

JOB SHADOWING VERIFICATION
Frederick Community College ST Program nnd1/24/2012

RETURN TO FCC, ST PROGRAM

Email: CShea@frederick.edu and emanthey@frederick.edu

Attn: Crystal Shea and Earl (Dex) Manthey

FCC Student NAME _____

FCC ID number _____

DATE of Job Shadowing _____

HOSPITAL _____

Educator or contact NAME _____

Contact information PHONE _____ EMAIL _____

CASE (S) OBSERVED

HOSPITAL CONTACT: Student assimilated into the environment, communicated appropriately, and would be invited to return to this facility.

YES _____ NO _____

Comments:

SIGNATURE _____

STUDENT: Provide a 1-2 page reflection on your experiences in the OR during your observation time.

Include:

- Give name and definition of the procedure(s).
- Discuss the ST's role, and your physical and emotional reactions to the surgery, and the impact of this work environment.
- Do you enjoy multi-tasking and learning in a fast-paced, technical setting?
- Did you observe a need for flexibility and the ability to adapt to a change in plans?
- Did you notice if stress or tension changed the working environment?
- Include your reflection on the OR staff's interactions with you. Would you return to this OR, given the opportunity again?
- Reflect on how this experience helped you decide to pursue the surgical technology career, or not.
- If you decide to withdraw your application for the program, please advise the ST department.

Return this form and your reflection to the FCC, ST office. Best wishes.