Doctors Hospital
Student Temporary Employment Program - 2015
Dear STEP Applicant:

Congratulations on your decision to apply for admission into STEP, (Student Temporary Employment Program) offered by Doctors Hospital.

Attached is a package that outlines the program. The dates of participation are as follows: May 18 – June 12 OR June 15 – July 11 OR July 21 – August 15, 2015. Please take the time to read the dates carefully, so that you can apply for the dates that are most suitable for you. However the dates that you choose are not necessarily the times that you will get. That will be dependent upon various variables.

Kindly attach a copy of your most recent transcript or report card to your application form. Also, attach or present, on your first day of the program, a certificate of good health, including your IMMUNIZATION RECORD (Must include Hepatitis B) and a police certificate of good character.

There will be orientation on the first day and on a portion of the second day. Should you encounter any difficulties during your rotation, please do not hesitate to contact the Organizational Learning Department.

Again, thank you for expressing the desire to utilize Doctors Hospital as a study source and we wish you every success in your future endeavors.

PLEASE READ ALL INFORMATION BEFORE COMPLETING THE APPLICATION FORM. KEEP THE INFORMATION, AND ONLY SUBMIT THE APPLICATION BY JANUARY 31.

KINDLY E-MAIL egrant@doctorshosp from March 30 to April 10, 2015, to ascertain if you have been granted a position in STEP.
STEP is a four-week summer student program that provides awareness, exposure, education and understanding of healthcare professions and its related fields. Students are allowed to participate during one of the 3 four-week sessions that occur from May to August. The program is a partnership between Doctors Hospital and its physicians to help encourage persons interested in pursuing careers in healthcare. Participants rotate to different departments within the Hospital to help them to understand the integrated components of healthcare. Due to an overwhelming response, once a participant has completed STEP they will not be allowed to enroll again. This will afford others the opportunity to be involved in this worthwhile program.

It is our hope that STEP will provide a valuable and rewarding experience. Please review the information provided so that you are aware of what the STEP experience entails. If you have any questions please contact the Organizational Learning Department at:

PO Box N-3018
Nassau, Bahamas

Telephone: (242) 302-4722
OR: 302-4614
OR: 302-5178
Fax: (242) 322-3284
Email: egrant@doctorshop.com or cjohnson@doctorshosp.com or shornierolle@doctorshosp.com

Welcome and thank you for choosing Doctors Hospital.

Sincerely,

Organizational Learning Department Team
KEEP. STEP INFORMATION

APPLICATION:
- Students must submit their application to the ORGANIZATIONAL LEARNING Department between January 1-30 of each year.

PREREQUISITES OF STEP:
- Student must have an interest in a healthcare profession.
- Be available during scheduled dates.
- Actively enrolled in college/university program, with an interest in healthcare profession.
- Provide proof of health insurance coverage (name of company, ID #, group #, name of insuree and type of coverage). Without proof of health insurance coverage, your application will be subject to a further approval process.
- Dress: Closed rubber sole shoes, casual dress pants (no jeans, tees or revealing clothing), one (1) lab coat – hip length, not knee length.
- Provide two (2) references either personal or professional.
- $21.50 for registration in Basic Life Support (BLS) program *** DO NOT SUBMIT UNTIL YOU HAVE BEEN ACCEPTED INTO STEP, DURING THE ORIENTATION SESSION. ***

ORIENTATION:
- Approximately two days orientation.
- Introduction of Organizational Learning Team
- Brief history of DH
- Explanation of DH Strategic Goals, Mission Vision and Value Statement
- Explanation of participation: Observational with limited clinical interaction.
- Standard precautions and safety standards
- Issuance of identification badges
- Breaks and lunch periods
- Explanation of meal areas
- Students are required to remain on premises during scheduled hours
- Program hours: 8:00 a.m.- 4:00 a.m. or as required by Department. e.g.: Hours in Emergency Room and Pharmacy are 3 – 11 p.m.
- No work on holidays
- Dress Code
- Explanation of department rotation schedule
- Tour of facility.
- Hand Hygiene
- Death and Dying
- Any other information as deemed useful or necessary

STIPEND:
The current monthly stipend is $400.00 that is paid at the end of the month. Students that wish to participate in the program after the allotted spaces are filled will be considered on a case-by-case basis. However, those students will not be entitled to the stipend.

CHECKLIST & SCHEDULES:
- Each student will be provided with a checklist and rotation schedule at the beginning of STEP. Students are required to complete the checklist, as it is a record of participation activity. **These checklists are kept by the student, and copies are submitted to the Organizational Learning Department in the event that the student requests a letter of reference from the Organizational Learning Department.**

MEETINGS:
- Members of Organizational Learning will meet with students as deemed necessary for feedback and updates on progress. In addition, students are required to attend the following meetings, according to their schedule:
  - ER meetings, Thursday, at 8:00 a.m.
  - CATH meetings, Thursday at 8:00 a.m. (For Medical Students)

FAREWELL CELEBRATION/ CLOSING CEREMONY:
- The farewell celebration is held at the end of each session. Students are asked to give feedback about STEP during the third (3rd.) week of STEP.
STUDENT APPLICATION FORM

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Circle preferred session . (Not necessarily the session that you will be placed in).
# 1 : May 19 - June 13   # 2 June 16 - July 11   # 3 July 21 - August 15, 2014

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<th>TELEPHONE CONTACT:</th>
<th>GRADE/TERTITARY LEVEL: (STATE THE YEAR THAT YOU ARE CURRENTLY IN), *** LEAVING THIS BLANK COULD DISQUALIFY YOUR APPLICATION***</th>
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IN EMERGENCY CONTACT:

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<td>MEDICATION THAT STUDENT MAY BE PRESENTLY TAKING:</td>
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<th>PLEASE ATTACH TWO (2) REFERENCE LETTERS TO APPLICATION.</th>
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<td>STUDENT SIGNATURE:</td>
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**SUBMIT.**
CONFIDENTIAL INFORMATION AGREEMENT

NAME: _____________________________________________________________________

ADDRESS: ____________________________________________

I am a participant in STEP at DOCTORS HOSPITAL (BAHAMAS) LIMITED. I will be participating for the period of time from ________________ to ________________.

I will adhere to the policies of DOCTORS HOSPITAL (BAHAMAS) LIMITED that are listed below:

1. Everything that is observed relating to Names, tests, procedures, etc. on patients, I will hold in total confidentiality and will not repeat them outside of DOCTORS HOSPITAL (BAHAMAS) LIMITED.
2. I will act professionally and with the highest ethical and moral standards during my tenure.
3. I will dress appropriately (Casual dress pants/skirt, shirt with lab coat with closed rubber-sole shoes) at all times. I will maintain hygienic standards including neat hairstyle.
4. I will abide by the rules of STEP and report for duty on time.

Violation of any of the above will result in expulsion from the program.

STUDENT SIGNATURE: ___________________________________________________________________________

DATE: ______________________________________________________________________________________

WITNESS SIGNATURE: __________________________________________________________________________

DATE: ______________________________________________________________________________________
DOCTORS HOSPITAL (BAHAMAS) LIMITED
STUDENT AGREEMENT
STUDENT TEMPORARY EMPLOYMENT PROGRAM
(S.T.E.P.)

This is to certify that ___________________________ has been accepted to participate in the above noted program at DOCTORS HOSPITAL (BAHAMAS) LIMITED from ______________________________ to ____________________________.

DD/MM/YY DD/MM/YY

As Parent/Legal Guardian, I ___________________________ (Parent/Legal Guardian) grant permission for ___________________________ to participate in STEP Student at DOCTORS HOSPITAL (BAHAMAS) LIMITED and, further, I authorize DOCTORS HOSPITAL (BAHAMAS) LIMITED and its agents to provide instruction and direction as appropriate for this experience.

This document serves as a formal confirmation that we ___________________________ and ___________________________ Parent/ Legal Guardian will hold DOCTORS HOSPITAL (BAHAMAS) LIMITED and its agents harmless in the event that any unforeseen/unavoidable illness and/or injury should befall ___________________________.

Student

Conditional on this acceptance I ___________________________ have Parent/Legal Guardian submitted documented evidence of current Health Insurance coverage for ___________________________ which I authorize for use in any event of illness and/or injury as mentioned above.

PARENT/LEGAL GUARDIAN SIGNATURE: ___________________________ DATE: ___________________________

ORGANIZATIONAL LEARNING DEPARTMENT SIGNATURE: ___________________________ DATE: ___________________________