

Bowling Green State University

# Preceptor Handbook



## **Acknowledgements**

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# **The Nuts and Bolts of the Dietetic Internship Program**

## **Schedule**

The Dietetic Internship Program begins in August for on-site and distance interns. The distance interns will have a one-week orientation in Bowling Green the week before the fall semester begins. All interns will take the following courses fall semester: F&N 521 Introduction to Dietetic Internship (which begins the accumulation of supervised practice hours), F&N 609 Micronutrients or F&N 610 Macronutrients, and F&N 611 Advanced Clinical Nutrition. On-campus interns may take an additional course, if they are in the combined Dietetic Internship/Master's Degree Program.

Rotations for most interns will begin in January. In addition to their supervised practice hours (32 per week), interns will also take F&N 607, Community Nutrition and will attend seminar (on-site interns) or participate in on-line discussions related to their rotations (distance interns)

Though the time required and work-load for web-based courses will vary, it is estimated that a typical 3 credit course will include the following time allotments over the course of a semester: 40 hours of reading, 20 hours of discussion with teacher or students, 30 hours studying and taking tests, 30 hours of doing assignments and projects, 15 hours of management tasks over the course of a semester for a total of 135. Interns will need to have excellent time management skills if they intend to try to hold down an outside job during this time. Interns cannot receive credit for supervised practice hours for employment related tasks, even if they are an employee at one of their supervised practice sites. Interns in the distance program will complete a total of 30 weeks of rotations.

## **General expectations for rotations – the types of experiences your site will provide**

### **Community rotations – key components**

- Plan, coordinate and provide nutrition education for identified groups of clients
- Translate nutrition information for the public – write a newsletter article
- Apply current research in the area of community nutrition intervention
- Identify and apply appropriate interventions/modifications and develop outcome measures for community needs
- Understand the funding process and legislative issues in community nutrition
- Identify available community resources – make a list of area resources

- Address issues of cultural diversity within a particular population
- Participate in community based food and nutrition programs, identify their missions and objectives
  - Food stamp program
  - National School Lunch Program
  - School Breakfast Program
  - Summer Foodservice Program
  - Child and Adult Care Food Program
  - Food Distribution Program (food bank)
  - WIC
  - Commodity Supplemental Food program
  - Congregate and Home-Delivered Meal Programs

### **Acute care rotations – key components**

- Provision of medical nutrition therapy to individuals (include client family or caregivers as appropriate to individual situations)
- Create written patient/client education materials
- Identify components of quality management in the clinical setting – collect data if possible
- Measure a specific component related to outcomes and provide recommendations for improvement
- Understand the organizational structure of the nutrition services department
- Incorporate new aspects based on literature review as appropriate to the clinical setting
- Review budget, payment and reimbursement issues for clinical nutrition services
- Screen and assess and develop care plans for patients with a variety of illnesses
- Apply and interpret lab values for appropriate patient evaluation
- Provide staff relief as appropriate
- Select, implement, and evaluate standard enteral and parenteral nutrition regimens
- Prioritize patients for nutritional care in a clinical setting
- Attend patient care conferences or discharge planning meetings as available
- Participate in billing functions for nutrition services with clinical nutrition manager or other responsible individual

### **Foodservice management – key components**

- Incorporate research into practice as appropriate (i.e. customer satisfaction)
- Participate in the collection of and evaluation of quality management data for the departments TQM plan
- Work with the foodservice manager to review planning and goal setting for the department
- Apply computer hardware, software technology to the following: purchasing, forecasting, menu planning, inventory, productivity assessment, employee scheduling, production scheduling, nutrient analysis and/or financial management as available
- Attend and/or participate in foodservice meetings/conferences with a member of the management team
- Attend professional organization meetings, departmental meetings, in-service education sessions
- Create appropriate education and training opportunities and material and conduct in-service training for employees

- Identify local, state and federal regulations that influence and affect food procurement, production, distribution and service
- Discuss menu costs in terms of food, labor, and operating/overhead costs
- Conduct a “make or buy” decision analysis
- Plan, coordinate and participate in a cafeteria/dining room promotional activity
- Review departmental policy/procedure manual, employee manual, job description and personnel policies regarding recruiting, interviewing, hiring, orienting, training, appraising and terminating employees
- Participate, as allowed, in personnel activities , as the experience is available
- Discuss employee turnover, employee productivity and job satisfaction in the foodservice with a preceptor
- Write an employee schedule for a two-week period
- Review current equipment usage and facility layout and design
- Write specifications and justification for a new piece of foodservice equipment
- Write a cycle menu for a target population
- Develop and implement a standardized recipe
- Conduct a sensory evaluation of a new commercially prepared food product or new recipe (attend a food show if possible)
- Completion of a sanitation/safety check of the foodservice facility
- Develop a HACCP flow chart for one recipe.

### **Goals and objectives forms**

Forms delineating the particular competency to be completed for each rotation, the suggested supervised practice activities are included on the preceptor site, though interns are expected to bring a copy with them on the first day. Alternative activities to those suggested is permitted – please indicate the substitute activity on the form. These forms should be used as a check sheet to indicate what has been completed and what has not, so that the competencies can be met in future rotations. Please make sure that you sign the form.

### **About those “action verbs”.**

The competency statements for the Supervised Practice Component as required by the Commission on Accreditation for Dietetics Education include a minimum performance level as indicated by the action verb used at the beginning of the statement. The progression is assist/participate → perform/conduct → consult/supervise → manage. Supervise is described as able to oversee daily operation of a unit including personnel, resource utilization, and environmental issues; or able to coordinate and direct the activities of a team or project workgroup. Manage is described as able to plan, organize and direct an organization unit through actual or simulated experiences, including knowing what questions to ask.

In reality, it is often not possible to provide experiences that meet the supervise and manage level in the supervised practice settings. Preceptors can help interns meet this level by providing the interns with challenging what if type scenarios that the intern must work through. For example, “what if you walked in on Monday morning to find that the refrigerators weren’t working?” Interns would be expected to prioritize what they would do first, who they would contact, etc. Since it is also difficult for interns to observe certain human resource type functions (interviewing, employee discipline) “what if” scenarios can be useful in developing the appropriate skills – “what if you had two applicants for a particular job? Who would you hire?”

### **Affiliation agreements**

The General Counsel for Bowling Green State University has developed a standard affiliation agreement that must be signed by the appropriate administrator at the affiliation site and representatives of Bowling Green State University in order for the intern to proceed with their supervised practice. The agreement can be found on the preceptor web page. Sites may request changes to the agreement, but they will require the approval of the General Counsel.

In order to make the agreement site specific, use the find and replace function that can be found under the Edit menu on the Microsoft Word program. Find the word “site” and replace it with the name of your facility or a copy of the corrected version can be sent to you as an attachment.

### **Medical requirements**

The on-site interns are required to complete the following: hepatitis B - 3 dose immunization series or HbsAg lab test, rubella immunity screen or proof of immunization, rubeola immunity screen or proof of immunization, varicella verified disease history or immunity screen lab test, tetanus shot within the last 10 years, 2 step TB skin test, physical. They also receive CPR certification and some will undergo criminal background checks. While none of the BGSU internship sites have required it, other internship programs report that drug screening may be required.

Interns in the distance program are required to provide documentation directly to you, to verify that they meet the requirements of your facility. Malpractice insurance is provided by Bowling Green State University. A copy of the policy will be furnished on request.

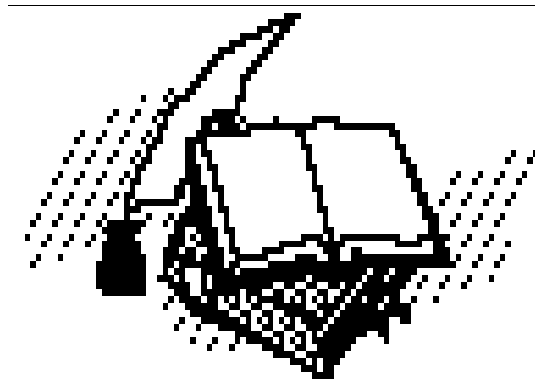
## **Importance of Teaching by Preceptors**

The American Dietetic Association has affirmed the three-pronged approach to training dietetic professionals: Didactic knowledge, supervised practice, and examination.

The need for supervised practice experience in the training of dietetic professionals is recognized. It cannot be replaced by didactic training, nor can it adequately be tested by current examination techniques. The supervised practice experience is important in preparing students and in giving them the skills they need to be entry level practitioners. The preceptor's role is critical in preparing students to function as dietitians.

Most supervised practice programs (dietetic internships) rely heavily on preceptors to train and evaluate students in clinical, management and public health nutrition facilities. It is believed that preceptors may not always feel prepared for their role in educating and evaluating students. Most preceptors were educated to become nutrition and health care professionals. The skills for teaching and evaluating student interns were not likely to have been part of the curriculum. Therefore, this guide is an attempt to provide preceptors with appropriate tools for mentoring dietetic internship students.

While many preceptors are RD's or DTR's, the Commission on Accreditation for Dietetics Education recognizes that this is not always the case and does not require these credentials. Certified Dietary Managers, professionals with health promotion backgrounds, Extension personnel are all effective preceptors without being registered. Interns are encouraged to regard all facility personnel as potential teachers.



## **Supervised Practice**

What constitutes supervised practice? Practice is what you (preceptors) do on a day to day basis. The intent is to give students the necessary skills so that they could, if necessary, take over your job. Interns should not be expected to perform your job at the same level as you, but interns should be able to do the job satisfactorily (i.e., interns should be trained well enough to have at least entry level competence by the end of their supervised practice experience rotations).

It might help to focus on the concept that what you do on a day-to-day basis is what you are trying to train interns to do. Special projects are acceptable (and often desirable) as long as they teach the skills and experiences that would be ordinarily used by you in your work.

It is desirable for interns to reach a level of competence by the end of their rotations so that they could provide staff relief if needed (this generally applies to longer term, clinical rotations). In shorter rotations, interns can lighten your work load by assisting with some of your daily tasks.

Two points should be remembered if the long term goal is for interns to provide staff relief. First, in the beginning of a rotation, interns should cover only a few of your responsibilities. As the weeks progress, more tasks can be added. This process gives interns a chance to try their wings without undue time restraints in the early stages of the rotation and then gradually incorporates the need for time management. Second, you need to continue to supervise interns doing staff relief so that it remains a learning experience for them while insuring that quality services are maintained. At first, it takes extra time to train interns, but the idea of the training is to develop interns' skills so that they can substitute for you. During the last few weeks of students' supervised practice, while they are capable of relieving you of a good portion of your usual work, you will have extra time to focus on duties that may have been neglected.

## **Benefits to Preceptors and Administrators of Providing Supervised Practice Experiences for Dietetic Internship Students**

1. Interns can perform certain tasks for you such as conduct in-services or quality improvement which you may be having difficulty completing during your usual schedule
2. Interns can help give better supervision of employees. They can act as an extension of the dietitian rather than as someone else to supervise.
3. Interns can help define what you do. Students' questions and your explanations often result in clearer ways of doing things.
4. Interns can solve problems creatively (e.g., assign interns to a particular problem that they will research and resolve)
5. Interns increase your learning since they bring new knowledge and perspectives to your institution
6. Interns can assist with journal clubs to help update staff on the latest information in dietetic practice
7. Interns can help employee morale. Staff members who play a role in teaching interns will feel more important and valued.
8. Intern break the routine of day-to-day practice and challenge the preceptor.

## **Irby's Seven Dimensions of Effective Teaching**

Following is a summary of the classical research published by David M. Irby in 1978. Irby reviewed all papers that had been published to date on clinical and classroom teacher effectiveness. He then summarized the results as seven basic components of teaching that are regarded positively by students. The first four components are common to the classroom and the last three more directly relate to professional practice. They all interrelate. Put yourself in the roles of both teacher and learner. Recall the characteristics of your best teachers and worst teachers; and recall your own response as a student to a teacher's teaching techniques.

### **1. Organization and Clarity**

Effective classroom and professional practice teaching is based on the ability to present information clearly and in an organized manner. Clear and organized presentation of ideas is consistently identified as a characteristic of the best teachers. Students indicate that effective teachers:

- A. Present material in a clear and organized manner.
- B. State objectives
- C. Summarize main points
- D. Provide emphasis

## **2. Enthusiasm**

Preceptors who are dynamic, energetic, and enthusiastic about their topic, stimulate student interest and learning. Teachers with these characteristics are consistently rated highly by students. Enthusiastic teachers use vocal inflection, humor and movement, and are generally characterized as having charisma. Not all of us fit that mold. But it is critical that preceptors communicate their enthusiasm. This is incredibly important. Find ways to share your enthusiasm with your interns. Tell interns why you like your job and why you enjoy being a dietitian, dietetic technician, certified dietary manager, etc. Let your interns know that you enjoy working with and supervising them—that you enjoy helping them acquire new knowledge. Enthusiasm is infectious and influences interns dramatically. It increases their appreciation for dietetics and keeps morale high as well as stimulates learning.

## **3. Instructor Knowledge**

Instructors who are knowledgeable, up-to-date in their specialty, demonstrate logical thinking for interns, and relate theory to practice are perceived to be excellent teachers. Interns love to relate theory to practice. Interns also appreciate being exposed to preceptors' knowledge. Preceptors may work in specialty areas that interns have only touched on in their education. Exposure to tricks of the trade and the unique skills of preceptors are especially beneficial.

## **4. Group Instructional Skills**

Class participation is stimulated when interns sense a climate of respect and sensitivity to their responses. Teachers and preceptors are most effective when they foster this kind of rapport.

## **5 Professional Practice**

The major role of preceptors is professional practice supervision and may include informal or formal teaching. Interns are assigned to work with experienced professionals to help them master skills and abilities. Teaching behaviors that are effective include:

- A. being accessible, approachable and willing to help when needed
- B. observing and giving feedback on intern performance—keeping interns apprised of progress, identifying strengths, and guiding development
- C. pacing interns, providing practice opportunities, and promoting problem solving skill development
- D. giving case specific comments—relating theory and basic science to the case
- E. offering professional support and encouragement. Professional support helps provide conditions for interns to learn and develop professionally. The focus is kept on client-centered care rather than on interns' inexperience.

## **6. Instructor and Professional Practice Competence**

The instructor must not only be knowledgeable but must also be professionally competent. Examples of specific skills include:

- A. objectively identifies and analyzes patient, management, or community nutrition problems
- B. effectively performs procedures
- C. establishes rapport with patients or employees
- D. works effectively with health care team members

## **7. Modeling Professional Characteristics**

Throughout the entire length of practice experience training, interns observe experienced staff members making decisions, interacting with patients, and communicating with others. These observations allow interns to learn through imitation. Modeling by preceptors is a very powerful teaching technique. Interns learn to approach professional practice in the way their mentors model. Certainly, it is very important that preceptors demonstrate high professional standards.

Some identified professional behaviors that reflect professional standards include:

- A. accepting responsibility
- B. self-evaluation; acknowledging “I’m not perfect”
- C. being honest with data and one’s own limitations
- D. displaying self-confidence and demonstrating skills, attitudes and values to be developed by interns

- E. not appearing arrogant
- F. showing respect for others
- G. lifelong learning

These seven components are what emerged as characteristics of effective educators. They distinguish the differences between the best and worst teachers. Practicing all seven components does not guarantee that all students will succeed. Cause and effect have not been demonstrated. As learners, interns play a major role in their achievements and success.

The worst teachers not only lacked the seven skills, but were characterized by several negative personal attributes:

Arrogant      Demeaning      Inaccessible      Insecure      Insensitive      Authoritative

### **Successful Supervisors**

Irby also identified teacher behaviors included in successful supervision. They are:

- A. Being accessible
- B. Observing, giving feedback on, and evaluating intern performance
- C. Guiding interns, providing practice opportunities, and promoting problem-solving skills
- D. Offering professional support and encouragement

### **Positive Characteristics of Preceptors**

1. Present a positive attitude and commitment toward the profession
2. Participate in local nutrition organizations and continuing education
3. Use appropriate professional language
4. Demonstrate professional ethics in regard to patient care (or management decisions)
5. Show respect for individual differences among patients or employees
6. Show enthusiasm and patience
7. Create an atmosphere for open communication
8. View interns in a positive light—emphasize what interns know and do correctly
9. Support interns with appropriate, frequent feedback in a timely fashion
10. Use specifics with respect to praise or changes that need to occur
11. Allow interns to be creative while still meeting expectations and performing professionally.
12. Challenge interns to perform by giving them increasing responsibility
13. Remember interns are preparing for entry level

## **The Effective Preceptor**

**A review of selected literature has revealed that the following are characteristics of effective clinical teachers:**

### **COMMUNICATION**

- Possesses and demonstrates broad knowledge
- Explains the basis for actions and decisions
- Answers learner questions clearly and precisely
- Open to conflicting ideas and opinions
- Connects information to broader concepts
- Communicates clear goals and expectation
- Captures learners attention
- Makes learning fun

### **CAREFUL ANALYSIS OF THE LEARNER**

- Accurately assesses learner's knowledge attitudes and skills
- Uses direct observation of the learner
- Provides effective feedback
- Performs fair and thoughtful evaluations

### **SKILL IN PRACTICE AND TEACHING**

- Provides effective role modeling
- Demonstrates skillful interactions with patients
- Presents information with organization and clarity
- Generates interest in the subject matter
- Organizes and controls the learning experience
- Balances clinical and teaching responsibilities
- Gives appropriate responsibility to the learner

### **MOTIVATES THE LEARNER**

- Emphasizes problem solving
- Translates specific cases into general principles
- Promotes active involvement of the learner
- Demonstrates enjoyment and enthusiasm for patient care and teaching
- Develops a supportive relationship with the learner.

## **Characteristics of Students**

Interns vary in their cultural backgrounds, skills, knowledge, level of maturity, strengths, and weaknesses, etc. The distance program is especially likely to attract more mature interns who have accumulated a variety of work experiences. These differences dictate different needs among interns. Orientation is intended to improve intern readiness for rotations. Preceptors are encouraged to recommend readings and general resources to help the interns be better prepared.

Interns are:

1. Intelligent people with lots of book knowledge but may have limited practical experience
2. Enthusiastic
3. Have different modes of learning: some are adult learners, some are not.
4. Limited experience with client/patient contact
5. Limited management and though generally have a great deal of hands on foodservice experience though not at the supervisory level
6. Limited communication skills (staff, clients, groups and writing)
7. Limited team skills. As students, they usually have been in a competitive situation with other students.
8. Untested work ethic
9. May not know how to prioritize work or manage time
10. Unsure of their abilities
11. Idealistic. Often, they do not understand limitations imposed by reality
12. Master's or doctoral degree students entering practice settings are not necessarily more prepared or advanced in their clinical/administrative skill level than are bachelor's degree students.
13. Interns in the distance program may be juggling a number of family commitments.
14. Interns in the distance program may require more flexibility.

## **Effective Teaching**

When preceptors teach, it is done in a work setting, not a classroom. While interns are taught knowledge and reasoning skills in school, it is in the practice setting that interns truly learn to apply their knowledge. The best thing about mentoring interns is that you get to teach what you actually do. Preceptor teaching is really teaching at its finest. Ask former interns (or yourself!) what was the best part of their dietetics education and they will tell you, “my internship rotations” [i.e., supervised practice experiences].

Teaching in work settings consists of helping interns learn how to collect data, interpret and synthesize findings, formulate alternative management plans and evaluate the effect of the action taken. In other words, you are helping interns develop analytical skills. Whenever possible, try to create an environment in which interns are expected to solve problems and receive feedback for their efforts. Allow interns to make mistakes without having to fear reprisal. Interns learn by making mistakes; they flourish best in an environment which supports their learning in a way that helps them synthesize and apply the enormous amount of textbook knowledge previously learned.

## **What Do Preceptors Teach?**

Interns learn competency skills from their preceptors. Competency is the ability to carry out a specific task within parameters of control. Summarize your own image of what your professional role is AND what it should be. Practice those tasks that provide that image. Separate the nice-to-know from the need-to-know tasks. The need-to-know tasks take priority and MUST be taught to students. The nice-to-know, which can also contribute important skills, can be taught later if time is available.

## **Before You Start...Teaching Hints**

1. Provide a clear orientation
2. Establish ground rules
3. Define expectations
4. Be purposeful and focused
5. Explain how the norm for work occurs
6. Explain what is expected of them as interns

7. Solicit information from the interns:
  - A. List and explain previous experiences
  - B. Explain your expectations and goals
  - C. Acknowledge the role or importance of your tasks

## **A Teaching Model for Preceptors**

There are various models that can be used by preceptors.

### **DR FIRM** (Pichert)

D: Demonstration, presentations and problem solving

R: Rehearsal of content

F: Feedback and correction

I: Independent practice

R: Review

M: Motivate to persevere

## **Application of the Teaching Model**

**DEMONSTRATION.** During an orientation period, you let interns observe, then walk them through the steps, and show them the shortcuts. During this time, you explain the rationale for the various steps and the assumptions behind the shortcuts. You may have developed efficient ways of dealing with patients, or ways to increase the accuracy of information that is received from the patient. When you are out of earshot of the patient, you can explain your shortcuts to the interns. Interns should not have to reinvent the wheel. It can be a challenge to explain to interns the rationale for what you are doing. Often we do things “because that’s the way they have always been done” without thinking through the rationale.

This is your first step in helping interns to attain entry-level competence. Learning is not always easy for interns. In the beginning, it is helpful if you stick to the important points and help interns develop their problem solving skills.

**REHEARSAL.** Help interns role-play your job. For example, you may want to have a student calculate a diabetic meal plan or give a diet instruction to you. The only way to know if the intern has achieved the skills needed is for you to observe the intern directly so you can evaluate the intern’s performance. You may need to show a intern the things that you do easily.

You can explain how to dovetail two things at the same time because a intern may be unaware of such “competent” techniques. If time is limited it may be more practical to allow the intern to outline their strategy in detail rather than actually role play.

**FEEDBACK AND CORRECTION.** Feedback to interns about their skills communicates your empathy and approval or disapproval. At this point, feedback should be open, corrective and specific. It is important for interns to feel comfortable about having made mistakes during rehearsal. At this time, preceptors can give additional hints (e.g., hints for shortcuts, thoroughness, etc.). Subtleties frequently slip past interns. You need to be specific.

Quiz interns on what patients or staff may ask (open-ended questions). Emphasize thoroughness. For example, ask interns how they assessed patient understanding after a diet instruction. Errors should be corrected and interns should repeat the demonstration of their skills as often as you deem appropriate. Positive feedback should be given. You may need to analyze parts of the instruction to help isolate why interns are having certain problems. For example, interns may do a poor job explaining the operation of a piece of equipment because they do not know what it is used for.

Interns are required to self-assess their skills and record the self-assessment in their journals (they will be given forms to self-assess medical nutrition therapy skills) though informal self-assessment is appropriate too. **Consider asking the intern to see their journal entry during orientation. This will give you an idea as to their expectations on what the rotation will involve.** Interns are also required to set goals using a traveling evaluation form which they should show you on the first day.

If you are uncomfortable providing feedback directly, reviewing the intern’s self-assessment in a less formal way may provide a focus ie. “What do you think you did well with this patient? What do you think would work better in the future?” Encourage them to self-assess in areas such as establishing rapport (with staff as well as patients or clients), being aware of non-verbal clues, setting priority levels, and appropriate communication level.

**INDEPENDENT PRACTICE.** This is the time for you to “let go”. Interns should ask you questions as needed. You can place a time deadline for specific tasks and shorten the deadline as the interns progress. You may want to take the “sink or swim” approach for some of

the smaller tasks and have interns report back. Be creative. Make it fun for yourself as well as for interns. You may consider allowing the interns to set the schedule for the day, for example.

**REVIEW.** Ask interns to demonstrate their assigned tasks. Do not assume anything. Mention strengths and weaknesses. You may have to demonstrate again the learned shortcuts, etc. Have interns rehearse again, if needed.

**MOTIVATE.** Tell interns how their good work makes a difference. Suggest that they relate it to something that they feel is important (e.g., because of their screening, tube feeding was initiated, etc.). Make specific comments, not general ones.

## Teaching Model #2: The GNOME MODEL

a) **Goals** – broad, overall aspirations.

- i) e.g. The goal of this handbook is for the reader to become an effective preceptor
- ii) e.g. The goal of a long term rotation is for the intern to accurately assess a resident and develop a care plan

b) **Needs Assessment**

- i) Where is the learner now in relation to achieving the Goals previously stated?
- ii) What is left to be attained?
- iii) Consider all 3 learning domains:

(1) **Cognitive** – basic knowledge

- (a) Strategies – interns are expected to self-assess their preparedness and prepare accordingly through review of undergraduate texts or readings that have been provided.

- (b) Traditional methods – completion of on-line quizzes are required prior to beginning the rotation

(2) **Psychomotor** – demonstrable skills

- (a) Dietetics related skills include blood glucose monitoring, skin-fold measures, physical assessment – these will be reviewed during coursework fall semester

(3) **Affective** – attitudes This domain can be a challenging area for assessment.

- (a) Strategies: discuss the interns' feelings toward working with a particular population, such as the chronically ill elderly in long-term care. Many interns dread their long-term care rotation.

- (b) Discuss the interns' past experience with this population. This may include experience with a family member – i.e. a grandparent who has been diagnosed with Alzheimer's Disease.

- (c) Be aware of biases toward particular populations. Interns often have difficulty accepting that morbidly obese patients may be malnourished.

- (d) Cross-cultural issues – interns will complete a unit on cultural competency as part of their coursework fall semester. While they will be familiar with general characteristics of a particular population, they must not make assumptions about individuals. Sharing your experiences with a particular population will be invaluable.

iv) How can needs be determined?

- (1) asking, interacting – interns can be given formal or informal quizzes!
- (2) observing
- (3) “educated guess” based on experience with other students

c) **Objectives – Competencies** (The Commission on Accreditation for Dietetics Education determines the competencies. They are more vague than typical objectives to allow for differences among programs)

- i) More specific than goals, designed so that they are measurable
- ii) Define what the learner will be able to do in terms of specific, observable, measurable behaviors, under specified conditions, with defined criterion of performance.
  - o e.g. supervise screening of individual patients/clients

d) **Methods**

i) Specific objective help in the selection of teaching methods and strategies

(1) **Knowledge:** reading, lecture, discussion

- (a) e.g. read policy and procedure manual to determine screening policy, review form with preceptor, read a specific article provided by preceptor

(2) **Skill:** instruction, demonstration and experience (practice with progressive independence)

(a) **CD 30 Supervise nutrition screening of individual patients/clients.**

- (i) review screenings done by preceptor
- (ii) screen patient under preceptor supervision – may discuss each criteria to determine how it applies to a particular patient
- (iii) review procedure for follow-up when patient is at risk

(b) **CD 8 Provide dietetics education in supervised practice settings.**

- (i) observe preceptor provide medical nutrition therapy to an in-patient
- (ii) role-play instruction with preceptor if needed (based on previous experience and comfort level of intern – some are exceedingly anxious in this area)
- (iii) preceptor observes intern provide medical nutrition therapy
- (iv) intern independently provides medical nutrition therapy.

(3) **Attitudes/Behaviors:** demonstration, modeling and mentoring

- (a) e.g. discuss importance of screening process

e) **Evaluation** – next section



## **The first challenge for preceptors : teach skills (application) versus knowledge.**

- 1) Not all students are alike – different levels of knowledge and experience
- 2) Some students are adult learners – feel the need for learning to be relevant to their life experiences, non-adult learners are more “grade oriented”.
- 3) Students may be at different levels
- 4) Assess students needs by:
  - a) ask students how they learn best
  - b) ask them to self-assess what they know already
- 5) Use interactive teaching styles
  - a) **Ask “what if” type questions**
  - b) **Use problem solving approach**
    - i) have the student identify the problem (assessment) - give it a name
      - (1) e.g. non-delivery of food, breakdown of equipment
      - (2) e.g. patient has severe weight loss
      - (3) dissatisfaction by lunch program participants
      - (4) patient unfamiliar with particular diet requirements
    - ii) gather information – what do they need to find out
      - (1) may have problem gathering adequate information due to lack of skills, unfamiliarity with system
    - iii) prioritize options – what’s most likely, what’s most doable/treatable
    - iv) develop a management plan

### **One minute precepting (or precepting when you don’t have the time to precept)**

#### **Ask the following questions:**

- What do you think is going on? (with this patient, this employee, this piece of equipment)
- What makes you think so? (determine whether they have determined the problem correctly)
- What are you going to do about it? (avoid solving it for them)



## **Student Evaluation**

Successful supervision includes a strong emphasis on evaluation. Evaluation is an important part of the learning process and should be viewed in a positive light. Evaluation tells interns what they do correctly and helps them to modify performance when needed.

Evaluation should occur in two ways during interns' rotations—process or formative evaluation (feedback) and product or summative evaluation. First, formative evaluation should be an ongoing process during a rotation to help interns modify their skills and behaviors. It is part of the learning process and can help build their confidence. Second, evaluation at the end of an activity (product evaluation) is also important. It tells interns how to strengthen or modify their skills in the future. This type of evaluation at the end of a rotation is also used by the program director to determine how to better strengthen interns in other rotations.

**Process (formative) Evaluation.** Process evaluation or feedback should be viewed as good two-way communication between the preceptor and feedback. Webster defines feedback as “a process in which the factors that produce a result are themselves modified, corrected, strengthened, etc. by that result”. Generally, feedback is most productive when it is provided in a positive, constructive and timely manner.

Preceptors need to be very specific in their reinforcement and suggestions for improvement. Interns may not “catch” or understand subtle suggestions or comments. For example, a preceptor may tell interns “to be more careful when portioning meats for calorie controlled diets” because of concerns about unskilled knife-handling. Interns may interpret the caution to mean they should be more careful to get the correct portion size. Feedback that is provided by interns regarding the preceptor's performance is also beneficial. By learning interns' views, the preceptor can determine if they truly understand what is required.

Evaluation should be based on reasonable and known performance criteria. Interns cannot read the preceptors' minds, nor do they have the same experienced perspective of what constitutes good dietetic practice. Preceptors need to listen to interns to evaluate their own communication skills. Interns may fail at performance because expectations were not clearly defined, assumptions were made without interns' knowledge of them, or because interns had not observed a previous example. Remember that what is obvious to you as a seasoned professional is often not obvious to an intern.

Evaluation should be continuous in everything interns do. Often it is done informally. Positive reinforcement can build interns' confidence and enthusiasm. It also helps to solidify good behaviors and practices in the early stages of rotation. Confronting poor performance as soon as possible after it occurs is also necessary. Delaying or ignoring evaluation of problem performance can lead interns to believe their work is satisfactory. They won't know they should change unless someone tells them. Interns who are evaluated and corrected early on, generally, have fewer difficulties in performance later.

In making suggestions for improvements to interns, make sure the interns know which suggestions are recommendations and which ones are required. Criticism should be constructive and point out in very practical, specific terms the ways that performance can be improved.

**Product (summative) Evaluation.** You may find that this is the most difficult type of evaluation. Final evaluation at the end of a project or rotation can be used to build interns' confidence, to reinforce desirable performance, or to inform interns about behaviors that need to be changed in the future. It is also used by the program director to evaluate future experience needs of interns to successfully complete their program. Realistically, final evaluation may also be used to prevent unqualified interns from progressing beyond their skill and knowledge level. This is one of the hurdles that interns must successfully pass to qualify for writing the registration examination.

Criteria for the final evaluation of performance should be clear and known to intern. Evaluation criteria is outlined in the Internship Handbook. Interns are required to read the Handbook prior to basic skills/orientation so that they know what is expected. Preceptors need to be flexible in their evaluation of interns to allow for individual differences that are compatible with quality practice. Preceptors are encouraged to evaluate interns as meeting or not meeting expectations associated with an entry level practitioner rather good, fair or poor. Preceptors should also try to avoid the Frank Sinatra syndrome (it has to be done "my way") in evaluating interns' performance.

The results of interns' evaluations at the end of a rotation should NEVER come as a complete surprise. Continuous process evaluation should lead up to the final evaluation, and give them a good idea of how they will be evaluated in the end. Ideally, interns will be evaluated in person by the preceptor and should be aware of any major comments that are made in a

written evaluation before it leaves the preceptor. It is highly unethical for a preceptor to tell interns very little and then send a highly critical evaluation to the program director.

### Summary of differences between formative and summative evaluations

	<b>formative</b>	<b>summative</b>
<b>purpose</b>	improvement	judgement
<b>timing</b>	throughout	end
<b>evaluator</b>	preceptor and learner	preceptor
<b>standards</b>	incremental steps	end goals
<b>uses</b>	give feedback identify strengths/weaknesses develop plan	judge competence may be associated with a final grade

### Summary - Barriers to good evaluation

1. halo effect – like intern so everything they do is good
2. negative halo effect – don't like intern so everything they do is bad
3. rater's mood
4. contrast error – comparing one intern to another
5. professional differences – avoid Frank Sinatra syndrome (do it my way)
6. memory errors
7. evaluation not related to intern's objectives
8. evaluation is not based on observable behavior
9. preceptor and intern don't know what the standards/competencies are
10. variation in standards and lack of uniformity among preceptors
11. evaluation is subjective rather than objective
12. observer effect – may perform differently when they are watched

### Summary - Characteristics of good summative evaluation

1. reflects prior formative evaluation
2. is specific rather than general – not just “you did a good job”
3. is focused on observed behavior

4. focuses on the positive as well as the negative
5. **suggests an action plan**

### **Steps in Summative Evaluation**

1. Know the “gold standards” and/or competencies for the student **at this level** (need to know what you are looking for and share it with the student)
2. Gather data about the learner’s knowledge/skills/attitude in those competencies (consider continuum of development)
3. Assess the difference between the expected competency and the learner’s performance (revision of forms reflects fact that **expected** should be used most often)
4. Document the evaluation honestly (may be reluctant to write it down)

### **Suggestions for improving Summative Evaluations**

1. Let interns know what the expectations are
2. Encourage interns to self-evaluate after a particular activity and track in journal (self evaluation form for patient counseling will be provided to interns)
3. Do weekly feedback (more often as appropriate) and share with interns

Have concrete examples in mind based on observable behavior such as charting

## **Handling Difficult Situations with Students**

Difficult situations may be the result of:

- A. Inadequate knowledge prior to the rotation
- B. Skill deficiencies (e.g., Inability to translate theories learned in class to the treatment of patients)
- C. Personality difficulties (manifested by poor interpersonal relationships or power struggles)
- D. Situation difficulties (e.g., an intern has had a parent die of cancer recently and now cannot cope working with cancer patients, or the discomfort many an intern may feel in a dialysis unit for the first time).
- E. Cultural differences
- F. On-going medical problems
- G. Self-doubt on the part of the interns

The Internship Program selection process eliminates many potential problems with interns. Letters of intent, transcripts, and letters of recommendation are used to try to identify problem interns before they enter a program. Sometimes interns develop problems when making the change from the academic environment to the clinical environment. Faculty will evaluate the interns prior to beginning rotations to help identify potential problem areas and recommend a course of action. However, even with the best efforts of the faculty and preceptors, problems do occur.

## **Suggestions for Dealing with Student Problems**

- A. Frequent, ongoing evaluation should be conducted so that interns know exactly what skills, knowledge, or application processes need improvement.
- B. Problems should be identified and dealt with as early as possible.
- C. When discussing problems with interns, you need to specify the issues of concern.
- D. While it may be uncomfortable to confront an intern with a problem, it is less painful and more productive to do it in the beginning. Bad habits are easily reinforced through repetition—so it is important to correct them as early as possible.
- E. Interns need to know the consequences of their actions or deficiencies. Disciplinary procedures are outlined in the Internship Handbook (included)

- i) This could be with respect to the outcome for a patient, department, or staff.
- ii) Or this could be with respect to interns' progress in the program.
- F. Rules and expectations need to be communicated clearly (sometimes in writing)
- G. Expectations need to be realistic for interns.
- H. Try to find the positive in interns on which to build improvement.
- I. For knowledge deficiencies, interns can be given extra reading to do outside of the rotation. It is helpful to provide sources for them.
- J. For situational difficulties, talk to interns about feelings that make them apprehensive or hesitant.
- K. Suggest that rotations may be adapted as long as they still provide the necessary competencies.

Be aware that significant problems should be discussed with the program director who placed the student. It is the internship director's responsibility to direct and resolve major intern problems. Early and ongoing discussions with the director can often resolve problems that might otherwise become too complex to correct.

## Criteria for Feedback

- Purpose: To help the individual to consider changing behavior by providing information about how s/he affects others.
- Descriptive rather than evaluative
- Specific rather than general
- Concerned with the needs of both the giver and receiver
- Directed toward behavior which the receiver can change
- Solicited rather than imposed (optimal but few students ask)
- Well-timed
- Checked to insure clear communication (note the effect of climate on behaviors)

### **Feedback Should:**

- be undertaken with the preceptor and intern working as allies, with common goals.
- be well-timed and expected.
- be based on first-hand data.
- be regulated in quantity and limited to behaviors that are remediable.
- be phrased in descriptive non-evaluative language.
- deal with specific performances, not generalizations.
- offer subjective data, labeled as such.
- deal with decisions and actions, rather than assumed intentions or interpretations.

## **Specific Areas for Feedback**

### **Interpersonal Skills**

1. Never belittle interns' personality or personal characteristics.
2. Give the intern the benefit of the doubt, that he/she is not trying to get away with something.
3. If you make a mistake with an intern, acknowledge the error.
4. Ask for interns' evaluation of their own work before evaluating, to determine if the intern can perceive errors.
5. Say positive things about the intern to the patient.
6. Avoid showing excessive anger or frustration. Get yourself under control. Then express the emotions verbally.
7. Start with praise when making a correction.
8. Act in a way consistent with professional values and ethics.
9. Indicate what has been done correctly as well as any errors.
10. Use the mildest aversive effect that works.
11. Indicate how you had a similar difficulty.
12. Can interns do the prerequisite act?
13. Encourage interns to present alternatives and new ideas about care.
14. Attend to the interns' questions and concerns so that he/she feels respected.
15. Show concern for an intern who is having trouble and appears anxious.

### **Improving Technical Skills**

1. Specifically indicate how the intern has improved.
2. Direct interns' attention to the cues.
3. If demonstrating, leave part for the intern to do.
4. Clarify why acceptable work is not perfect.
5. Praise specific aspects rather than generalities.
6. Direct interns' attention to relevant cues and make sure he/she can detect them.
7. Prompt interns to help them give answers to your questions.
8. Determine if intern needs directions on what to do.
9. Set clear (operationally defined expectations) criteria for performance.
10. Ask questions during demonstrations to direct attention to various components.
11. Describe contingencies to influence behavior.

# CRITERIA FOR FEEDBACK

## Examples

**Purpose: to help the intern consider changing behavior by providing information about how s/he affects others.**

**1. DESCRIBE the student's behavior RATHER THAN JUDGE the student.**

- “I saw you using the elevator. Remember to take the stairs when possible to keep the elevators uncongested.”
- **Not**, “Don’t be so lazy by taking the elevator”.

**2. PROVIDE SPECIFIC FEEDBACK, NOT GENERAL.**

- “You need to wear a hairnet when you are in the kitchen.”
- **Not** “You’re not prepared to work with your hair that way”.

**3. PROVIDE CONCERN FOR the NEEDS OF both YOURSELF AND the INTERN.**

- “I NEED TO TAKE A BREAK FROM THIS SITUATION—I’M FEELING REALLY STRESSED RIGHT NOW. Please meet me in 30 minutes in my office and we will discuss the language you used with the cook.”
- **Not**, “I don’t have time for this nonsense. Don’t be rude to the cook any more!”

**4. DIRECT FEEDBACK TO SPECIFIC BEHAVIOR which the INTERN CAN actually CHANGE.**

- “The last time we met to evaluate your progress, I felt threatened when you interrupted me and stood up and leaned toward me. Today when I review your progress, I will appreciate your staying seated and not interrupting. You will be given time to tell me things you believe I do not know.”

**5. The INTERN SOLICITS FEEDBACK.**

- This is an ideal situation—but not usually what occurs.

**6. TIME your FEEDBACK APPROPRIATELY.**

- It should be as immediate as possible so that clarity is not lost.

**7. CHECK YOUR UNDERSTANDING with the Intern TO INSURE CLEAR COMMUNICATION.**

- “I want to check that we have both arrived at the same conclusions about how you will fulfill this competency. Please reiterate for me the steps you will take to complete this objective.”

## Mentoring -- Role of the Preceptor

Sylvia Escott-Stump, MA, RD, LDN

Most preceptors admit that they have had a mentor at some point in their careers. Stepping up to the plate as a dietetic internship preceptor and a mentor requires a deep sense of oneself. Having a mentor who can guide and encourage growth and change often make the difference when a student is choosing a career path. This article was printed in the Clinical Nutrition Management DPG newsletter, Future Dimensions, a few years ago.

According to Levinson and Wenburg, a mentor may serve one of several roles: **teacher** to enhance skills and knowledge; **sponsor** to use influences to facilitate entry and advancement in a field; **host and guide** to welcome the initiate into the occupational world; **exemplar** to serve as a role model worthy of admiration and imitation; **counselor** for advice and moral support; and **dream supporter**. To this list, add **coach** and **facilitator** to support the importance of these qualities. Most anyone can learn to “manage” things; some are even good “leaders,” but not everyone knows how to be a good “mentor.” The relationship works best when selected naturally--two persons drawn to each other by values, common visions, and mutual goals.

Two key questions when learning more about mentoring are: What makes a good mentor, and what qualities define an effective mentoring relationship? According to Stephen Covey’s principles, one might suspect that eventual “empowerment” of the mentee is the goal in a mentoring relationship. To do this effectively, one needs **integrity** (habits that are congruent with values, words, deeds, expressions and feelings), **maturity** (courage balanced with consideration), and an **abundance mentality** (there’s plenty out there for everyone). A person with these character traits can be genuinely happy for the success and accomplishments of others.

In addition, Covey proposes that “valuing the differences” between ourselves and others is an important asset--all people see the world not as “it is”, but as “they are”. We must start by understanding the perceptions of that person to clarify values and to empower accordingly. Respect for differing views, an "inclusive" personality, support and training can all help to enhance relationships and to increase performance-related energy. Whether the mentoring relationship occurs between the dietitian and a dietetic intern, or between management and a staff member, it is helpful to understand the merits and responsibilities of a mentoring connection.

It is important for the mentor to maintain a **positive outlook** personally. It is hard to *encourage* others while low in spirit. Maintaining a “can-do” attitude generally makes others feel optimistic and motivated. Some of our negative self-talk must be corrected to keep a cheerful profile when changes surround us. Instead of saying “we’ve never done that before,” it is more encouraging to others to say “we have the opportunity to be first in this area.” Turning the words “it’s not my job” into the phrase “I’ll be glad to take on the responsibility” serves well when modeling desired behaviors for others, especially students.

A **supportive cheerleader** attitude goes far where there is a mentoring relationship. Often, the role is not formal, but the mentee seeks the counsel of the mentor when important decisions must be made. Wisdom and practical advice that are shared may save time and prevent embarrassing results in any situation. Just as a good parent leads the way and guides the child, so does a mentor reveal shortcuts and effective methods without “mandating” that there is only one right way. The mentor suggests ideas and concepts, which the mentee considers privately before taking action. Thoughtful time spent pondering an idea or a suggestion may save time and embarrassment later.

In our field, we have many role models of the mentoring process. Our first personal mentors may have included our college professors, faculty, and dietetic internship preceptors, gently but firmly nudging us to identify our personal strengths and to highlight our “areas for further development.” Later, a new boss or role model may have entered the scene, offering new ways to approach a situation or insights that could only come from experience. Inexperience often leads to conclusions which may not achieve desired outcomes. Support, honesty, and kindness often are the elements that make a difference between being Ordinary and being Successful.

Many ADA Presidents have been good mentors by their coaching and encouraging the best in each dietitian. Sara Parks, a Past President, describes that “one cannot mentor in all aspects of an individual’s career. There must be a way to identify other key contacts when you’re asked something beyond your scope.” Sara suggests that we keep our minds active to remain effective and to share cutting edge information; and when we mentor others, we must view it as a “seed planting process,” nurturing others to grow fully and completely. Women, in particular, must learn to understand the innuendos of “politics”. We are not always socialized

to “compete,” and we must be mentored successfully to play the games that are necessary in a win:win manner.

Caring about people is another critical part of the mentoring process, according to Sara. One must really take the time to listen well, and to hear all of the underlying concerns, to mentor properly. A basic premise of our profession, serving others first, facilitates mentoring at its very best. Finally, "building a network of resources and friends is essential. Nobody gets to a leadership position without unselfish mentoring from others in the field” stresses Sara.

According to Judy Dodd, another ADA Past President, “Mentoring is an ever-changing mix of coaching, advising, listening, sharing and counseling. To be effective, mentoring requires a strong communication link and an atmosphere of trust and sensitivity. When mentoring is effective, it is a growing experience for both parties; both gain insights into the opinions, viewpoints, and concerns of another person. Growth can be both personal and professional when the two share a common career link. To be mentored is like receiving a personal gift; to be acknowledged as a mentor is an honor.”

Past ADA President, Polly Fitz states that "Mentoring provides recognition for both parties. A mentor can model professional values as well as help others with career issues. The relationship is built on trust as well as on some mutual interests. Mentoring benefits an institution by creating job satisfaction, increased performance, new ideas, ways to improve problem solving, expansion of team and leadership resources. Mentoring is an important responsibility for women because we create networks and avenues to help other women; we must create our own women’s system to build career supports. Mentoring helps both parties keep goals and the future in mind."

We need to mentor our aspiring dietetic professionals for future viability in our field (Wenburg,1992.) With the opportunity coming your way, welcome it with an open mind and heart. Remember that Champions have big dreams...they are fired up to do their best...they bounce back after failure...they aim high...they plan for trouble...they never quit...and they make their own luck. Mentoring makes YOU a champion.

#### References

1. Covey, S. The Seven Habits of Highly Effective People. Simon and Schuster: New York, 1989.
2. Levinson, S. Seasons of a Man's Life. 1979.
3. Wenberg, B. Use of mentor programs in dietetic education. J Am Diet Assoc 92:71, 1992.