

NEBRASKA'S HEALTH SCIENCE CENTER

Dear Doctor:

You are being asked to serve as a preceptor for a physician assistant who wishes to enroll as a candidate for the Master of Physician Assistant Studies (MPAS) degree. This degree is offered by the Division of Physician Assistant Education at the University of Nebraska Medical Center. The Distance Learning Program is a separate master's degree track of the Physician Assistant Program.

The purpose of the preceptorship is to make available for the candidate a learning experience with a knowledgeable physician/practitioner who is willing to help the candidate advance his or her knowledge of the art and science of medicine through the candidate's personal initiative and "hands on" learning experiences. It is our hope that even though the PA may be quite experienced, you will be able to challenge the candidate to expand his or her current medical knowledge and clinical skills.

We are, therefore, asking you to spend some extra time with this candidate in a "teacher-student" relationship. This additional time should be spent in helping to ensure that as many as possible of the learning objectives are met during the required clinical time with you. The learning objectives will be sent to you at the time the applicant is accepted as a degree candidate.

With this letter you are being given two documents. The first consists of guidelines and information for you in your role as a preceptor. The second is a "Preceptor Agreement" which is required for our files. After reading the agreement, please sign and return it to the candidate along with a copy of your resume. He or she will return it to us with their application.

We wish to thank you in advance for your interest and support in helping the candidate pursue his or her educational objectives.

James E. Somers

James E. Somers, PA, Ph.D.
Program Director

**DISTANCE LEARNING PROGRAM
MASTER OF PHYSICIAN ASSISTANT STUDIES**

PRECEPTOR GUIDELINES and RESPONSIBILITIES

A vital feature of the Distance Learning degree program is the education provided by volunteer clinical preceptors. The Distance Learning Program would not be viable without their full support and dedicated efforts.

As a Preceptor we ask that you carefully review this document which provides important information and guidelines concerning matters of mutual concern to you, the candidate and the Program.

A. Preceptor Guidelines

1. The Preceptor should provide supervision of the clinical activities of the candidate, ensuring the highest standards of patient care and safety, while providing a sound educational experience for the candidate.
2. The Preceptor should review the cognitive and skill objectives, provided by the program, with the candidate and make a good faith effort to have the candidate participate in activities which would ensure that the candidate has attained an adequate level of knowledge and performance skills in as many of the objectives as is reasonable, given the nature of the patient population.
3. The Preceptor should assign readings relating to the cognitive objectives, especially those where there are no patients presenting with problems which appear on the list of objectives for the clerkship. Further, the Preceptor should then discuss those problem(s) with the candidate to ascertain if the candidate possesses a reasonable knowledge of them.
4. The Preceptor must evaluate the candidate's performance by providing verbal and written feedback to the candidate as the Preceptor deems necessary. The Preceptor should promptly inform the Program if significant problems of a personal or professional nature develop which require faculty attention, knowledge or consultation. The Preceptor must prepare and promptly mail a formal evaluation form provided by the Program at the conclusion of the clerkship. Further, the Preceptor must assign a letter grade for the clerkship and discuss the evaluation with the candidate.

B. Program Responsibilities

1. The Program will coordinate the assignment of candidates with the Preceptor and candidate.
2. The Program will provide the Preceptor with appropriate evaluation forms and instructions for their completion.
3. The Program reserves the right to withdraw a candidate from the Distance Learning Program when there is evidence that the candidate's work, conduct, or health is considered detrimental to patients or the practice site.

**DISTANCE LEARNING PROGRAM
MASTER OF PHYSICIAN ASSISTANT STUDIES**

PRECEPTOR AGREEMENT

I hereby agree to serve as a clinical preceptor for the applicant shown below. I understand that it will be my responsibility to provide supervised clinical experiences for the applicant for the length of time it takes the applicant to complete his/her degree requirements for the Master of Physician Assistant Studies (MPAS) degree offered by the University of Nebraska Physician Assistant Program.

I understand that the Distance Learning Program is intended to provide an opportunity for the candidate to advance his/her clinical knowledge in the medical specialty of _____ at a practice location which is convenient and accessible to the candidate. This can be accomplished in my practice location.

I understand that this responsibility requires the prompt completion of the evaluation forms provided by the UNMC PA Program.

I understand that there will not be any compensation for serving as a preceptor and that the UNMC PA Program will not have in force professional liability insurance covering the actions of myself or the candidate. To the extent provided by law, I agree to indemnify and hold harmless the University of Nebraska Medical Center and the UNMC PA Program from any and all costs, expenses, claims, demands, causes of action, liabilities or responsibilities arising out of or in any way connected with any act or omission by the candidate for which I am responsible.

I understand that acceptance of this responsibility does not make me eligible for an academic appointment at the University of Nebraska Medical Center.

NAME of CANDIDATE: _____
Signature

Typed or printed name of candidate

NAME of PRECEPTOR: _____
Signature

Typed or printed name of preceptor

ADDRESS of PRECEPTOR: _____

City State Zip

PRECEPTOR PHONE: _____
Day phone Evening phone

Include a copy of the curriculum vitae/resume of the preceptor.