

Precepting dietetic Interns

FROM HUNTER COLLEGE OR OTHER PROGRAMS

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Overview

1. Foundation of supervised practice experience toward the RDN credential
2. Desired outcomes: Competence defined by competencies
3. Planning & Structuring the experience: rotations in different arrangements
4. Building competence
5. Expectations
6. Evaluations
7. Facing challenges

Foundation: supervised practice experience

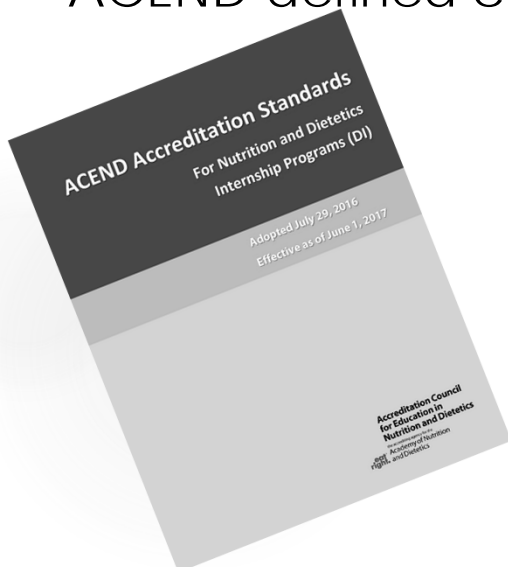


You shape your future coworkers, and with that, the future of our profession!

https://vignette.wikia.nocookie.net/smurfsfanon/images/9/9b/Sculptor_Working.gif/revision/latest?cb=20120601213838

Foundation of supervised practice experience toward the RDN credential:

ACEND-defined competencies

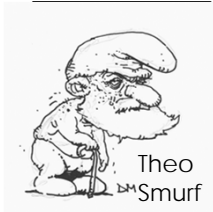


- ▶ ACEND: Accreditation Council for Education in Nutrition and Dietetic
- ▶ <https://www.eatrightpro.org/acend/accredited-programs/about-accredited-programs>
- ▶ Competencies
- ▶ Performance Indicators

Competencies

Site specific

Clinical and Customer Services
 Practice Management and use of resources: Quality Assurance etc.



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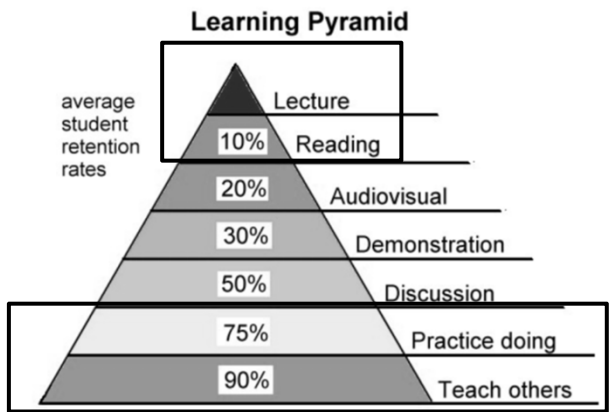
<http://www.txstate.edu/cache0ba50e8f14f05f0196b00fe31b6592fc/imagehandler/scaler/gato-docs.its.txstate.edu/jcr:1d360292-ea8a-4811-8229-f7e1ff2d5eae/juliette%2Bhorizontal>

All sites

Scientific and Evidence Base of Practice
 Professional Practice Expectations: beliefs, values, attitudes, behaviors
 It's MR. SMURF Theodore

Hunter Programs – Striving for Efficiency

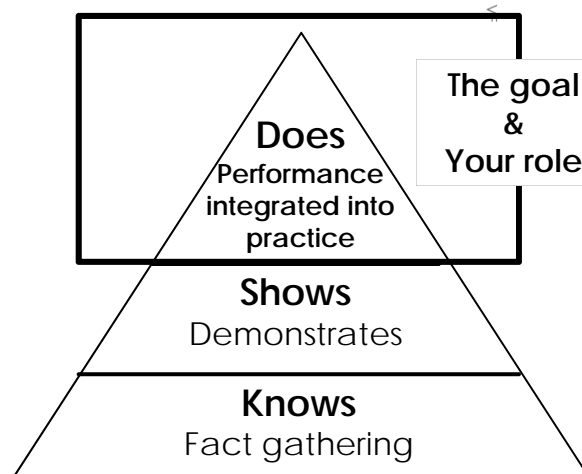
- ▶ Learning is much more efficient hands-on!
- ▶ Integrated Programs: Closer cooperation between facilities and program
 - ▶ Via students and direct communication



Source: National Training Laboratories, Bethel, Maine
http://www.danielwillingham.com/uploads/5/0/0/7/5007325/2882821_orig.png

Competency-based Learning

- ▶ Learn until you can do it
- ▶ Then move to the next learning step
- ▶ Targeted Evaluation of Performance Indicators
 - ▶ Observation
 - ▶ Interviews
 - ▶ Surveys of patients/clients
 - ▶ Other team members
- ▶ Already done for physicians, nurses, PT, OT



Hunter Programs – The Future is here!

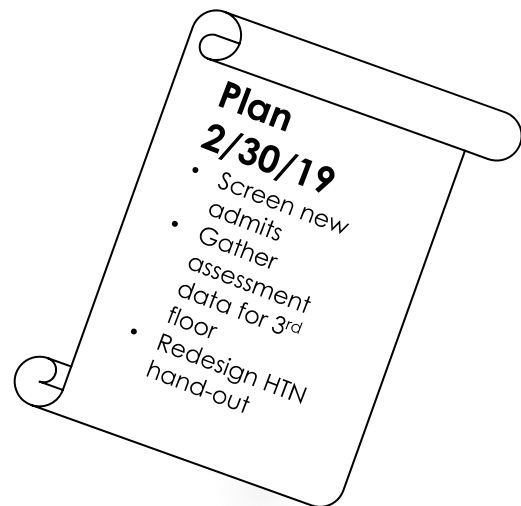
- ▶ **Traditional Dietetic Internship**
 - ▶ Students have completed their academic coursework
- ▶ **Integrated Program in Nutrition and Dietetics: IPND**
 - ▶ Students have completed the relevant part of their academic coursework
 - ▶ Closer cooperation between facilities and program
 - ▶ Via students and direct communication

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NUTRITION PROGRAM

Building competence

Most important step: Planning and Structuring

- ▶ Develop a plan for activities / tasks / responsibilities of the intern
- ▶ Communicate that plan on day 1, and at least weekly thereafter.

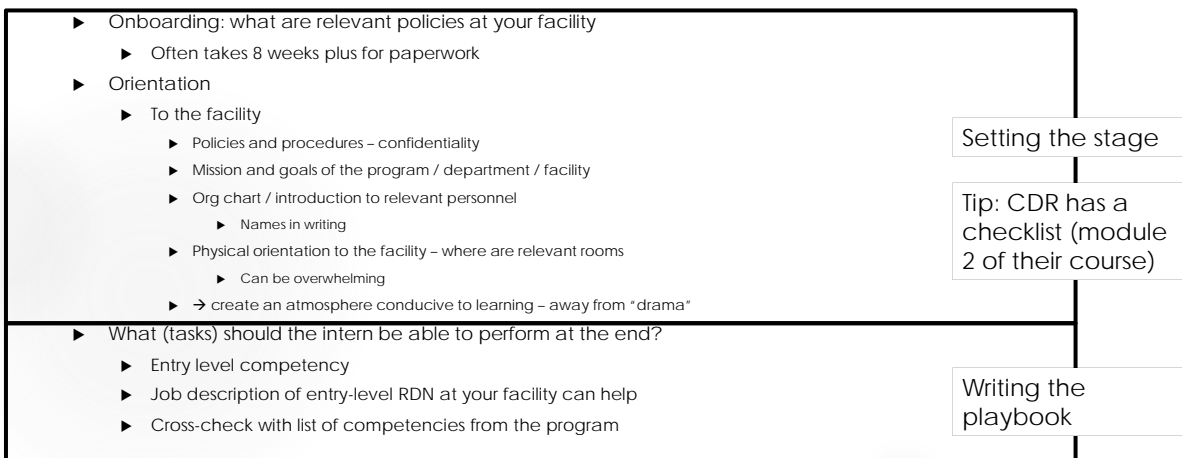


If you don't know where you are going, don't be surprised if you don't get there.

- ▶ Planning is key to success
- ▶ Plan with the DI / IPND program:
 - ▶ Where do the students need to go?
 - ▶ Where are the students coming from?



Planning the experience



Desired Outcome: Competence

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- ▶ Define what you want the student to be able to do (competencies).
- ▶ What will the student need to start?
- ▶ Can you define a sequence of tasks (really: competencies) growing more and more complex toward each competency?
- ▶ What competencies does the student need for a specific task?
 - ▶ E.g. meal rounds – must know what is allowed on the pt's diet
 - ▶ Easier task: check meal tickets (with enough time to look up every item they are unsure about)
 - ▶ Preparation: Review menu, review menu item characteristics/analysis
 - ▶ Guidance: e.g. task the student to identify the items highest/lowest in sat. fat/sodium/etc.
 - ▶ E.g. nutrition assessment – preparation of conversation with patient: must know all diseases, interpret labs, understand all pertinent history and identify potential problems – checkpoint!

Your turn

VF

Take 5 minutes to start completing the following table:

What do RDs do at your facility?

Tasks	Required competencies	(leave blank for now)



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Tasks	Required competencies	(blank)

Step by step planning



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- Tasks broken down into separate competencies:

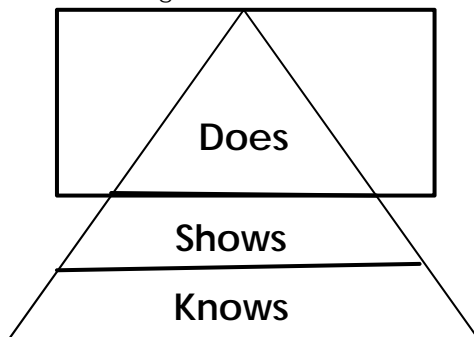
Tasks	Required competencies
Pt assessment	Finding information in chart
	Collecting info in meaningful form
	Interpreting data: dominating diseases, lab values – possible causes for anomalies, Rx – food-drug interactions & effect on GI function
	Synthesizing into nutrition Dx, etc.

Planning the experience for a specific goal

- Define what you want the student to be able to do.

What will the student need to learn (learning goals)?

e.g. Nutrition Assessment using an ADIME format



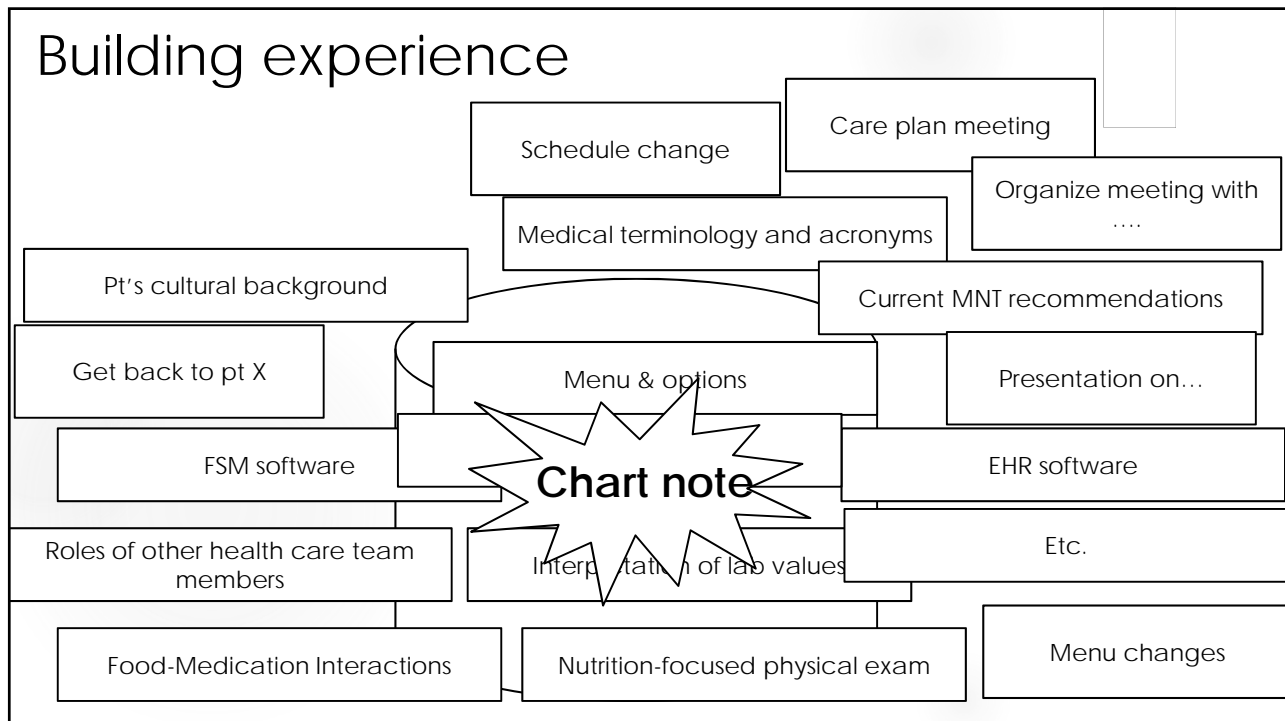
What will the student need to start?

Individualized vs. generalized plan
 E.g. policies/procedures, knowledge/skills
 E.g. determining which patients need assessment – student needs to know about screening, needs to know what screening tool is used / by whom/ how communicated/where to find, needs to know triage algorithm

What will you do to help the student reach this goal (teaching goals)?

- E.g. have student review Nutrition Care Manual for cardiac diseases before going on cardiac ward
- Have student prepare assessment on paper and write out questions on the patient, with sample consequences of answers
- Review the case before & after Pt interview, discuss potential interventions

Building experience



Sample sequence for a clinical rotation

- ▶ Week 1: P&P manual, any available meetings, meal rounds, shadowing RD, gathering data for assessment, suggesting DIME, then completing with RD; possibly starting on a specific project if planned (e.g. CQA/CQI, preparing a presentation)
- ▶ Week 2: first assessments & follow-ups under close supervision: discuss before and after visit with patient, discuss draft, read before signing off. Make sure proper resources are used.
- ▶ Week 3-6: number of assessments & follow-ups should increase to about 50% of normal work load, with decreasing need for guidance and correction. Different floors & different RDs, as applicable, to learn different styles. Decide on project if not done. Decide on presentation.
- ▶ Weeks 7-8: further increase in work completed, Nutrition support and more complex patients. Encourage questions strongly. Keep challenging the student.
- ▶ Weeks 9-12: allow/require more independence as you see the student's abilities grow.

Disease groups*

Introductory Rotations

- ▶ Behavioral Health
- ▶ Gastrointestinal Disorders
- ▶ Cardiovascular Disease, Metabolic Syndrome and Obesity
- ▶ Diabetes
- ▶ Neurological Disorders / Dementia

Advanced Rotations

- ▶ Pediatrics
- ▶ Renal Disease
- ▶ Oncology
- ▶ HIV/AIDS
- ▶ Nutrition Support

Age groups

- ▶ Infants
- ▶ Children
- ▶ Adolescents
- ▶ Adults
- ▶ Older adults
- ▶ Pregnant/lactating women**

- Some disease groups may not occur in your facility. They can be covered differently by the program.
- ** not really an age group, but definitely not a disease, either

Projects for clinical rotation (Hunter specific)

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- ▶ Case descriptions: at least 5; 10 disease groups must be covered
 - ▶ Etiology, pathophysiology
 - ▶ Current MNT recommendations
 - ▶ Description of the patient (HIPAA compliant): assessment with all ADIME steps, includes PES statements
 - ▶ Analysis of labs: possible causes for their anomaly
 - ▶ Analysis of Rx: purpose, food-Rx interactions, effect on GI tract and absorption of nutrients
- ▶ Knowing the regulating agencies
- ▶ Optional: Service Improvement Project
 - ▶ Can be CQI/CQA, must include data gathering and analysis

What should the intern be able to do coming in?

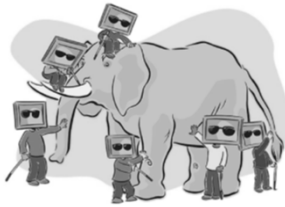
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Take 5 minutes to start completing the following table:

What should the intern be able to do before coming in?

Learning goal	Required competencies	Resources for review
	MNT for ASCVD	NCM, textbooks?

A definite list of prerequisites helps the intern prepare for the rotation with you.



http://beyondrecognition.net/wp-content/uploads/2015/05/Elephant_wBlindment_Fx600.png

What should the intern be able to do coming in?

VF

- ▶ Clear expectations help make the rotation successful and low stress for all.
- ▶ Give the intern time to review in the beginning, and possibly in-between, to prepare
 - ▶ E.g. before going on a new specialized floor – review cardiac diseases before going on the cardiac floor
 - ▶ E.g. before going to a Head Start program – review CACFP regulations
- ▶ Be realistic – students are still learning
- ▶ Input required!
 - ▶ Nothing that is normal and goes without saying for you does so for students.
- ▶ Your input predetermines output, as one critical factor.

SMART goals

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- ▶ Phrasing goals well allows
 - ▶ Structured experience
 - ▶ Clear expectations and goals
 - ▶ Measurable progress
- ▶ Example: pt care on cardiac floor (time frames vary with student's prior experience)
- ▶ Within 2 weeks, the student will
 - ▶ collect pt data from the chart in a structured fashion,
 - ▶ Interpret lab values with respect to likely causes,
 - ▶ Analyze the patient's intake and GI status with respect to possible impact of drug regimen,
 - ▶ Calculate the patient's estimated requirements,
 - ▶ Suggest a list of the patient's nutrition problems
 - ▶ for 4 patients per day.
- ▶ Within 2 weeks, the student will perform Nutrition-focused physical exams on patients per facility policies, on all patients seen.
- ▶ Within 3 weeks, the student will perform 4 assessments per day for patients with cardiac diseases as their predominant disease on non-critical floors.

Logistics: Who will be responsible for which part?

VF

Take 5 minutes to start completing the following table:
What should the intern be able to do before coming in?

Learning goal	Experience for learning	Responsible to facilitate
Pt care Cardiac floor	Assessments & F/U cardiac floor	RDN covering cardiac floor

A definite list of prerequisites helps the intern prepare for the rotation with you.

The Competencies

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1. Scientific and Evidence Base of Practice
 - ▶ Integration of scientific information and research into practice
 - ▶ Scientific evidence as basis for programs, products, services and care
 - ▶ E.g. background for MNT, data supporting use of a cooking method
 - ▶ Students can do a literature review to provide references & a summary
 - ▶ Check references for propriety
2. Professional Practice Expectations: beliefs, values, attitudes and behaviors
 - ▶ Many of them need to be reflected upon – talk about them!
3. Clinical and Customer Services
 - ▶ Development and delivery of information, products and services
 - ▶ Communication skills: oral, print, visual, electronic – social media
4. Practice Management and use of resources
 - ▶ Feasibility studies, Quality assurance, Quality improvement

All sites –
repeated
BLACK print

Site specific –
unique
COLORED
print

Hunter Programs: Traditional Dietetic Internship Program



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- ▶ Rotation description includes
- ▶ Competencies
- ▶ Projects for the student to complete
- ▶ Color code for typical distribution (electronic file)

Step by step planning



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- ▶ Tasks broken down into separate competencies:

Tasks	Required competencies
Pt assessment	Finding information in chart
	Collecting info in meaningful form
	Interpreting data: dominating diseases, lab values – possible causes for anomalies, Rx – food-drug interactions & effect on GI function
	Synthesizing into nutrition Dx, etc.

Step by step planning

► Tasks broken down into separate competencies:

Tasks	Required competencies	Preparation	Learning activity	Learning control
Pt assessment	Collecting info in meaningful form	Ensure student has template	Retrieve info with students, then student collects info	Review results until results reliable

De-brief: This is where learning happens. We learn from mistakes and imperfections.

Stress prevents learning → positive messaging.

Summary Planning

Tasks	Required competencies	Resources for review	Experience for learning	Responsible to facilitate
Pt care Cardiac floor	MNT for ASCVD	NCM, textbooks?	Assessments & F/U cardiac floor	RDN covering cardiac floor

Other aspects: How will you gradually increase the student's responsibilities?
Communication and evaluation of progress



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Expectations

WHAT CAN INTERNS DO?



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The ultimate goal: Staff relief

- ▶ From the start
 - ▶ Students should be able to find information in the literature
 - ▶ Textbook is minimum and only a starting point
 - ▶ AND resources should be expected
 - ▶ Research literature second semester of MS and up
- ▶ End of rotation: entry-level competence
 - ▶ Students should be able to perform all duties of an entry-level RD
- ▶ Staff relief: a balancing act
 - ▶ Students shall not routinely replace employees (ACEND)
 - ▶ Students should achieve entry-level competence (ultimate goal of DI and IPND programs)

What does precepting cost?

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Cost	Benefit
Organization of administrative details	Personal gain of competence Including HR management
Planning of experience	Influence on future RDNs Including pre-trained new employees
Time for daily explanations and reviews	CEUs (up to 3 per year)
	Observation of growth

Facing challenges

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Nobody is perfect

- ▶ Expect the unexpected – in both directions!
 - ▶ Many students in the DI programs have extensive volunteer experience
 - ▶ Some have research experience and/or professional experience
 - ▶ Use the students' prior experience!
- ▶ Different learning styles
- ▶ Different experiential background
 - ▶ Success strategies
 - ▶ Professional experience – degree of **independence**
 - ▶ Performance orientation
- ▶ Different cultural background → different responses
- ▶ Different knowledge background

- ▶ } Communicate!
- ▶ Communicate!
- ▶ Communicate!

V/F

Evaluation: Continued Assessment

- ▶ Take notes of strengths **and** weaknesses
- ▶ Communicate weaknesses – focus on what you want the student to do differently:
 - ▶ How could you get this information in a more orderly/structured fashion?
 - ▶ To keep the information more structured, I usually ... / I used to ... in the beginning
 - ▶ I suggest you do it this way next time: ...
- ▶ Summarize at the end of the day
 - ▶ Let the student to that work
 - ▶ Control that your messages arrived
 - ▶ Cross-check with your notes
 - ▶ Be specific in examples
 - ▶ "always" and "never" are hurtful.
 - ▶ Positive messages yield better results
 - ▶ Spend a few minutes thinking about the best way to move forward.
- ▶ Collect your notes
 - ▶ to remind yourself of progress
 - ▶ To communicate with others involved with the student

V/F

Evaluations

tion of student. 2017 onward

<https://ww3.hunter.cuny.edu/nutrition/view.php?id=23285>

V/F

DI Preceptor's Final Evaluation of student. 2017 onward

Please complete this evaluation for each intern you have precepted. Evaluations should be reviewed with the Intern.

Please use the scale below to rate each intern on the competencies listed.

1: Unprepared. Unable to complete assignments, and/or Fund of knowledge inadequate

2: Novice. Requires considerable support and oversight. Skills need significant development.

3: Beginner: Applies knowledge appropriately with some support and oversight. Developing skills are evident.

4: Competent: Requires minimal oversight. Demonstrates sound knowledge and application skills.

5: Expert: Functions independently in staff relief capacity. Demonstrates advanced level knowledge and skills.

N/A: Not applicable, no opportunity to evaluate

Note that this evaluation form is used for all rotations, so there will be competencies that students will not acquire at your site.

Intern First Name *

test

Intern Last Name *

test

Preceptor's first and last name, credentials *

example only

Site Name *

Example site

Rotation Start date (approximation is good enough)

12 / 21 / 2017

MM DO YYYY

Rotation End date (approximation is good enough)

12 / 22 / 2017

MM DO YYYY

Rotation *

▶ Assessment of competency

- ▶ Along the way to allow the student to focus their efforts
- ▶ Comprehensive mid-rotation evaluation
 - ▶ All **applicable** competencies
 - ▶ 1= appropriate progress, 0=insufficient progress
 - ▶ Discussed with the student
 - ▶ Submitted to the program
- ▶ Comprehensive end-rotation evaluation
 - ▶ Defines pass/fail of student: minimum "pass": 3 = Beginner
 - ▶ Desired level: 4: competent

10/7/2017, 11:05 PM

Evaluations: Levels of performance

V/F

- ▶ 1: Unprepared. Unable to complete assignments, and/or Fund of knowledge inadequate
- ▶ 2: Novice. Requires considerable support and oversight. Skills need significant development.
- ▶ 3: Beginner: Applies knowledge appropriately with some support and oversight. Developing skills are evident.
- ▶ 4: Competent: Requires minimal oversight. Demonstrates sound knowledge and application skills.
- ▶ 5: Expert: Functions independently in staff relief capacity. Demonstrates advanced level knowledge and skills.
- ▶ N/A: Not applicable, no opportunity to evaluate

Communication Skills *	1	2	3	4	5	N/A
CRDN 2.2 Demonstrate professional writing skills in preparing professional communications	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism						
CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CRDN 2.2 Demonstrate professional writing skills in preparing professional communications	Intern will prepare nutrition education materials as well as documentation of the research project in written form at professional level.		Preceptor will evaluate the materials for accuracy, and ability of target group to understand the material, as well as correct format and professional writing skills. Preceptor will evaluate the quality of the research project. Intern will submit materials and potential lesson plans in the rotation portfolio.			
CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings	Interns will prepare for and attend meetings in the facility and collaborate with staff and other relevant individuals to contribute to the assigned placement.		Intern and preceptor will evaluate outcomes. Intern will document participation and some contributions in the weekly logs and competency checklist.			

Evaluations

- ▶ Future Education Model ideals: evaluation of competencies with specific test tools
- ▶ To be found on our program website
- ▶ <http://www.hunter.cuny.edu/nutrition/dietetic-internship/dietetic-internship-program-1>
- ▶ (link in my address in emails)
- ▶ Preceptor resources tab
- ▶ Coming later in August, and evolving thereafter

Com p. No.	Criteria/Performance Indicator	Below expectations		Met expectations			Exceeded expectations			Not observed	Comments	
7.1	Assumes professional responsibilities to provide safe, ethical and effective nutrition services											
	Demonstrates cultural, gender and racial sensitivity; strives to achieve cultural competence.	1	2	3	4	5	6	7	8	9		VF
	Demonstrates understanding regarding beliefs, values, attitudes and behaviors to support nutrition education and contribute to team-based care.	1	2	3	4	5	6	7	8	9		
	Patient interaction: well-organized, good patient rapport, appropriately addresses questions and concerns; demonstrate cultural sensitivity	1	2	3	4	5	6	7	8	9		
	Appropriately creates/adapts educational materials to address individual needs (i.e. age, cultural, literacy)	1	2	3	4	5	6	7	8	9		
	Complies with standards, regulations, scope of professional dietetics practice and Code of Ethics.	1	2	3	4	5	6	7	8	9		

Underperforming students

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- ▶ Ask why the task was performed this particular way
 - ▶ I see that you have not calculated the patient's estimated energy requirement. What was the reason to leave this out? Or: What will you do to make sure that you don't forget this again?
 - ▶ I see that you have worked with a lot of publications directed at laypersons. What was the reason for using these sources? How did you check that the information in those sources was accurate?
- ▶ Explain which aspects of the task are done,
- ▶ Explain which tasks still need to be done, for you to be able to use the work.
- ▶ Indicate resources
- ▶ Provide a time frame for revision or new task
- ▶ Take notes of this, along with notes of achievements.

▶ **Most frequently, not communicating leads to failure and frustration for all involved.**

Underperforming students: Analyzing the cause

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1. Lack of experience in applying theory to practice
2. Inadequate knowledge
3. Poor comprehension (language barriers)
4. Poor time management / organizational skills
5. Fatigue, stress, work overload

6. Low self-esteem (or too much!), insecurities
7. Discomfort with work situation (patients/clients, atmosphere)
8. Rare: poor attitude

Tip: CDR has a list of problems & remedies (module 3: Barriers, of their course)

All of these become clear in communication, 1-5 easier than the rest.

Consistently underperforming students

VF

- ▶ If you find the students is consistently underperforming
- ▶ 1. speak with the student to identify causes
 - ▶ Most frequently, the student is not clear on expectations or is not using appropriate resources
- ▶ 2. speak with the program director
 - ▶ Most frequently, poor performance is consistent across rotations
 - ▶ Most frequently, a plan for successful remediation can be developed
 - ▶ And maybe sometimes, the profession is better served if the student is advised out of this line of work???
- ▶ **Most frequently, not communicating leads to failure and frustration for all involved.**

Motivation and preparation

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- ▶ Perception
- ▶ Causes:
 - ▶ Clear expectations missing
 - ▶ Goals not synchronized – purpose of tasks not clear

Assessment of the intern

VF

- ▶ Goals for the rotation
 - ▶ Hunter: students set goals for each rotation. Review with student.
- ▶ Learning progress
 - ▶ Weekly log includes competencies. Review with student weekly.
 - ▶ Provide time for student to prepare / reflect upon
 - ▶ Portfolio: materials documenting achievements should grow weekly.
 - ▶ Provide time for student to work on.
- ▶ Checklists and Rubrics
 - ▶ Especially for the IPND program:
 - ▶ **Rubrics for competencies** will be provided on the Preceptor resources webpage

Questions from interns

VF

- ▶ If appropriate:
- ▶ Answer a question with a question that guides the student to apply their knowledge to answer the question.
- ▶ Make sure your question is open-ended:
 - ▶ What do you know about the patient that is relevant for this decision?
 - ▶ ~~You know she isn't eating enough so why would you think that a more restrictive diet could be better?~~
- ▶ This will tell you where the knowledge gap lies.
- ▶ It will encourage the student to think about the issue before asking.
- ▶ It will encourage the student to gather evidence for their suggested solution.

Questions from interns

VF

- ▶ If you don't know the answer:
- ▶ As appropriate:
- ▶ Have the student look it up and report back, with references
- ▶ Indicate resources if possible
- ▶ Provide time.
 - ▶ This is difficult for performance-oriented students

Questions from interns: Guide to Critical Thinking

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Professionalism

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- ▶ Appearance
- ▶ Multiple aspects reflecting values directed toward high quality service to others, e.g.
- ▶ Responsibility
- ▶ Dependability
- ▶ Accountability
- ▶ Respect
- ▶ Compassion
- ▶ perseverance
- ▶ Appropriate Attitude:
 - ▶ Courteous
 - ▶ Respectful
 - ▶ Open to learning
 - ▶ Engaged
 - ▶ Proactive
 - ▶ Positively resourceful
 - ▶ Going the extra mile

Communications

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- ▶ Define preferred way and frequency of communication
 - ▶ In-person, email, phone
 - ▶ After every patient encounter / daily / weekly
 - ▶ This can change during the rotation!
- ▶ Allow enough time for communication
- ▶ Ascertain that communication was effective
 - ▶ Did your message arrive? Did you receive the student's message?
- ▶ Communicate with the program
 - ▶ Before, in the middle and at the end of the rotation
 - ▶ As soon as concerns arise, no matter when

Most important step: Planning and Structuring Evaluate and re-evaluate

VF

- ▶ **Develop a plan for activities / tasks / responsibilities of the intern**
- ▶ **Communicate that plan on day 1, and at least weekly thereafter.**
- ▶ Communicate your expectations clearly.
- ▶ Communicate limits clearly, to all involved.
 - ▶ E.g. don't enter anything into the EHR until approved.
 - ▶ E.g. communicate expectations, limits & student abilities to RDs who "take" the student for the day.
 - ▶ If delegating to other RDs, communicate expectations on their workload, too.
- ▶ Check in frequently if expectations are met and re-evaluate expectations and plan.

- ▶ Uncertainties yield errors and decreased productivity.
- ▶ Clear expectations allow students to take initiative to excel.

Resources

- ▶ CDR Dietetics Preceptor Training Program
- ▶ NDEP Line article summer 2018

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Thank you!

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