

ACEND Webinar March 30, 2020

Alternate Experiential Learning

The ACEND on Alternate Supervised Experiences may be accessed at the following link:

<https://eatright.webex.com/webappng/sites/eatright/recording/d84d2ed6ff1542edaf38893fce6e3812>

Questions and Answers

Please note many of the responses to the questions may be found in the ACEND COVID-19 FAQ:
<https://www.eatrightpro.org/acend/public-notices-and-announcements/acend-update/faqs-covid-19-for-program-directors>

Question: Counting hours of alternate experiences

- At some point, please address what to do now that we have many interns doing the same case study for alternate supervised practice, but some take much less time than others. How to count the hours?
- how to count hours if some interns are faster than others.
- Can you tell me how many hours you would put towards some of the activities, such as case studies, NFPE - video,
- ok to have range of hours since for same activity since this is more like how occurs in "real life"
- How do I know how many hours to count for each activity.
- How are the professional hours counted when considering the simulated cases?
- Has the question about determining hours for a particular activity been discussed? What happens when interns all finish the assignment at different speeds, as in real life?
- The key of SEL is doing, and being supervised. I think we all agree that we are missing a major aspect of the 360 degrees of feedback - the experienced practitioner providing feedback. Everybody else is at the student's level at best. We just have to make do with what we have right now. Nonetheless - I will only count hours when the student is actually producing something.
- If an intern has an IEP they should get additional time to complete activities, such as a case study, what would be an appropriate amount of additional time, 50% more time?

ACEND Response: Answer found in ACEND COVID-19 FAQ

Note, when using alternate experiences, program directors must determine the number of hours and make them consistent across all interns/students. For example, a program director should not give one intern 4 hours to do a case study and another intern 1 hour to complete the same activity. For ACEND reporting determine a set number of hours for each activity and not a range.

Question: Is there a Way that ACEND could give an example for each of the competencies of how to achieve 600 hours of alternate clinical hours that would be acceptable to replace face to face training.

ACEND Response: Answer found in ACEND COVID-19 FAQ

Note that per USDE's oversight of ACEND as an accreditor, it is out of our scope to provide specific activities for program directors to provide students.

Question: Can webinars be utilized by building an active post-assessment experience to amplify webinar and count it as 'authentic' experience?

ACEND Response: Answer found in ACEND COVID-19 FAQ

Note that programs must make the determination of what counts as supervised practice. Access the FAQ for potential situations when a webinar may count.

Question: May I count the previously completed "alternative supervised practice hours" completed in the Nutrition Assessment course?

- For our Coordinated Program (2017 standards), we have described in our self-study that all supervised practice hours are earned during the last 8 months in the program, when all the didactic courses have been complete and students are only in supervised practice "courses." Even though our self-study says this, can we now, for this COVID time, give the students supervised practice hours for alternative hours that they have completed in the past, during didactic courses (considering our self-study describes that all hours come at the end of the program)?

ACEND Response: Answer found in ACEND COVID-19 FAQ

Note that during this emergency situation, programs may count previously completed alternate supervised practice hours as supervised practice hours. Programs must document these hours for each intern to demonstrate completion of 1,200 hours.

Question: Does studying for the exam count towards alternative supervised experiential hours?

- I can't imagine that studying for an exam can count towards any supervised practice hours! I would not allow this to count for any of our interns
- Maybe if they recorded an interactive "jeopardy" game or quiz of knowledge using scenario-based question that was exam-like.
- Ok- but studying material for THE credentialing exam, that specifically covers competencies, is not a decent example? I'm not suggesting it's a substitute for hands-on learning? My interns are at the end of their clinical training.

ACEND Response: While practice-based exams are acceptable evaluation tools to determine if a competency is met, studying for any exam does not count as alternate experience.

Question: Can we count the completion of modules that include a quiz to measure their knowledge on the topic?

- Can Eatright Prep exams count as summative evaluation?
- What about exams?

ACEND Response: A quiz that measures knowledge gained from completing modules would not be counted as alternate supervised practice activity. If a practice-based activity is incorporated with the modules or as part of the exam, then this may be counted as alternate experiences. Programs must ensure that the module and quiz questions are practice -based and measure ability and/or provide active practice to the intern/student.

Question: Is authentic, real-life professional experience always in-person or can it be completed virtually?

ACEND Response: Authentic activities in real-world professional settings do not need to be in-person, but they must include real clients/patients and entail real-life situations. Preceptors or program directors may supervise these activities. For example, the preceptor may assign cases remotely and review intern documentation delivered via email or a student may present their research proposal remotely to a group of faculty. Other examples of remote authentic work experiences include, but not limited to, using telehealth to counsel clients/patients, developing educational materials remotely for a community site, and creating menus for a foodservice facility.

Question: What are ACEND expectations when programs move to providing the learning experiences virtually?

- I'd like to know more about what ACEND expects when we modify courses/practicums that have to go virtual.

ACEND Response: ACEND requires all accredited programs to follow their institutional and/or program policies and procedures in any instance that may affect the program. Programs must make the determination of what counts as supervised practice. ACEND can provide guidance but it is out of our scope to prescribe specific learning activities.

Note that programs will not be asked to report on the documentation kept during the COVID-19 period. Practicing good professional judgement on what counts as alternate or real experience and practicing good record-keeping are ACEND expectations.

Question: What is the difference between Alternate and Real-Life Experience?

- Are the simulation cases considered as professional experiences? How are the hours counted?
- Can the language about the 600 include the words in person at the site, if that is the case? I think that will make it clearer.
- Is the simulation considered as a professional practice setting?
- The question for ACEND is e-preceptor activities counted toward the "in person" hour requirement?
- I think this experience has really demonstrated why we are moving to a competency-based program in the FEM instead of hours based. Confirms we are moving in the right direction! Go ACEND!
- Would this Modified Triple Jump count towards clinical hours, or just simulation?

ACEND Response: Alternate experiences are activities that simulate what a nutrition professional does in the real-world. They are active experiences rather than passive. Educators must use their professional judgement for what counts as alternate supervised experience or professional/real-world, authentic, experience. A single activity may be modified to meet various requirements. Preceptor activities conducted remotely where the intern is doing professional work but is supervised by a preceptor working remotely may be counted. For example:

Knowledge	Alternate experience	Professional, authentic experience
Reading a chapter on negotiation	Role-playing negotiating a pay raise	Negotiating a theme meal menu with a chef
Watching a webinar on tube feeding	Watching an interactive webinar on tube feeding with various activities completed along the way	Assisting preceptors virtually by calculating tube feeds for patients at home or at a clinic
Developing a lesson plan for 8 th grade	Developing a lesson plan and delivering it to a fellow college students or family member(s) in 8 th grade (or other grades)	Developing a lesson plan and delivering it to an 8 th grade classroom using WebEx
Practicing calculations for anthropometric assessments	Completing a pediatrics case study with a standardized patient	Counseling a child using video chat or telephone
Watching a TED talk on ethics	Watching a TED talk on ethics and holding a discussion with a preceptor	Exhibiting ethical behavior in supervised practice evaluated by a preceptor/faculty after observation

Question: How many "enhanced" case studies would we all need to review with a student to "equate" an end of rotation staff relief (where they typically see 8 patients/day)?

ACEND Response: ACEND Standards do not include a requirement of staff relief; only that programs must address the core knowledge and competencies and ensure students/interns meet them. It is not the number of experiences that matters, but the quality of the alternate experiences and ensuring the KRDNS/KNDTs/CRDNs/CNDTs or FEM competencies are being met. To ensure core knowledge and competencies are being met, programs may want to develop a simple table with all the competencies that have not been met in column one and the experiences to meet these competencies in column 2. The third and fourth columns may include the estimated number of hours in alternate and professional practice, respectively.

Question: What is ACEND's requirement for clinical staff relief?

- Please address whether or not these simulated case studies actually qualify as a satisfactory substitute for "clinical staff relief" that is part of the clinical rotation.
- Yes, clinical staff relief is definitely a concern!
- Does ACEND require clinical staff relief or only the 1200 hours?
- My understanding is that ACEND doesn't require clinical staff relief, but some of us have used that skill to meet certain competencies.
- That's my understanding too on staff relief and in fact some affiliation agreements prohibit a student replacing staff as in staff relief.
- Utilizing simulations as we are "locked out" of most/ all clinical sites for staff relief is a bit scary. If I were a hiring manager I am not sure I would hire someone who had not done critical rotations and/or staff relief - as a much higher level of function is needed beyond case studies.

ACEND Response: ACEND Standards do not include a requirement of staff relief. Standard 5, Required Element 5.2 of the 2017 Accreditation Standards (Standard 4, RE 4.1 in FEM) indicates that experiences must be organized from introductory to more advanced learning and culminating in experiences to demonstrate entry-level competence. How these experiences are provided is a decision left to programs and the professional judgment of educators.

Comments: Can we use actual case studies or is that a violation of HIPAA Guidelines

- At what point are we violating ethics rules (going further than HIPAA) when we're using actual cases? This is a really important question as it may entail a lot of work.
- Wouldn't photocopying from a client/patient record and providing to a student be a HIPAA violation? I cannot imagine a site (hospital, LTC, private practice) allowing this.

ACEND Response: ACEND expectation is for programs to follow HIPAA guidelines at all times, and any patient documentation must be completely de-identified.

Question: Do the shows how and does carry the same weight in terms of supervised experiential learning hours?

- Are you saying that an experience that "shows how" or "does" counts as professional practice?

ACEND Response: "Shows how" or "does" are all hours that count towards the overall experience. Typically Shows How is experience in alternate setting whereas the Does may be either in alternate setting or in professional real-life setting.

Question: How are supervised experiential hours specified? On what basis?

ACEND Response: Educators must use their professional judgement to specify the supervised experiential hours. This may be based on any number of methods including, but not limited to, judgment based on the complexity of the activity, average reported time by previous students/interns, estimated time by a number of experts (faculty, preceptors, advisory board members, etc.), or estimated time of how long the activity will take a preceptor in real practice.

Question: Can you do a pass/fail or completed/not completed versus a grade?

- Instead of a grade, we are evaluating with a rubric, but assigning "APE" units to the activities instead of a grade
- I have this P/F question as well, especially as it relates to DI applications that require the DPD GPA and program admission. If a C is required in Chemistry but the students chooses to take P/F, how do we keep this consistent?

ACEND Response: Answer found in ACEND COVID-19 FAQ

Question: Can interns be compensated for hours counted toward their supervised experience?

ACEND Response: Refer to Standard 10, Required Element 10.2f (Standard 9, RE 9.2f for FEM) for having policies in place to define compensation practices.

Question: Can relevant, nutrition paid employment count towards supervised experiences? Two of my dietetic interns have jobs that could meet several competencies.

ACEND Response: Refer to Standard 10, Required Element 10.2i (Standard 9, RE 9.2i for FEM) for assessment of prior learning.

Question: Do all students/interns need to complete the same activity to meeting a specific competency?

- I don't think you can assign specific numbers of hours to each competency as some competencies are practiced a lot, while doing other things; and some students take longer than others to learn a specific skill.

ACEND Response: ACEND does not require that all students receive the same activities to meet a competency or set of competencies (or core knowledge for DPD programs; performance indicator for FEM programs); Standard 6, required Element 6.3c (Standard 5, RE 5.2c for FEM) states that programs must ensure comparability of experience when different learning methods are used.

Comment: We have different students needing different competencies since they were all in different places. So now the challenge is trying to have activities that will help them all meet what they have left.

ACEND Response: Using major projects (e.g., theme meal, community assessment, quality improvement, progressively complicated case studies that incorporate cultural competence, income, population groups, etc.) that address several competencies may be helpful when students/interns need different competencies to be met. One suggestion to ensure core knowledge and competencies are being met, programs may want to develop a simple table with all the competencies that have not been met by the class of students/interns in column one and the experiences to meet these competencies in column 2. The third and fourth columns may include the estimated number of hours in alternate and professional practice, respectively.

Webinar Comments

What are attendees' expectations from this webinar?

- More hours for dietetic interns
- How to help students in this situation
- Will we use what we learn now to apply to the future
- Plan for fall semester if restrictions continue
- best ways to assess remote, authentic experiences
- Ideas for alternate exp. learning for practicums
- And keep quality
- How to document alternative experience hours
- to understand what is best to include for DI hour equivalents
- what counts as a Real experience and what is simulated/virtual
- How to keep interns moving ahead in as interactive a way as possible.
- idea for activities
- examples of best ways to simulate hands on experience
- What creates good experiential learning
- Clinical competencies
- Best way to incorporate real interactions while maintaining HIPPA guidelines.
- How to assess learning experiences
- remote clinical experiences
- planning for incoming class
- food service management on-line, authentic experiences
- Feel confident with my activities as alternative experiences
- want to know how to help interns that when they can go back to practice sites they don't necessarily have to tack on an extra 6 months to their learning
- What would count for the 600 hours for clinical face to face learning now that the DIs cannot get back to the hospital.
- Suggestions for students concerned that they will not be prepared to work without in-person experiences in the clinical setting.
- What types of supervised practices would be appropriate for students since we cannot go into facilities for a TBD time frame.
- assessing, tracking, aggregating data from on line experiences
- Want to be sure that what we come up with will be accepted by ACEND; also how to count hours if some interns are faster than others.
- List of acceptable activities that "count" toward authentic experience in lieu of practice onsite with a preceptor.
- professional experience equivalent in case the 600 hours are not fulfilled due to the extended lockdown
- I want to know what I can skip / let go of for my interns who finish in Aug 2020. It's just too much.
- provide robust authentic activities to prepare interns when they are not able to be on site-not busy work

Tools/Resources/Creative Ideas

- Nutrition Care Professionals and EHRgo free access.
- I run a DI program and we have used FlipGrid to share content and promote interaction with each other on projects. It's free
- We are going to use facebook live to provide a cooking class that we would have had the intern do in clinic as a class
- my students are doing Zoom counseling appointments with kids and their parents for pediatric experience.
- We also had an intern do an FB live on content they learned and needed to present to an RD crowd
- use a standardized patient video vignette
- Our students who were removed from sites during pandemic are now presenting their final (capstone) 1 hour case study in Zoom to our faculty & staff, preceptors from the site invited too.
- Need more Food Service Rotation Ideas: some ideas were to take the intern on a kitchen tour/inspection, provide some retail items to create nutrition fact label with nutrient analysis and cost. Record inservice on handwashing, knife safety skills, etc and have them record that and provide a quiz for staff and actually use it for staff training.
- Asking preceptors to help. Inpatient having interns working remotely on their computers and calling patients. Outpatient some rotations helping, others we are coming up with experiences. Clinical case study presentations will be done via WebEx for fellow interns and staff.
- Using various case studies, on-line, EHR-go, books where the intern has to complete a full assessment and recommendations, educations to family member and record ti
- We are doing a virtual catering event. A group of four students will fully plan a catering event. Each will prepare one menu item and make a video discussing how they followed quality and safety guidelines. They will then complete a set of case studies individually that address common issue in the food service environment if they had actually held the event.
- This week I had students create a diabetes education packet and record themselves delivering a diabetic education to a family member. They will also be hosting a virtual cooking demo
- Had students complete a virtual webinar for the community on nutrition and COVID19
- Utilize your student career services! They can help prepare for employment, do break out sessions, and simulation interviews
- Our preceptors have been willing to assist with LTC assignments and in-services via zoom and microsoft teams! NDEP also had some wonderful resources we utilized.
- Giving Zoom lectures for senior education center, facilitated with faculty and other guests
- Students recorded brief food safety tips
- We request students create newsletters, Community Nutrition needs Assessments, lesson plans for parent meetings, and sample menus for CACFP day care centers
- Depending on your area, most school systems are open to interns providing education to classes online. Contact your school system RD
- For feedback and evaluation - can you read and assess the students notes, most like you would do on site when you read and co-sign a note.
- Link to resources (Coding and billing):
<https://drive.google.com/drive/folders/1oEagL0HVxKmF7ZO58jjmcAEmX8xw7ZUw>

- You can also create a private youtube channel
- Great ideas that you presented. We are working to complete the semester as we were at the halfway mark.
- Several interns are doing remote work for community locations. They will be sharing and presenting materials
- working on telehealth with standardized patients
- Discuss COEthics case studies, assign the ethics review of each case to individual interns.
- Some are doing food service budgets for former preceptors. Example: summer menu for school district

Role of Preceptors

- Curious about the role of preceptors in alternate supervised practice? Is it thought that preceptors would take an active role in assessing alternate SP, or are program directors and faculty acting more like preceptors if we are changing live SP to alternate SP.
- Can the clinical coordinator or the program director work with the students on the simulation cases or does it have to be the preceptors?
- If our research faculty (who are our preceptors) are restricted through the summer, they may be e-rotation preceptors and we would co-curate an APE and PWS rotation. Could be similar with other rotations
- I imagine that preceptors are currently rather busy themselves. I have not dared ask them to help. I'd love insights from others.
- PDs and CDs are now preceptors in the APE rotations... maybe co-curated/co-evaluated when possible with on-site preceptors.
- I think at this point, we need to be prepared to ask preceptors to be e-preceptors. Maybe not ask right now, but after 4 weeks or so, we may want to bring this up. The question for ACEND is e-preceptor activities counted toward the "in person" hour requirement?
- Can our internship instructor be the preceptor now? Our original preceptor can only help with a couple of activities. Students will need to complete clinical rotation by second week in May.
- Preceptors have already committed to students and may be fine with doing things via zoom as long as the program makes it easy for them.
- It seems most of our preceptors are overwhelmed in their settings. So we have not asked them. We do not want to add more to their plates.
- We presented it as if there was anything that we could help with while they were working through this busy time
- I would say yes to asking preceptors to volunteer to help. In my recent experience (based in an New York City hospital), some preceptor's patient populations are not as busy right now and some are working remotely and have extra time. Some preceptors are also reporting that precepting helps them maintain some normalcy during this uncertain time. We have some preceptors creating interactive lectures and case studies on their areas virtually.
- The problem is feedback. How do we provide feedback that is normally provided by 20+ people, every day (i.e. our preceptors) - we cannot be all those preceptors.

Additional Comments

- How much time does it take to learn communication skills? Is one ever done? It's not a skill you typically have a separate assignment for. You perform communication, and you may receive feedback on it as part of a different task.
- Most difficult for me: HR management and clinical interactions with patients
- students are worried that employers will view them as not adequately prepared
- students are concerned about their competitiveness for jobs because they are missing the last 1/2 of their clinical experience. They also won't have 'complete' letters of recommendation either.
- Similar to the question about 20+ preceptors providing feedback daily/regularly...As a program director I cannot be online with my interns 40 hours a week- that is why I have preceptors. I agree all these ideas are great, but need to figure out how to have time to do all of this.
- As a faculty member, I am overwhelmed with converting my DPND and graduate classes to online. Now to do this for 17 interns is just not possible in the short time I have to get this done.
- I also agree with DI Program Director workload being an issue. Even if DIs find e-preceptors, the program director will need to guide/teach e-preceptors how to be online educators. Precepting in real life is not the same as designing curriculum and teaching online. As mentioned in a couple of slides back, shifting from real to "authentic" activities requires a new skill set (for learners and educators).