

**Perceived Understanding of and Satisfaction with Competency-Based Education Among Faculty and Preceptors in the Future Education Model Demonstration Programs**

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**Learning Outcome:** Articulate perceived understanding of and satisfaction with competency-based education and demonstration programs among faculty and preceptors.

Demonstration programs that have adopted the Future Education Model (FEM) Accreditation Standards use competency-based education (CBE) in an integrated approach to prepare students with the knowledge and skills needed for the nutrition and dietetics professions. This study identified faculty and preceptors' perceived understanding of CBE and their satisfaction with CBE training. Twenty-two newly accredited FEM demonstration programs were surveyed in Fall 2020. Of the 51 respondents, 26 were preceptors (51.0%), 22 were faculty (43.1%). Forty-five respondents (88.2%) reported receiving training on CBE in the last year. On a Likert scale of 1-7 (1 = lowest and 7 = highest), the average reported understanding of CBE was 5.90 (SD = 0.88), with 71.4% reporting robust understanding with rating of 6 or higher. Average satisfaction with training received on CBE was 5.84 (SD = 1.04, 62.8% reporting 6 or higher). Average satisfaction with CBE was 5.60 (SD = 1.08, 60.0% reporting 6 or higher), with competency assessment was 5.54 (SD = 1.25, with 62.0% reporting 6 or higher), and with student demonstrating competencies was 5.69 (n = 1.14, 63.2% rating 6 or higher). There was no significant difference in above measures by respondent role. Interestingly, faculty were more satisfied (M = 6.0, SD = 0.90) with integrated experiential learning than preceptors (M = 5.54, SD = 1.33),  $t(46) = 1.23$ ,  $p = .035$ . Consistent with data from 2019, these results indicate good perceived understanding and satisfactions with CBE training as well as their respective FEM programs among faculty and preceptors.

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**Picky Eating as a Degree instead of Binary Choice**

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**Learning Outcome:** Identify various picky eating behaviors determined by why instead of binary choice.

**Objective:** There is currently no universal definition for picky eating. Therefore, the term picky eating covers a wide array of behaviors. Currently, the choice is binary when, in fact, it may be multifaceted. The purpose of this study is to develop a spectrum of picky eating determined by degree rather than binary choice.

**Methods:** The researchers used a why instead of what approach to identifying picky eating categories and themes among individuals. These include: cultural, textural, neophobia, non-adventurous, fussy eating, self-fulfilling prophecy, general perfectionist, taste sensitive, olfactory, visual displeasure, medical, physical sensitivities, appetite driven, luxury, routine, memory aversion, food group, food color, knowledge, dietary preference, current trend, and belief system. Exploratory Factor Analysis was utilized on pilot data (N = 117) and items loaded on three factors.

**Results:** The first factor accounts for 24.752% of the variance in the data and had an eigenvalue of 5.69. Factor two accounted for 9.636% of variance and factor three for 6.854% of the variance with eigenvalues of 2.216 and 1.576, respectively. Only one item did not load on any factor, affordability. This suggests that affordability is not an indicator of picky eating as measured within the current instrument.

**Conclusions:** Our results indicate that the picky eating spectrum identifies various behaviors of picky eating that could lead to targeted interventions and potentially reduce parental frustration and picky eating. There is a long-term impact of picky eating on life-long dietary patterns and chronic health conditions. Targeted interventions could positively impact overall health and wellness.

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**Pilot Educational Intervention to Acquire Good Food Safety Practices at Home in Guayaquil-Ecuador**

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**Learning Outcome:** Visualize the effectiveness of educational interventions to acquire good food safety practices at home for preparing nutritious and safe food.

**Background:** The relationship of food safety practices with nutritional status and foodborne illness is underestimated at home. The ignorance of adequate and efficient practices of handling and hygiene of food increases this problem. The aim of this pilot study was to design an educational intervention for the inclusion of good food safety practices at home, through the data obtained from a knowledge, attitudes, and practices (KAP) survey applied to a sample population of Guayaquil city.

**Methods:** Eighty-three people ( $\geq 18$  years old), reached by a snowball sampling method, accepted through informed consent to be part of the study. The KAP survey was applied at the beginning of the study and after the educational intervention. The KAP survey included 29 questions about personal information, food safety, personal hygiene, water and sanitation, and educational intervention preferences. During the educational intervention, infographics, interactive images, and short videos addressing the gaps of KAP were delivered via personal e-mail and posted on an Instagram account named "INAH". Paired Student's t-test was used to compare the before and after the educational intervention considering significant a p-value < 0.05 using the RStudio software.

**Results:** After the educational intervention, significant improvements in knowledge and practices were observed ( $p = 5.17e-12$  and  $p < 2.20e-16$ , respectively). The highlights acquired after educational intervention were correct knowledge of key moments for hand washing and the correct practice for raw poultry handling ( $p = 0.02$  and  $p = 7.97e-14$ , respectively).

**Conclusion:** The educational intervention is effective to improve knowledge and practices toward food safety practices at home.

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**Post-graduate Interprofessional Education Series (IPES): Insights from Dietetic Interns**

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**Learning Outcome:** Describe dietetic interns' perspectives on interprofessional competencies.

**Research outcome:** To determine the effect of a post-graduate virtual interprofessional education (IPE) program on Interprofessional Education Collaborative (IPEC) sub-competencies.

**Methods:** A pre-post program design was used to measure changes in understanding and confidence of interprofessional collaborations. Post-graduate learners (n=57), including residents in family medicine (MD) and physical therapy (PT), fellows in occupational therapy (OT), and dietetic interns (RD), participated in 5 interactive virtual sessions focused on role understanding and communication in healthcare. Pre-post surveys including sixteen statements from IPEC competencies were assessed. Analysis: Descriptive statistics, paired sample t-tests, and independent-samples Kruskal-Wallis test were used to compare changes across disciplines.

**Results:** The only competency that resulted in significant changes across and within all disciplines was 'explain how the team works together to provide care' ( $p < .001$ ). All other residents and fellows, excluding RDs, saw significant increases in 'convince others of the value of working in interprofessional teams'. RDs significantly reported higher confidence in 'respect the unique perspectives of other health professions' compared to their peers. At baseline, RDs reported higher confidence in five sub-competencies compared to other disciplines; however, post-evaluation scores showed no measurable differences.

**Conclusions:** A virtual IPE program can provide exposure to other disciplines to learn about role responsibility and communication across health professions. Dietetic interns, the post-graduate learners with the least post-graduate clinical experience, consistently rated themselves higher on the IPEC sub-competencies. Further research is needed in post-graduate learners to investigate the relationship between the level of clinical experience and confidence in interprofessional collaboration.

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