READING HOSPITAL SCHOOL OF HEALTH SCIENCES
NURSING PROGRAM
POLICY NO.302

SUBJECT: Shadow Program (Non-Clinical Program)

Responsibility of: Admission/Recruitment Committee
Revised: November, 2009 Reviewed: 2013

Purpose

The Shadow Program is designed to offer high school juniors, high school seniors, and non traditional students an opportunity to shadow a current student at Reading Hospital School of Health Sciences.

Procedure

COORDINATION OF SHADOW PROGRAM

The Admissions Committee will be responsible for the development, administration, and evaluation of the Shadow Program. The Admissions Office and a faculty shadow advisor appointed by the Admissions Committee will share the responsibility of coordinating a three hour shadow experience. The Admissions Committee and faculty appointed advisor will work in collaboration to identify nursing skills laboratory observations and classroom experiences.

The Admissions Office will manage shadow files and all communications to the participants.

INITIATION OF SHADOW PROGRAM

The shadow program will be executed in accordance with a group visitation process. The three hour shadow group visits will be offered during the fall, spring and summer semesters. Each session can accommodate up to three students.

In order for the School to provide successful experiences, shadow visits must be arranged at times when current students, faculty and resources are available. Therefore, the program coordinators will choose the day and time of the shadow visit and notify selected participants of the visit dates 2-3 weeks in advance.

Shadow visits may consist of the following:

- pre and post admission meeting
- classroom observation
- skills laboratory observation
- touring with a current student
- meeting with an Instructor
- Hospital tour upon request

SELECTION OF PARTICIPANTS

To be considered for the shadow program, participants must complete the Shadow Request form and forward all materials to the Admissions Office.

Selection of participants is based on the following:

- completed shadow request form
- completed Shadow Permission Form for High School Students
- written response as to why the participant wishes to shadow
- documentation of current high school or college GPA of 2.5 or higher
- documentation of General Education Development (GED), if applicable
- recommendation from teacher/instructor, counselor or supervisor

If selected, participants will be notified by mail when shadow visits will take place. Participants must return the confirmation of attendance form along with parental and high school consent (for high school students only) in order to be considered for a shadow experience.

SELECTION OF TOUR GUIDES

A current student must:

- be enrolled in NUR 102 course or higher
- be in good academic standing and have an earned GPA of 3.0 or higher
- have approval from Admissions Committee
- be recommended by a nursing instructor
- meet with Admissions Office to review the topics of discussion
- call Admissions Office well in advance if unable to carry out their tour guide responsibilities
- be rewarded for their service to the program

ORIENTATION

Participants and student tour guides will be expected to arrive on time for the pre-arranged shadow visit and check in at the Admissions Office. The Admissions Office will give a brief overview of the experience and introduce the student tour guide.

EVALUATION/QUESTION AND ANSWER SESSION

Participants and students will return to Admissions where a post-conference will take place. A completed evaluation form will be requested from each participant and student tour guide. Each participant will be offered the opportunity to ask questions regarding admissions, program tracts, student life, etc. A packet of admission materials will be given to each participant.

CANCELLATION OF VISIT

Participants and student tour guides must give adequate notice to the Admissions Office if they are unable to attend a pre-arranged visit. The Admissions Office will notify each participant the day before if shadow visits will be cancelled due to impending weather. The Admissions office will make every attempt to reschedule shadow visits. However, due to limited time and resources, requests for make up visits can not be guaranteed.

Admissions will communicate truancy status to involved high schools for “cancelled” participants.

NO SHOWS

Shadow visits require time and planning on the part of the faculty, staff, and students. Therefore, participants who are no shows and do not call the Admissions Office to cancel their pre-arranged shadow experience prior to the visit day, may not be given consideration in the future.
Admissions will communicate truancy status to involved high schools for “no show” participants.

FILLED VACANCIES

Any candidate who is denied participation due to lack of program vacancy will be sent a letter of regret due to availability, with an attached invitation to attend an open house event.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
Nursing Program
SHADOW PROGRAM REQUEST FORM

Please Check off:
__ High school junior
__ High school senior
__ High school graduate
__ College student

Please Print

First Name:_____Last Name:_____

Address:_____

City:_____State:_____Zip code:_____

Phone:_____Cell:_____

Email:_____

Please answer the following question:

Why do you wish to shadow?

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READING HOSPITAL SCHOOL OF HEALTH SCIENCES
Nursing Program

Shadow Permission Form for High School Students

Please have this form completed by the appropriate persons and return it to the School, **as soon as possible,** (within 2 weeks).
Return the form to:

Attention: Admissions
Reading Hospital School of Health Sciences
P.O. Box 16052
Reading, Pa. 19612-6052

Or Fax to: 484-628-0134

Parent/Guardian

I give _____ parental/guardian permission to participate in the "Student Program (Non Clinical Program)" at Reading Hospital School of Health Sciences on _____. I understand that this is a three hour experience, which will require absence from all high school classes from 9:00a.m. to 12 noon.

_____
Print Name Signature Date

Relationship to student_____

High School Representative

I release _____ from high school classes on _____ to participate in the "Shadow Program (Non Clinical Program)" at Reading Hospital School of Health Sciences. In addition, by signing this form, I verify that this student has a GPA of 2.5 or greater on their current high school transcript.

_____
Print Name Signature Date