



SURGICAL TECHNOLOGY SHADOW EXPERIENCE

Students pursuing the Surgical Technology program at Southeast Tech are required to shadow a *Surgical Technologist* for **eight hours**. Students requesting shadow experiences need to contact the hospital of choice. A contact list for a variety of hospitals within the region is provided, but you are not limited to these. Please be advised that it could take a few weeks to schedule a shadow experience. You will need to follow the guidelines of your chosen hospital.

If requesting a shadow experience with **Sanford Health**, please complete the following:

1. Provide documentation of the required immunization records to Clorinda by fax at 605.367.6108, email Clorinda.Beitelspacher@southeasttech.edu, or mail to 2320 N. Career Ave. Sioux Falls, SD 57107:
 - a. TB – two TB tests and two readings (reading must be completed within 48 to 72 hours of the TB test – the two TB tests are typically about a week apart)
 - b. MMR – either two MMR immunizations or titer
 - c. Flu – current seasonal flu shot if completing shadow between October 1st and March 31st
 - d. Chicken pox – either two shots or titer
 - e. Tdap – completed within the past 10 years
 - f. Hepatitis B – series of 3 shots
2. Once you have provided Clorinda with the required documentation listed above, she will contact you to proceed with the shadow scheduling. You can contact her directly if you have questions at 605.367.4735 or Clorinda.Beitelspacher@southeasttech.edu.

If requesting a shadow experience with **Avera McKennan**, please present this signed form from the Admissions Counselor at Southeast Tech upon time of application. You will also need to follow the steps below:

1. Visit <http://www.avera.org/careers/job-shadowing/> to view the shadow requirements and download the application.
2. Complete the application and return to the appropriate department of the location requested.
3. Someone from Education Services will contact you to confirm receipt of your application and job shadow location, time, and date.
4. If you have questions or need to check the status of your application, contact Education Services at 605.322.8950.

The student presenting this letter is in the application process for our Surgical Technology program at Southeast Tech. We verify that the student has started the application process and is now ready for shadowing in the Operating Room. We very much appreciate our healthcare partnership and your willingness to allow students to see firsthand what it will be like when they are actually a Surgical Technologist. We have found that the shadowing component for this specialized area in particular really allows students to make a judgment about whether they are suited for a career in Surgical Technology.

Student Name _____ (please print)

Student Signature _____

Specialist Signature _____

Contact information for Southeast Tech: 605.367.6040.

Please notify Ruby Castardo, Surgical Technology Program Instructor/Advisor at 605.367.4774 with questions or concerns.

CONTACT LIST FOR SURGICAL TECHNOLOGY SHADOW EXPERIENCE

Avera McKennan Hospital

800 E. 21st St
Sioux Falls, SD 57117-5054
605-322-8000 Main #
605-322-8950 Education Department

Sanford Health

See 1st page for information

St. Mary's Hospital

800 East Dakota Avenue
Pierre, SD 57501
605-224-3100 Main #
Jackie

Spencer Municipal Hospital

1200 1st Avenue East
Spencer, IA 51301
Kathy Krunchey Ed. Coordinator
712-264-6198

Avera Sacred Heart Hospital

100 W. 4th St
Yankton, SD 57078
Carla Hummel, Director of Volunteers

Queen of Peace Hospital

525 N. Foster
Mitchell, SD 57301
Mr. Chris Lipper, RN, OR Supervisor
605-995-2530

Huron Regional Medical Center

172 E. 3rd St SE
Huron, SD 57350
605-353-6244
OR Supervisor

Rapid City Regional

353 Fairmont Blvd
Rapid City, SD 55709
Peggy Sullivan OR Educator
605-719-4225
605-341-1000 Main #

United Hospital

333 N. Smith Ave
St. Paul, MN 55102
Jan Good, RN, OR Director
651-220-8000

Sioux Falls Specialty Hospital

910 E. 20th St.
Sioux Falls, SD 57105
Brittany Wright- RN Education Coordinator
Phone: 605-444-8288
Fax: 605-444-8450
bwright@sfsh.c

Prairie Lakes Regional Hospital

400 10th Ave NW
Watertown, SD 57201
Mary Peterson OR Supervisor
605-882-7785

Mallard Point Surgical Center

1201 Mickelson Dr
Watertown, SD 57201
Brenda Kathman, RN, OR Supervisor
605-882-4743

Dickenson County Memorial

PO Box AB
Spirit Lake, IA 51360
Lois Haan, RN, OR Supervisor
712-336-1230

Trinity Regional Hospital

802 Kenyon Rd
Fort Dodge, IA 50501
Pat Lake, RN, OR Supervisor
515-573-3101

Methodist Hospital

8303 Dodge St
Omaha, NE 68114
Maggie Johnson, RN, Clinical Director
402-354-4000

United Methodist District

515 South Moore St
PO Box 160
Blue Earth, MN 56013
Deb Zerke, RN, OR Supervisor
507-526-3273

St. Joseph Immanuel Hospital

1025 March St
Mankato, MN 56001
Marion Hanson, RN, OR Supervisor
507-625-4031

SURGICAL TECHNOLOGY SHADOW EXPERIENCE DOCUMENTATION

This form must be taken with you to shadow.

Applicant's Name _____

Phone Number _____

Health Care Facility _____

Address _____

City, State, ZIP _____

Preceptor's Name _____

Facility's Phone Number _____

Date of Observation _____

Time Arrived _____ Time Departed _____

Preceptor's Signature _____

Personal Observations:

Was there anything that happened during your shadowing experience that you didn't expect?

Any other comments you would like to make about your shadowing experience?

Dialogue with Preceptor:

How many years have you been working in the field?

Is it likely that this career will require being “on call”?

About how many hours a week are you “on call”?

About how many times a week do you get called in?

How many different shifts do you work?

What are the different shifts?

What things do you like most about your career?

What things do you like the least about your career?

Are there any physical requirements or limitations for this career?

Are there any significant health risks or hazards?

Return the completed form upon completion of the shadow experience to:

Southeast Tech
Attn: Admissions
2320 North Career Ave
Sioux Falls, SD 57107

OR
Fax 605.367.8305
Email Admissions@southeasttech.edu