Preceptor Handbook:

Tips, Tools, and Guidance for Nurse Practitioner and Physician Assistant Preceptors

2016 –17

UCDAVIS
BETTY IRENE MOORE SCHOOL OF NURSING

Welcome UC Davis School of Nursing Clinical Preceptors

We would like to take this opportunity to express our sincere gratitude to you for your hard work and dedication to the Betty Irene Moore School of Nursing at UC Davis nurse practitioner (NP) and physician assistant (PA) program. We know that you are fully engaged in your own practices and are balancing all of the clinical and administrative responsibilities for your own patients and staff. Through our partnership the school of nursing clinical faculty and staff are committed to ensuring that our students make a meaningful contribution to your practice while learning. Please connect with us directly if there is anything that we might do to improve our collaboration and facilitate our students' success.

Your contributions to training our future health care providers are profound.

Sincerely,

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INTRODUCTION

A shared vision for the future

The Betty Irene Moore School of Nursing is UC Davis' first major initiative in the 21st century to address society's most pressing health-care problems. Our mission is to **cultivate academic excellence** through immersive, interprofessional and interdisciplinary education and research in **partnership with the communities it serves**.

A primary goal of the clinical programs is to improve the availability of culturally relevant primary care to underserved populations and educate clinicians to deliver care as a member of a health-care team.

Our NP and PA students

- Well prepared eager professionals seeking new careers or advancing their existing careers
- Enter the program with prior direct clinical exposure experience
- Complete a 24 to 27 month interdisciplinary training that includes 14 months of intensive didactic course work followed by 34 weeks of full-time supervised clinical practice
- Graduates receive a Master's degree and are employed in a variety of clinical settings within months of program completion

The goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the NP and PA role in health care delivery
- Refine interpersonal skills and professionalism necessary to function as part of a health-care team

Professional competencies include:

- The effective and appropriate application of medical knowledge
- Interpersonal and communication skills
- Patient care
- Professionalism including respect, integrity, accountability, cultural competency
- Practice-based learning and improvement
- Systems-based practice
- Commitment to continual learning and growth for the benefit of patients and the larger community being served

Benefits of Preceptorship

- Support and strengthen your profession
- Impact the development of a future generation
- Recruit and hire talented individuals within months of their program completion
- Receive continuing education credit for teaching
    - PA Preceptors: UC Davis School of Nursing is approved by AAPA to award 0.5hrs of Category 1 CME credit for each two (2) weeks of clinical teaching.
    - MD and DO Preceptors: Hours precepting both NP and PA students can be applied towards CME credit with the California State Medical Board. Forms are mailed out with the Licensure Renewal Forms. You may also find them at http://www.mbc.ca.gov/Forms/.
    - NP Preceptors: a maximum of 120 hours precepting may be applied towards Category 5 of the professional development requirement for national certification with the American Nurses Credentialing Center. The forms may be found at: http://www.nursecredentialing.org/CertificationRenewalForm.aspx.
- Opportunity to formally partner with the Betty Irene Moore School of Nursing as Volunteer Clinical Faculty

PRECEPTOR ROLES & RESPONSIBILITIES

How to Become a School of Nursing Preceptor

- Hold a valid license and be credentialed as a MD, DO, NP, PA, CNM,CNS or mental health professional
    - Physicians should be either Board Certified or have >5 years of experience in their specialty
- Complete a preceptor application form and sign an agreement for preceptorship

What to Expect as a School of Nursing Preceptor

- The clinical education team will contact you to coordinate scheduling of a student based on your availability and any specialty needs for your clinical setting (Spanish speaking, etc.)
- The clinical education team will provide any required clearance information and legal documentation.
- Once confirmed you will receive an email confirmation, and a reminder email 1-3 weeks prior to the student beginning the rotation with the student bio, and preceptor handbook (containing learning objectives).
- During the final week of the clinical rotation you will receive an email message with a link to complete an online evaluation of the student.
- Once per calendar year you will also receive an email requesting that you complete our annual preceptor survey to provide feedback on your overall experience with the students and our program.

Preceptor Responsibilities

Logistics

1. Orient the student to the work environment including site safety and evacuation plans.
2. Honor the student role by not utilizing the student to replace clinical or administrative staff during rotation.
3. Outline your expectations of the student during the rotation (daily schedule, dress, responsibilities, etc.).
4. Provide at least 32 hours a week of clinical experiences, but no more than 60 hours a week including on-call hours. Please set the hours and schedule with the student as you feel is appropriate.
5. Facilitate opportunities for students to be supervised by designated licensed and credentialed providers that are a part of your practice or specialty group in your absence.
6. Notify the School of Nursing program of any questions or concerns regarding the student.

Support Student Learning

1. Facilitate student's learning of your specialty by listening to patient presentations, questioning, and providing feedback.
2. Challenge the student to identify gaps in knowledge to promote learning.
3. As appropriate, share resources (books, journal articles, etc.), assign readings or other pertinent assignments, and include student in professional learning opportunities (grand rounds, team meetings, etc.)
4. Provide hands-on learning under your direct supervision (see table below for quick reference guidelines of student capabilities). Please ensure informed patient consent is received verbally or in writing.
5. Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
6. Complete an online evaluation sent via email of student performance on: Clinical Skills, Professional Attributes, and General Comments of Overall Performance

Table 1: Example Recommendations of Student Capabilities Quick Reference Guide

Student Capable with Minimal Supervision	Student Capable with Substantial Supervision	Recommended for Shadowing Only
Complete and focused history	Discharge notes and complex procedural notes	Lipectomy
Treatment plan including pharmacologic, and non-pharmacologic management	Prescription: Body of orders for scheduled narcotics, oral contraceptives, anticoagulant and insulin therapy*	Joint injections
Verbal case presentations	Patient Referrals	Toe nail removal
Write basic prescriptions*	Chest X-ray with complex findings	Casting
Perform complete and focused physical exam	Special lab test interpretation such as thyroid , anti-coagulation, etc.	IUD placement
Basic pre-natal exam and management	Complex 12 lead ECG	Colposcopy
Screening pediatric exams	Suturing	Hemorrhoid treatment
Screening mental health exams	Cast removal	Digital blocks
Provide patient education	Advanced musculoskeletal, neurological, cardiac, and pediatric exams	Allergy testing
Develop initial differential diagnosis	Determine correct IV fluid and rate	
Order and interpret basic diagnostic and point of service tests	Use of adaptive equipment	
Basic sterile technique, instrument set-up for suturing and splinting	Heart Sounds - Advanced Cardiovascular	
Specimen collection for basic diagnostics	Ear irrigation and wax removal	
Phlebotomy	Thyroid disorders & autoimmune diseases	
Take vital signs	Diaphragm fitting	
Intramuscual and SC injection		

*Note: All prescriptions must be signed by a licensed prescribing clinician.

Frequently Asked Questions

Can students participate in patient notes and EMR?

It is encouraged to train students on the EMR system and to allow them to enter information in the medical record as a supplement to preceptor notes. However all medical entries must be identified as "student" and include the student's signature with the designation "NP-S" or "PA-S." The preceptor cannot bill for the services of a student however, students can participate and contribute to all billable services if students are directly supervised by the preceptor under the following conditions: 1) the patient is examined by the preceptor; and 2) the preceptor participates in and supervises the assessment and plan.

Can student write prescriptions?

Students may transmit prescribing information for the preceptor, but the preceptor must sign all prescriptions. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription.

Do the students have malpractice insurance?

Each student is fully covered for malpractice insurance by UC Davis. Students completing a rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after graduation from the program.

CLINICAL LEARNING OBJECTIVES

Emergency Medicine Rotation

LEARNING OBJECTIVES

A. Rapidly assess whether the patient's chief complaint and/or physical status indicate a possible life-threatening emergency, and act with appropriate intervention.

B. Consult providers beyond the emergency department regarding treatment of acute medical/surgical and/or psychiatric conditions

C. Identify indications for hospital admission when assessing emergency medical/surgical problems

D. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement and blood products, in the emergency department to include

1. rationale for utilizing each drug, including mechanism of action
2. indications, contraindications and adverse reactions
3. potential drug-drug interactions
4. cost-effectiveness
5. documented patient education regarding side effects and adherence issues

E. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include

1. discharge treatment plan – pharmacologic and non-pharmacologic
2. plan for outpatient follow-up care, to include primary health care providers, family and community resources

F. Provide patient and family counseling to include

1. establishing a supportive environment for patients and their families to deal with acute emergencies

G. Monitor patients' progress over emergency department admission to include

1. reassessment of subjective and objective data
2. reconsideration of differential diagnosis, as needed
3. modification of management plan

H. Develop proficiency in evaluating and repairing simple lacerations, including assessing neuro-vascular status and tissue involvement.

I. Develop skills in interpreting normal and commonly encountered abnormal findings on chest, abdominal, and long bone plain film radiographs

Geriatrics Rotation

LEARNING OBJECTIVES

A. Develop a comprehensive assessment of a geriatric patient which includes health care maintenance and long-term management plans.

1. Identify physiologic changes of aging versus disease specific changes.
2. Identify psychosocial stressors which affect older adults and influence their health status.
3. Identify psychiatric changes of aging versus disease specific changes.

B. Perform and document a mental status exam on patients with cognitive impairment.

C. Make rounds with treatment nurse, nutritionist, pharmacist, physical or occupational therapist, and/or geropsychiatrist.

D. Perform Mini Mental Status Exam (MMSE).

E. Complete admitting or annual H&P of selected patients.

F. When applicable, interview activities director regarding what is offered to residents and social worker regarding their role.

Inpatient Rotation

LEARNING OBJECTIVES

A. Perform and record a complete and focused physical examination, appropriate for the patient's age to include the following

1. an organized head-to-toe approach
2. using proper technique, including modifications of technique appropriate for the patient's mobility status

B. Read and interpret patients' medical records as to past medical problems, clinical presentation, laboratory and diagnostic data, basic ECG interpretations, therapeutic interventions and socioeconomic information pertinent to medical care.

C. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement, blood products and parenteral nutrition

D. Monitor patients' progress over the course of the hospitalization, to include

1. reassessment of subjective and objective data
2. reconsideration of differential diagnosis, as needed
3. modification of management plan

E. Chart progress notes following the SOAP format

F. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other clerkship teaching activities.

Psychiatry & Mental Health Rotation

LEARNING OBJECTIVES

A. Elicit and record a complete and focused history to include chief complaint, HPI, past medical history, family history and social history, with particular focus on

1. psychosocial history
2. substance use/abuse history
3. assessment of suicide/homicide risk
4. history of violence and abuse
5. prior psychiatric history and treatment
6. appropriate use of questions
7. listening to the patient
8. demonstrating a non-judgmental attitude to the patient
9. an organized approach to eliciting the patient's history
10. interpreting normal and abnormal historical data

B. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following

1. complete mental status exam

C. Develop and record a diagnosis, based on the DSM-IVTR criteria and format

D. Utilize standardized instruments, as indicated, such as Beck Depression Inventory

E. Assess a patient's suicide potential, identify appropriate intervention and demonstrate knowledge of the involuntary commitment process

F. Identify symptoms and signs of child abuse, elder abuse, sexual abuse and dependent adult

G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate

1. behavioral, psychosocial interventions, including individual and group therapy
2. referrals to other health care providers
3. referrals to community resources
4. utilization of family resources
5. plans for follow-up care

Primary Care Rotation

LEARNING OBJECTIVES

A. Elicit and record a complete admission history and focused history, to include a patient – centered focus on continuity of care across the life span
B. Provide and record pertinent patient education regarding disease prevention, health maintenance and follow-up care which is clearly explained to the patient and checked for understanding, to include a plan for follow-up care and continuity of care
C. Provide patient counseling to include family issues, occupational and leisure issues, and anticipatory guidance appropriate to patient's age

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses.

- Common and emergent conditions associated with Dermatologic, EENT, Pulmonary, Musculoskeletal
- Common and emergent conditions associated with Cardiovascular, Gastrointestinal, Genitourinary/Renal
- Common and emergent conditions associated with Endocrine, Neurologic, Hematologic, Infectious Diseases

Surgery Rotation

LEARNING OBJECTIVES

A. Elicit and record a surgical admission, pre-operative, and post-operative history, focused on the patient's chief complaint and appropriate for the patient's age.
B. Perform and record a complete surgical admission, pre-operative and post-operative focused physical examination, appropriate for the patient's age.
C. Develop and record a surgical diagnosis and plan, based on the patient's complaint, to include a consideration of

1. the risks and benefits of surgery for the patient's condition
2. medical conditions that impact on the patient's surgical risk

D. Demonstrate knowledge of the informed consent process
E. Scrub and gown in surgical attire following guidelines for maintaining a sterile field
F. Identify common surgical instruments and suture materials and describe their use
G. Recognize the responsibilities of each member of the surgical team
H. Assist in surgical procedures as directed by the surgical preceptor
I. Assess and monitor patients' status post-operatively in the post Anesthesia Care Unit.
J. Develop, record and implement a pre-op and post-op pharmacologic management plan, including fluid replacement, blood products and pain management.
K. Care for post-surgical patients, including wound care and recognition of infection
L. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include

1. wound care and expected stages of healing
2. pain management
3. nutrition and dietary restrictions
4. physical activity/exercise/work/school
5. warning signs/symptoms of complications
6. discharge treatment plan – pharmacologic and non-pharmacologic
7. plan for outpatient follow-up care

M. Chart progress notes in an efficient manner, following the SOAP format
N. Perform the following procedures under direct supervision

1. local anesthetic and digital block
2. repair simple superficial and complex lacerations or incisions
3. incision and drainage of abscess
4. excision of small skin growths, such as moles and cysts
5. debridement of necrotic tissues, change sterile dressings

Pediatrics Rotation

LEARNING OBJECTIVES

A. Elicit and record a complete and focused pediatric history to include:
    1. prenatal and perinatal history
    2. feeding history
    3. growth and development milestones
    4. routine childhood illness
    5. immunization status
    6. allergies
    7. medications and vitamins

B. Social History to include (depending on age of child/adolescent)
    1. socioeconomic status
    2. day care
    3. sleeping habits
    4. diet
    5. safety issues
    6. drug, alcohol and tobacco use

7. Sexual history

C. Perform and record a complete and focused physical examination, appropriate for the patient's age, including the newborn examination.

D. Perform the Denver Developmental Screening Test (or similar screening tool) and explain how it is employed to recognize abnormalities of growth and development. Recognize normal developmental milestones.

E. Perform the Apgar assessment in the neonatal period at 1 minute and 5 minutes. Describe the Apgar score prognostic value for an infant's overall status.

F. Recognize the indications for tympanometry and audiometry evaluation of hearing and how to interpret result

G. Develop, record and implement a pharmacologic management plan to include:
    1. documented patient or parent/caregiver education regarding side effects and adherence issues
    2. appropriate dosing of pediatric medication

H. Discuss with parent/caregiver the advantages and disadvantages of breast and bottle feeding, and the optimal schedule for each method

I. Assess the child's immunization status and provide guidance for the risks and benefits associated with immunizations

J. List the signs of child abuse and the procedure for reporting incidents to the appropriate California authorities

K. Initiate contact with a poison control center in the event of ingestion or contact exposure and describe how to execute the treatment plan as directed

L. Evaluate the presence of foreign bodies in the stomach, intestines and airway

M. Provide and record pertinent anticipatory guidance regarding disease prevention and health maintenance, which is clearly explained to the parent/caregiver and patient (as appropriate to the patient's age) and checked for understanding, to include
    1. nutrition
    2. accident and violence prevention (eg helmets, screening for abuse/neglect/violence)
    3. plan for age appropriate screening and periodic health assessment

N. Provide patient counseling to include
    1. impact of family dynamics on the patient's health
    2. consideration of patient and parent/caregiver's health beliefs and practices, religious/spiritual beliefs and lifestyle

Women's Health Rotation

LEARNING OBJECTIVES

Elicit and record a complete and focused history to include and emphasis on:

1. the menstrual history
2. sexual history
3. gynecologic history
4. contraceptive history
5. obstetrical history

B. Perform and record the physical examination, appropriate for age, to include an emphasis on speculum exam, bimanual exam, breast exam and abdominal exam

C. Collect adequate cervico-vaginal cytologic specimens for PAP smears and microscopic inspections

D. Apply the recommended guidelines for frequency of PAP smears and mammograms to the care of patientsE. Describe the indications for colposcopic cervical exam following an abnormal PAP smear

F. Develop, record and implement a pharmacologic management plan to include a focus on the appropriate indications for medications during pregnancy and lactation

G. Discuss the methods of contraception and family planning, including their relative advantages, disadvantages, effectiveness, side effects and pharmacotherapeutics

H. Assist the gynecologist, as directed, during surgical procedures

I. Discuss the physiologic changes during menopause and identify the indications and contraindications for hormone replacement therapy

J. Recognize the occurrence of common breast masses and identify the appropriate work-up and treatment

K. List the physiologic changes and signs of pregnancy

L. Describe the criteria and resources available for termination of pregnancy

M. Describe routine prenatal care, including the role of electronic fetal monitoring, ultrasound and the biophysical profile to determine fetal well-being. Identify the indications for non-stress and oxytocin challenge testing.

N. Identify medical problems that may result in complications during pregnancy, including diabetes, anemia, thyroid disorders, cardiovascular problems and vaginal bleeding

O. List the three stages of labor. Identify the reasons for delivery once the amniotic sac has ruptured. Use the fern test to determine the presence of amniotic fluid.

P. If the experience is available assist the preceptor , during deliveries (cesarean or vaginal). Identify techniques for clearance of the infant's airway and respiratory stimulation at the time of delivery, if the experience is available.

Q. Identify the indications for a hyterosalpingogram

R. Provide and record pertinent patient education regarding disease prevention and health maintenance to include:

1. nutrition
2. accident and violence prevention
3. genetic factors related to reproductive decision making
4. plan for age appropriate screening and periodic health assessment

PRECEPTOR RESOURCES

Integrating the Student into a Busy Practice

Integrating the Learner into the Busy Office Practice

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?" http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm

Time-Efficient Preceptors in Ambulatory Care Settings

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting. http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/80706

Evaluation and Teaching Strategies

The One-Minute Preceptor

This resource outlines five "microskills" essential to clinical teaching.
http://stfm.org/fmhub/fm2003/jun03/stevens.pdf

Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively.
http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.
http://stfm.org/fmhub/fm2005/january/tamara30.pdf

Providing Effective Feedback

Getting Beyond "Good Job": How to Give Effective Feedback

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.
http://pediatrics.aappublications.org/cgi/reprint/127/2/205

Feedback in Clinical Medical Education

This article provides effective guidelines for giving feedback. http://jama.ama-assn.org/content/250/6/777.full.pdf+html

Feedback: An Educational Model for Community-Based Teachers

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.
http://www.snhahec.org/feedback.cfm

Managing Difficult Learning Situations

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations.
http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf

LETTER OF ATTESTATION

This is to certify that University of California Davis Nurse Practitioner and Physician Assistant Program student(s) are in good standing and are in compliance with all of the clearance requirements listed below.

A. Liability & Insurance

1) Health Insurance
   Students are automatically enrolled in the Student Health Insurance Plan (SHIP), unless they provide proof of similar coverage elsewhere. They are not insured through workers' compensation.

2) Malpractice Coverage
   The University of California, Davis provides professional liability coverage for the student while providing care in approved clinical settings. The University of California, Davis is self-insured for $1,000,000 per occurrence, and $3,000,000 in the aggregate.

   As a part of the clinical portion of the NP and PA Program, students work at clinical sites with approved preceptors. An approved preceptor has in place either a Short Term Agreement, or is an agent of an institution with an Affiliation Agreement with UC Davis, Once approved; the licensed preceptor accepts an appointment as a Preceptor and as an Agent of the University for the purpose of providing supervision of the clinical experience for the student. During the period of the clinical preceptorship the student shall be a continuing student at the University of California, Davis.

3) Background Check

   NP & PA students are required to complete the following nationwide /county criminal records background review. County Criminal Record History (unlimited jurisdictions) include:
   - ID Search Plus
   - National Sex Offender Public Registry Search
   - National Criminal Database Search, includes but not limited to:
     - Multiple AOC/DOC/DPS criminal data sources
     - Federal Bureau of Investigation Terrorist List
     - Federal/State/Local Wanted Fugitive Lists
     - Sexual/Violent Offender Registries

B. Health Clearance

1) Medical record documentation of a positive immune antibody titer test for:
   - Measles (Rubeola)
   - Mumps
   - German Measles (Rubella)
   - Chickenpox (Varicella): *by IgG immune status verification*
   - Hepatitis B: *by quantitative HBS Antibody immune status verification*

2) Medical record documentation of tuberculosis screening by PPD or Quantiferon testing by submission of a copy of the test, with the date and location/provider stamped or signed by an authorized health care agent indicating:
   - a negative result performed within the last 12 months OR
   - a positive result performed any time in the USA with a chest x-ray demonstrating absence of active disease and proof of TB symptom review every 12 months
   - Persons who have completed INH prophylaxis are encouraged to provide documentation of completed treatment for their medical files or chest X-ray with annual surveillance.

3) Medical record documentation of annual seasonal flu vaccine.

C. Training

1) HIPAA Compliance Training

We maintain records of completion of the UC Davis Health System Electronic Signature Authentication Confidentiality Agreement and the UC Davis Health System HIPAA Security Compliance training.

2) Blood Borne Pathogen Training

We maintain records of completion of the UC Davis Health System SumTotal system training module.

3) Basic Life Support (BLS) Certification

We maintain records of current BLS certification card.

4) Sexual Harassment Training

We maintain records of completion of the UC Davis Health System SumTotal system training module.

CERTIFICATE OF LIABILITY INSURANCE

University of California Davis Health System
Department of Risk Management
2300 Stockton Boulevard
Sacramento, CA 95817
Phone: 916-734-3883
Facsimile: 916-734-2429

UCDAVIS HEALTH SYSTEM

UNIVERSITY OF CALIFORNIA SELF-INSURANCE PROGRAMS

This is to evidence that the University of California is self-insured for the following coverage:

Type of Coverage	Self-Insured Limits
I. GENERAL LIABILITY Each Occurrence Products and Completed Operations Aggregate Personal and Advertising Injury General Aggregate (Bodily Injury & Property Damage)	 **$ 1,000,000.00** **$ 2,000,000.00** **$ 1,000,000.00** **$ 2,000,000.00**
II. AUTOMOBILE LIABILITY Vehicles Owned, Non-owned and Hired	 **$ 1,000,000.00 per occurrence**
III. HOSPITAL PROFESSIONAL MEDICAL LIABILTY	**$ 3,000,000.00 per occurrence** **$10,000,000.00 aggregate**
IV. PHYSICIAN PROFESSIONAL LIABILITY	**$ 1,000,000.00 per occurrence** **$ 3,000,000.00 aggregate**
V. WORKERS' COMPENSATION	**As required by state law**
VI. TERMS AND CONDITIONS The Regents of the University of California maintains programs of self-insurance for liability of the Regents and claims of bodily injury, property damage, or personal injury resulting from the acts or omissions of its employees acting within the course and scope of their employment as defined by the California Tort Claims Act. University employees are covered except where they act or fail to act because of actual fraud, corruption or actual malice (California Tort Claims Act, Government Code Section 810).	

DATE: January 1, 2016

Mark VanderLinden
Risk Manager