

## JOB SHADOWING VERIFICATION Frederick Community College ST Program

RETURN TO FCC, ST PROGRAM

Email: [healthsciencesadmissions@frederick.edu](mailto:healthsciencesadmissions@frederick.edu)

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.