

READING HOSPITAL SCHOOL OF HEALTH SCIENCES SURGICAL TECHNOLOGY PROGRAM POLICY NO. ST120

SUBJECT: Explore a Career in Surgical Technology Program

Responsibility of: Program Director
Revised: May 2019 Reviewed: 2019

SCOPE:

Prospective students interested in a exploring a career as a Surgical Technologist.

PURPOSE:

To serve as marketing/recruitment strategy whereby prospective students learn firsthand what a day in the life of a Surgical Technologist is like, as well as gain a realistic understanding of the role of a Surgical Technologist within the Reading HealthPlex surgical environment.

POLICY:

All shadow experiences will take place at the Reading HealthPlex surgical environment setting located next to Reading Hospital Emergency and Trauma Center. Only program participants will be permitted to shadow in the surgical environment setting. Prospective students who want to be considered for the program must be at minimum in their high school senior year and 16 years of age or a graduate from high school or GED recipient. To be considered for the program, all applicants must submit the Explore a Career in Surgical Technology Program Application/Essay, transcript or GED, and forms as requested to the Admissions Office.

The program reserves the right to deny participation, or to revoke participation, to any applicant if in the opinion of the Program Director, the applicant's participation is not in the best interest of the applicant or School or Surgical Technology Program.

RHSHS and the program operates without distinction to age, race, color, religion, gender, disability, sexual orientation, national origin, or economic means.

DEFINITIONS:

A prospective student is an individual who is not currently enrolled in the Surgical Technology Program

PROCEDURE:

Coordination of the Program

Members of the faculty and admissions office will coordinate all aspects of program.

Functions of the team:

- Work under the direction of the Enrollment Director or Program Director
- Dates, times, and scheduling of program will be at the discretion of the Program Director
- Develop/review/revise/implement policy
- Develop/review/revise program content
- Communicate selection process and program availability with all prospective participants
- Maintain admission materials and compliance forms on participants.

Program Schedule

The program will run three days in mid -December. The shadow experience will run from 0730-1030 and will accommodate up to 2 participants each day. A total of 6 participants will be offered to shadow in the surgical environment. The dates of the sessions will be planned when both School faculty and Hospital resources are available for optimal success.

Acquisition of Resources

Item	Where accessed/verified
Application/Essay and Required Forms	At the end of policy
Scrubs	Program Director or designee
Hospital Identification Badge	Program Director or designee
Parking, Drop Off and Pick Up	5 th Avenue Garage (420 South 5 th Avenue West, Reading, PA) R-Building Reading Hospital

Program Director or faculty designee will collect any items at the end of the shadow experience.

Required Program Documents

All documents supporting the application and clearance process are attached to the policy.

Deadline: All required RSHS forms and official transcripts or General Education Development (GED) must be received in admissions by October 15. Late materials may not be considered.

Application/Essay, and Minimum Requirements for Participation:

High School Senior Applicant

- Be 16 years or older and have advanced to their senior year in high school
- Timely submission of application/essay form telling us more about why you want to explore a career in surgical technology.
- Timely submission of an official high school transcript with a cumulative GPA of 2.5 or higher.

High School Graduate or GED Recipient

- Be 16 years of age or older.
- Timely submission of application/essay form telling us more about why you want to explore a career in surgical technology.
- Timely submission of a most recent official academic transcript (high school or post-secondary transcript) showing a cumulative GPA of 2.5 or higher or an official copy of GED.

Please note: Preference may be given to an applicant with a high school or most recent post-secondary cumulative GPA of 3.0 or higher.

Decision Letters and Instructions

If selected, participants will receive the following from the Admissions Office:

- Letter of participation and instructions

- Parental/Guardian and Participant Permission Form
- Confidentiality and health clearance forms

Final approval to participate in the program is contingent upon submitting all required documentation by November 15. At that time, if information has not been received, the Program Director can and may offer the seat to another applicant on the waitlist.

For applicants who are not selected, they will be encouraged to attend one of our Program Discovery Events and apply to the program later.

Assurance of Patient Confidentiality

Participants will be introduced to the concept of confidentiality prior to your experience. Participants will be required to have on file a copy of the signed confidentiality agreement form.

Dress Code Guidelines

The program will provide scrubs for the participant to wear during the shadow experience. Participant will be required to wear sneakers. Visitor identification badges will be issued to participants and must always be worn. Participants must wear closed-toe, closed-heel shoes. No jewelry, nail polish, artificial nails, or artificial eyelashes may be worn. Students are provided with scrub attire and are expected to wear this attire while shadowing in the OR. Students will change from street clothes into school- provided scrub attire at the hospital each day. At the end of each day the student will return the scrubs and change back into street clothes. Clean scrub attire will be obtained each morning. The scrub attire MAY NOT be removed from the hospital.

***Keep valuables at home.

- VIP ID card must always be worn and able to be seen during the experience.
- Sneakers are acceptable. No open toed or open backed shoes are permitted.
- Piercings, and jewelry of any kind needs to be removed.
- Hair, beards, or moustaches will be covered.
- Artificial nails are prohibited. Nail polish is prohibited.
- Perfumes and other strong-smelling substances are not appropriate in the clinical setting.
- Personal cleanliness is essential.
- Students must refrain from chewing gum.

Electronic Devices

- All electronic devices must be left at home or in the provided locker. Electronic devices are not permitted in the OR.
- Cell phones are not permitted in clinical areas per hospital policy.

EDUCATION AND TRAINING: NA

REFERENCES:

Application/Essay Form, Parental/Guardian Permission Form, Confidentiality Agreement Form, Health Clearance Form

COMMITTEE AND COUNCIL APPROVALS:

Surgical Technology Program Director (May 2019)

CANCELLATION:

Tower Health System policies directly related to this topic shall supersede this RSHS policy. The policy supersedes all previous policies, memoranda, and/or other communications pertaining to this policy.

Reading Hospital School of Health Sciences
Explore a Career in Surgical Technology Program
Application & Essay

Please check off most recent coursework in progress or completed:

- Current High school Senior
- High School Graduate
- GED Recipient
- Post-secondary coursework
- Degree, If yes, what major _____

Please Print Clearly

First Name: _____ Last Name: _____

Former Name(s) _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Mobile: _____

Email: _____

In the space provided below, please tell us why you would like to explore a day in the life of a Surgical Technologist?

Thank you for sharing.

**Reading Hospital School of Health Sciences
Explore a Career in Surgical Technology Program
Parental/Guardian and Participant Permission Form**

Parental/Guardian Permission Section (for participants under the age of 18)

As parent/legal guardian I give _____ permission to participate in program offered by Reading Hospital and Reading Hospital School of Health Sciences.

Signature of Legal Parent/Guardian _____

Printed Name _____

Relationship to Participant _____

Participant and/or Parent/Guardian Section

I am agreeing to participation in the program offered by Reading Hospital and Reading Hospital School of Health Sciences.

By signing below I state that I:

- Release Reading Hospital or Reading Hospital School of Health Sciences from liability for any injury that may occur related to the participation in the program.
- Understand that while all precautions will be taken to prevent exposure, due to the nature of the patient care activities of this program, blood and body fluid exposure may occur during this program.
- Give Reading Hospital permission to do whatever lab testing is necessary in the event of an exposure to blood and/or body fluid exposure.

Participant Signature _____ Date _____

Participant Printed Name _____

Signature of Legal Parent/Guardian _____ Date _____

Emergency Contact Information during the program:

Person _____ Relationship to participant _____

Home Telephone _____ Work Telephone _____

Reading Hospital School of Health Sciences
Explore a Career in Surgical Technology Program
Confidentiality Agreement

What is Confidentiality?

Entrusted communication of information, which is considered belonging to one's self (private) and is not intended for public disclosure. (Dictionary.com)

- When a patient gives information about their admission to the hospital and/or information regarding their medical condition to persons within the hospital setting, they trust that the public will not gain knowledge of that information.
- Confidential information is information that is private to the person and should not be made known to anyone in the public, unless the person has given permission.
- Reading Hospital and Reading Hospital School of Health Sciences believe that each of our patients can trust that their private information will not be made public by anyone associated with the hospital or School.

While you are participating in the "Explore a Career in Surgical Technology" program, our patients will consider you an associate of Reading Hospital. Therefore, it is important that you understand that any information about a person's admission to the hospital and/or medical condition must be kept private. You should not discuss what you learn about a patient with anyone who is not associated with the "Explore a Career in Surgical Technology" program.

By signing this statement, I agree to the following:

- I have been educated regarding the definition of the term "confidentiality."
- I understand what the term "confidentiality" means.
- I understand that all patients have a right to confidentiality.
- I understand that my participation in the "Explore a Career as Surgical Technologist" program may allow me to gain knowledge of a patient's confidential information.
- I understand that Reading Hospital and Reading Hospital School of Health Sciences are committed to maintaining a patient's private information private.
- I agree not to share patient information with anyone outside of the "Explore a Career in Surgical Technology" program.

Signature of Legal Parent/Guardian _____ Date _____

Printed Name _____

Relationship to Participant _____

Signature of Participant _____ Date _____

Printed Name _____

