



ALDERSON-BROADDUS COLLEGE
CLINICAL SITE APPROVAL
SURGERY TRACK – MASTER'S OPTION

SECTION 1 - TO THE STUDENT

Students entering the Surgery Track are required to secure and maintain full-time employment as a physician assistant in an approved hospital surgery department or private surgeons practice during the entire two-year program. Selecting an appropriate clinical site that will meet program and student objectives is very important. Students currently employed in a hospital surgery department or private surgeons practice may be able to complete program requirements at their current site. The Clinical Site Approval form must be submitted and approved PRIOR to enrollment.

REQUEST TO CHANGE CLINICAL SITE [Current Students Only]

Changing your hospital site during completion of the two-year Postgraduate Physician Assistant Program is discouraged but may be approved if the student can provide reasonable documentation that changing clinical sites will improve their educational program. Changing clinical sites simply for financial gain will not be approved. Written approval from the Program Director and the Medical Director is required to seek approval of a clinical site change. Please be advised that approval is required prior to resignation from an approved site. Students that resign from their approved site without first seeking approval, or if their employment is terminated for any reason, risk the possibility of being suspended or dismissed from the Postgraduate Physician Assistant Program and/or extending the time required to complete program requirements.

SECTION 2 - APPROVAL PROCESS

Please arrange a meeting with the Chief of Surgery at your employing hospital surgery department and/or your supervising surgeon to discuss your plans for entering the Surgery Track Postgraduate Physician Assistant Program. At this meeting you should discuss your clinical objectives and employment expectations as related to the program and the benefits your advanced education will provide to the employing hospital site or private practice. It is important for your Chief of Surgery and/or supervising surgeon to understand the program's clinical and didactic components and to approve of your entering the Program.

The information and documentation provided on this form will determine whether or not your employment site is approved. It is important that you and your surgeon agree that an adequate learning environment, including educational and clinical support, exists at the proposed site. The hospital site must also provide and agree to the following:

- A. The Chief of Surgery and surgery department staff or private surgeon is willing to provide an adequate learning environment, including academic and clinical support.
- B. At least 200 surgical cases with an appropriate percentage of major cases to provide a well-rounded surgical experience.
- C. It is recommended that the student's surgical experience include pre-operative, post-operative, and intra-operative responsibilities. However, it is understood that surgical settings are quite different and therefore will be evaluated on an individual basis.
- D. Precepting surgeon must be Board Certified in Surgery.
- E. Surgeons and OR staff must support the advanced role of physician assistants with specialty training in surgery.
- F. Willingness on the part of precepting surgeons to provide clinical experiences with acute and non-acute patients, including work-up of higher acuity patients under physician supervision.
- G. Guaranteed release time to complete didactic requirements.

Students seeking hospital site approval are responsible for returning this form to the Postgraduate Physician Assistant Program after all information has been completed. Forms should be returned to the Program Director, Postgraduate Physician Assistant Program, 500 College Hill Drive, PO Box 2037, Philippi, WV 26416-2037. Telephone: 304-457-6356; Fax: 304-457-6308; E-Mail: childerswa@mail.ab.edu.

A copy of this form will be returned to the student indicating approval status.

SECTION 3 - STUDENT INFORMATION

Student's Name: _____ Social Security Number: ____/____/____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone Number _____ Work Telephone Number _____
E-mail Address: _____ Fax: _____

SECTION 4 - PROPOSED HOSPITAL AND PRACTICE SITE

Name of Practice Site _____
Name of Hospital Site: _____
City: _____ State: _____ Zip Code: _____
Supervising Surgeon: _____
Address: _____
City: _____ State _____ Zip Code: _____
Telephone: _____ Fax: _____
E-mail Address: _____
First Day of Employment or Projected: ____/____/____
Month Day Year

SECTION 5 - SURGICAL CASE LOAD DATA

1. Surgical case volume in the practice or surgery department: _____ Total _____ Major _____ Minor
_____ Inpatient _____ Outpatient _____ Specialty Mix
2. Hospital is located in which of the following populations: ___ Under 10,000 ___ Under 50,000 ___ Under 100,000
___ Over 100,000
3. Total number of surgeons: In practice: _____ In surgery department: _____
4. Total number certified by the American Board of Surgery: _____
5. Number of physician assistants that work in the practice or surgery department: _____
6. Does the surgery department have a separate ambulatory surgery unit? ___ Yes ___ No
7. What is the percentage of your supervising surgeons caseload? If different from # 1. Total _____ Major _____ Minor
_____ Inpatient _____ Outpatient _____ Specialty Mix _____
8. Does the caseload include endoscopy? ___ Yes ___ No
___ EGD ___ PEG ___ Colonoscopy ___ Sigmoidoscopy
9. Briefly describe the educational and clinical environment:

SECTION 6 - GENERAL PROGRAM INFORMATION

The student and clinical site are advised of the following:

1. Role of the Supervising Surgeon: The surgery department staff as well as the supervising surgeon should support the concept of advanced specialty training in surgery for physician assistants. The supervising surgeon(s) is/are not required to provide on-site lectures or other time-consuming teaching tasks. Supervising surgeon(s) will be asked to evaluate the student each semester by completing a standard evaluation form and possibly the administration of a final examination as provided by the Program.

2. On-Site Requirements at Alderson-Broaddus College:

FIRST YEAR

Fall Semester: One weekend per month, September - December

Spring Semester: One weekend per month, January - April

SECOND YEAR

Fall Semester: One weekend per month, September - December

Spring Semester: One weekend per month, January - April

NOTE: Weekend sessions begin at 8:00 a.m. on Friday and conclude at Noon Sunday. The College reserves the right to alter on-campus class schedules as needed and appropriate to satisfy program objectives.

3. Tuition Payment: Tuition is the responsibility of the student and may be paid by the student or the hospital/practice site according to the following schedule:

	YEAR 1	YEAR 2
	\$5,386. September 2006	\$3,969 September 2007
	\$5,386. January 2007	\$5,670 January 2008
TOTAL	\$10,773	\$9,639

NOTE: Tuition is subject to change effective July 1, pending action of the Board of Trustees for Alderson-Broaddus College.

SECTION 7 - STUDENT CERTIFICATION

I hereby certify that I have discussed the Surgery Track Postgraduate Physician Assistant Program with the Chief of Surgery and/or supervising surgeon at the hospital and/or practice site designated on this form and have been granted permission and/or support to enter the Program. I feel this hospital and practice site can provide the clinical experiences and support to meet my personal career objectives and program requirements. I agree to arrange payment of the required tuition and other expenses associated with the Program. I understand it is my responsibility to arrange for malpractice insurance through my employer or to purchase coverage. I understand that Alderson-Broaddus College does not provide malpractice insurance as a result of the program's employment requirement. I certify all information provided on this form is accurate and complete. I acknowledge that I may be dismissed or suspended from the program for falsifying information.

STUDENT'S SIGNATURE: _____ DATE: ____/____/____

