beach, MO 65065 573-348-8000 • www.lakeregional.com



Name (Formal name and nickname, if applicable)			
Mailing address	City	State	ZIP
Phone #	Alternate phone #		Email address
Vehicle make and model			Vehicle license plate #
Previous health care expe	erience:		
What are your future nurs	ing goals?:		
Why do you want to parti from the experience?:	cipate in the nurse exte	ernship program a	and what do you hope to gain

Return completed application, including items on the checklist, to sstewart@lakeregional.com or mail it to: Lake Regional Emergency Department Attn: Sarah Stewart 54 Hospital Drive,Osage Beach, MO 65065 Application deadline:





Lake Regional Health System 54 Hospital Drive Osage Beach, MO 65065

573.348.8000

CONSENT FOR PHOTOGRAPHY AND/OR TESTIMONIAL

I, undersigned, hereby consent that the photograph(s) and/or testimonial(s) may be used by members of the staff and appropriate personnel of Lake Regional Health System for the following purpose:

I expect no compensation or other remuneration, and I specifically release Lake Regional Health System and all others from any liability or other obligations from the use of such photograph(s) and/or testimonial(s) for the above stated purpose.

I understand that I have the right to request cessation of recording or filming and that individuals involved in photographing or filming me have signed agreements to protect my confidential information.

Print name		
Signed		Date
Signature of nearest re	lative or guardian if abovesigned is a minor	Relationship
Witness		Patient Number, if applicable
Complete Address: Street/PO Box		City, State, Zip
Day: Phone number	Evening:	
E-mail Address		

updated 1/2007