



FAMILY NURSE PRACTITIONER/
PHYSICIAN ASSISTANT PROGRAM
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
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Preceptor Information Letter

Dear Colleague:

Thank you for considering becoming a preceptor for a Family Nurse Practitioner (FNP) or Physician Assistant (PA) current or prospective student of the University of California, Davis (UCD). Good preceptors are the key to the success of this program as they do most of the clinical teaching. Physicians who have precepted students have found the experience rewarding, challenging and exciting. You may have many questions. I will attempt to answer them within this correspondence. However, should any questions remain unanswered, please call the administrative office in Sacramento at (916) 734-3551.

What is a Physician Assistant and what is a Family Nurse Practitioner?

A primary care Physician Assistant or a Family Nurse Practitioner is an individual working with a physician in a primary care setting to provide a team approach to patient care. He/she has been trained to assess the health status of a patient, deliver preventive care, counsel patients on psychosocial and health problems, diagnose and treat common minor illnesses, and manage stable chronic illnesses.

There are over 15,000 FNPs and PAs in California – over 1500 of these are UCD FNP/PA Program graduates. Our graduates are working with physicians and other health workers in a variety of settings, such as private practices, community clinics and county hospitals, seeing an average of 25 patients per day; most graduates stay in practice with their training preceptor.

What is the difference between an FNP and a PA?

An FNP comes from a nursing background while a PA generally has a different health career background. Their respective fields have quite different origins and histories. They operate under different state laws and titles. However, their roles in the health field can be so similar that the UCD FNP/PA Program educates these professionals together.

Who may apply and be selected to become a student?

A UCD FNP candidate must be licensed to practice as a registered nurse in the State of California, have a BSN degree and qualify for admission to California State University, Sacramento (CSUS). The minimum educational requirement of a PA candidate is an Associate of Arts degree, or the equivalent.

Candidates/students must have personality traits which promise good relationships with patients and coworkers and must demonstrate the ability to cope with rigorous academic demands. They must have a willing preceptor who is acceptable to the program. Strong preference is given to candidates with a reasonably sure promise of employment after graduation and to those who live and will work in primary care Health Manpower Shortage Areas (HPSAs).

How does the Family Nurse Practitioner/Physician Assistant Program work?

The FNP/PA Program is an integral part of the University of California, Davis, School of Medicine, Department of Family and Community Medicine, which is committed to training medical students, residents, family nurse practitioners, and physician assistants together as a health care team. Students attend class in Sacramento at the UCD Medical Center. The classroom work is directed by the UCD faculty. Most students remain in their home communities throughout California, obtaining their clinical training with community primary care physicians. Thus, they are trained for local need by local experts.

The Program is two academic years in length. During each year, the student attends class the equivalent of 4 to 5 days per month, and works with his/her preceptor in clinical practice 8 to 10 hours per week during the first year and 15 to 25 hours during the second year.

The preclinical phase of the Program begins with intensive science courses in anatomy, physiology, and pathophysiology, as well as an intensive course in communications skills and medical history and physical examination. During the preclinical phase, the student may spend time observing in the preceptor's clinic. In September, students begin the clinical preceptorship. The remainder of the first year stresses the most common primary care problems, including wellness, prevention, diagnosis, management including pharmacology and counseling. Newborn through geriatric age groups are included. The second year emphasizes more difficult or less common primary care diagnosis and management.

What is a preceptor?

A preceptor for our Program is a licensed physician or a licensed family nurse practitioner or a licensed physician assistant who agrees to assume the responsibilities of clinical instruction of an FNP/PA student. Each student must have one primary preceptor, a current or previously board certified family practice physician. The primary preceptor must be trained and active in primary care, be in good standing with the licensing board and the community and be approved by the program. Other UCD approved physicians, both primary care and other specialties may be supplemental preceptors. Licensed NPs or licensed PAs may be mid-level preceptors.

What is the role of the preceptor?

The preceptor is the most important part of the teaching program. It is his/her role to help the student perfect skills in communication, physical diagnosis, succinct recording and reporting, problem assessment, and development of a logical approach to further studies and therapy.

The preceptor should watch the student perform histories and physicals and help the student improve his/her technique. After one to two months, when the preceptor is comfortable that the student is observing correctly, he/she can await the student's presentation without watching the entire encounter, but should frequently double-check. During the first three months, the emphasis is on perfecting the student's ability to gather a complete database and to distinguish normal from abnormal. The student is expected to report all findings in a descriptive manner, if unsure of the diagnosis, and develop problem lists on each patient. The assessment will become much more sophisticated as the year proceeds. The student does not initially have the knowledge or experience to be selective in history taking and physical examination. The preceptor should query the student on the possibilities and help him/her develop an appropriate selective work-up on an episodic visit. The preceptor should ask the student what further work-up and what therapy he/she thinks is appropriate, including patient education and the rationale. The student should steadily learn more about how the preceptor manages common problems and, as the program proceeds, manage increasingly more difficult problems, both psychological and physical. The preceptor should demand order, thoroughness and logic in written medical records and in oral presentations. We require that the student maintain problem-oriented medical records including S.O.A.P. format and problem lists.

It is helpful for the preceptor to stay aware of the monthly objectives for the didactic sessions. The preceptor can greatly assist the student by informally reviewing the topics with him/her and selecting patients with those problems for special attention by the student. The preceptor should spend a few minutes each week in candid summary discussion with the student as to whether each is meeting the other's needs and expectations and what changes need to be made in the roles and the relationship. The preceptor's formal evaluation of the student to the Program is an important part of the student's evaluation. The preceptor is asked to report on progress with a quarterly evaluation. All preceptor sites are approved by the Program before the student begins their clinical preceptorship.

The clinical coordinator or program faculty will visit the preceptor site of each student in the first or second quarter to discuss the preceptor role and establish communication between the preceptor and the Program. These site visits are prearranged with student and preceptor. In addition, the Program will provide quarterly communication for preceptors to sustain a positive relationship, provide current information, and to answer any prevailing questions.

What are the preceptor's responsibilities?

1. Provide a physical location with adequate clinical space and provide or help arrange a variety of patient encounters necessary for an appropriate learning experience in primary care for the student. The student will require one examining room when present on site.
2. Assure that the student's clinical experience is broad by reviewing the Minimum Clinical Requirements (MCR) list which will be provided to the student. These include the common problems and procedures in primary care. Should these MCRs not be realized in the preceptor's practice site, the preceptor should help the student locate a supplemental site in the community where the student can gain that experience.
3. Provide an average of 8-10 hours per week for the student to perform clinical activities in the primary practice site in Year I and 15-25 hours per week in Year II. During this time, the preceptor must be on site for supervision, consultation, and teaching. This commitment may be shared among two or more approved preceptors.
4. Demonstrate, teach, observe and supervise the student in clinical activities in order to develop the student's skills and to insure proper patient care.
5. Re-examine each patient until assured the student's database gathering skills are complete and accurate. Delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student's clinical competence develops.
6. Have each patient presented before the patient leaves until assured diagnosis and management skills of those conditions are accurate and appropriate. Review and countersign every medical record.
7. Review the "objectives" section of the teaching syllabi each month with the student to identify the focus of his/her studies and help the student master the material and select patients to reinforce that learning.
8. Allow the student to utilize the problem-oriented medical record system notation and problem lists in record keeping.
9. Participate in the evaluation of all aspects of the student's clinical skills and didactic knowledge base and share this evaluation by daily feedback to the student through quarterly formal evaluation and reports to the Program office, and by calls to the faculty should major concerns arise.
10. Should any problem arise that would prevent the Preceptor from accomplishing the above items or would diminish the training experience for the student, he/she should notify the Program. It is the Program's intention to have a completely open faculty-colleague relationship with the preceptor faculty. Should problems arise, early notification of the responsible person in the program will result in early problem solving without diminishing the training experience for the student and without putting an onerous burden on the preceptor.
11. Facilitate relations between this new health practitioner student and the office staff in the practice site, as well as with other health professionals in the medical community.
12. During clinical experience, students must not be used to substitute for regular clinical or administrative staff.

What does all this require in terms of time?

The student definitely slows the preceptor down initially. This may add one hour a day when the student is in the office. This time investment is rapidly reduced as the student begins to do more of the work-ups unobserved; his/her service to the office balances the teaching time. This occurs after about 8-9 months. After that, as his/her speed increases, the student is a benefit. By the end of the year, the student is seeing 6-8 patients a day. The office is then seeing more patients, is offering more comprehensive services, or the preceptor is going home at a better hour!

What is the legal basis for students' activities?

Students registered with a state-approved NP and PA school may perform all primary care functions under the supervision of their UCD approved preceptor.

What about malpractice?

Both the student and the University approved preceptor are covered by the University of California for professional liability for student-generated problems.

How does one become a preceptor?

Each health care professional willing to provide supervision for a student must complete a UCD FNP/PA Program Preceptor Application. The primary preceptor will be contacted by a UCD faculty member, before acceptance, to assure mutual understanding of the Program and clinical teaching potential. Supplemental preceptors must also have their applications approved prior to students beginning preceptorships with them.

All preceptors will also sign a "Memorandum of Understanding" (MOU) which is an agreement between the University of California, Davis and the preceptor, to provide clinical training and supervision for the student. In return, the University of California, Davis agrees to indemnify the preceptor for student-generated professional liability. Since coverage is not retroactive, these documents must be approved prior to the student beginning the clinical experience.

I hope I have been able to answer most of your questions; however, should you have other questions or concerns, please contact the Student Affairs Department at the UCD FNP/PA Program Office in Sacramento or me. I greatly appreciate your willingness to consider becoming a preceptor and your patience in reading this long letter. (Please retain a copy of this letter for future reference and/or your records.) Even more, I appreciate the hours you will invest, should you become a preceptor. I can assure you almost all preceptors find this all very worth the effort in improved patient care in the joy of teaching.

Sincerely,

Joann Seibles

Joann Seibles, MD, MSPH
Medical Director

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