Dear Physician,

You are being asked to serve as a clinical 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 in the College of Allied Health Professions at the University of Nebraska Medical Center. The Degree Advancement Option is a separate master’s degree track of the Physician Assistant Program.

The purpose of the preceptorship is to provide the candidate with a learning experience with a knowledgeable physician/practitioner. The preceptor needs to be 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. Even though the PA may be quite experienced, we hope 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 “mentor-protégé” relationship. This additional time should be spent in helping to ensure that the learning objectives are substantially 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 or curriculum vitae. The candidate will return it to us with their application. Feel free to contact me with any questions or comments anytime.

Thank you in advance for your interest and support in mentoring the candidate in reaching his or her professional goals.

Sincerely,

Shaun Horak, MPAS, PA-C
Interim Division Director
Master of Physician Assistant Studies Degree Advancement Option

CLINICAL TRACK PRECEPTOR GUIDELINES AND RESPONSIBILITIES

A vital feature of the Degree Advancement Option is the education provided by volunteer clinical preceptors. The Degree Advancement Option 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 skills 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 reading related 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 email, fax or mail a formal evaluation form provided by the Program at the conclusion of each semester. Further, the Preceptor must score the candidate for the clerkship and discuss the evaluation with the candidate.

B. Program Responsibilities

1. The Program will provide learning objectives to the candidate and the Preceptor and facilitate means to meet these objectives upon request.

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 Degree Advancement Option when there is evidence that the candidate’s work, conduct, or health is considered detrimental to patients or the practice site.
Master of Physician Assistant Studies Degree Advancement Option
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 Medical Center Physician Assistant Program.

I understand that the Degree Advancement Option 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.

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

Signature of Candidate: ____________________________________________
Printed Name of Candidate: _________________________________________
Signature of Preceptor: _____________________________________________
Printed Name of Preceptor: _________________________________________
Work Address of Preceptor: _________________________________________

Phone of Preceptor:

Work Email of Preceptor: _________________________________________

City State Zip Code
Day Phone Evening Phone

Please return this completed form along with your current resume or curriculum vitae to the applicant.

For UNMC internal use only – Preceptor Approved
Date: _______________ Program Official: ____________________

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