Dear Mentor,

You are being asked to serve as an education mentor 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. This Degree Advancement Option is a separate master’s degree track designed specifically for physician assistants (PAs) who have graduated and have a desire to gain knowledge and skills in the areas of patient education, community health education, and/or academic instruction.

The purpose of this mentorship is to provide the candidate with a learning experience under a knowledgeable mentor. The mentor needs to be willing to help the candidate advance his or her knowledge of the art and science of developing instructional strategies useful for patient care and learning, including hands-on experiences.

We are, therefore, asking you to form a “mentor-protégé” relationship with this candidate. The education mentor guidelines and responsibilities are below and the learning objectives are available on request or from the applicant when accepted as a degree candidate.

This letter is followed by two documents. The first is the education mentor guidelines and responsibilities for your review. The second is a “Mentor 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.

Thanks 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

EDUCATION MENTOR GUIDELINES AND RESPONSIBILITIES

A vital feature of the Degree Advancement Option (DAO) program is the education provided by volunteer education mentors. The DAO MPAS Program would not be viable without their full support and dedicated efforts. As a Mentor 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. Mentor Guidelines
   1. The Mentor should provide guidance to the candidate’s development of instructional strategies. These may be directed toward individual patients, groups, communities, professional peers, or learner populations of all ages and types.
   2. The Mentor should be committed to supporting the delivery of high quality learning as facilitated by the candidate while guiding the candidate in a sound educational experience.
   3. The Mentor 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 and/or learner population.
   4. The Mentor may assign reading related to the objectives, to further promote the candidate’s understanding of instructional strategies. Further, the Mentor should regularly discuss with the candidate principles of education and practical applications to support the candidate’s growing knowledge of and experience with patient education, community education, and/or academic instruction.
   5. The Mentor must evaluate the candidate’s performance by providing verbal and written feedback to the candidate as the Mentor deems necessary. The Mentor should promptly inform the Program if significant problems of a personal or professional nature develop which require faculty attention, knowledge or consultation. The Mentor must complete and promptly submit a formal evaluation using the form provided by the Program at the conclusion of each semester. Further, the Mentor 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 Mentor and candidate.
   2. The Program will provide the Mentor with appropriate evaluation forms and instructions for their completion.
   3. The Program reserves the right to withdraw a candidate from the DAO 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
SUPERVISED TEACHING PRACTICE MENTOR AGREEMENT

I hereby agree to serve as an education mentor for the applicant shown below. I understand that it will be my responsibility to provide guidance and advice while the applicant conducts instructional activities in a patient care, community, or academic environment. These education experiences for the applicant may extend over 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, Division of Physician Assistant Education.

I understand that the education experiences may occur within the settings of direct patient contact, community health education, or in an academic environment. I will be able to advise and monitor the applicant in and around these settings.

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

I understand that there will not be any compensation for serving as a mentor and that the UNMC Division of PA Education 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 Mentor: ________________________________
Printed Name of Mentor: ________________________________
Work Address of Mentor: ________________________________

Phone of Mentor
Day Phone ________________________________ Evening Phone ________________________________

Email of Mentor: ________________________________

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: ________________________________