

Preceptor Resource Tool Kit
Developed by the
NDEP Preceptor Committee



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Preface

Preceptorship is a part of the backbone of educating our future RDNs and NDTRs. Now, more than ever, we recognize the value and need of those who pour their time and talent into making the real world of dietetics come alive for students. Many of us would not be where we are today without the knowledge, guidance and assistance that a registered dietitian or dietetic technician, registered imparted to us. We pay it forward when we agree to act as a preceptor. All of us have the ability to be great preceptors. We know our profession, we know our area of expertise, we know what we want our intern to learn. We offer compliments and high evaluations when things are going well. However, not every day can be perfect and many of us are left with questions on how to manage difficult situations or conversations with our interns. Situations that could make or break an experience for both the student and the practitioner. The NDEP Preceptor Committee listened intently to the dialogue of our members and decided to put together a resource tool kit to help navigate some of these sticky situations. We hope that you find this information helpful and that it resonates with you. Perhaps all of it will offer assistance or you may only need assistance in one area. We welcome you to continue to return to this document, as new groups of interns rotate with you, as new circumstances arise, and to check back to see if new information has been added. The intent is to make this a living document that meets us preceptors in our often changing daily challenges to train the future of our profession.

We sincerely thank the Preceptor Committee for all of their work on this project.

Warm regards,

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Problem-Solving

This toolkit serves as a resource for preceptors and educators to solve problems that may arise during their supervision or education of dietetic students/interns. We offer resources and frameworks for problem solving that can be applied to any situation with students/interns and even colleagues. We use these frameworks to solve some key issues such as cultural humility and awareness, professionalism, and communication across different generations at work.

What is problem-solving?

Problem solving very simply is identifying the issue that is causing concerns, determining the cause and possible solutions and then implementing the solution. The American Society for Quality has identified 4 basic steps to problem solving which are detailed in Table 1.¹

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none"> ● Identify what is a fact and what is an opinion ● Determine the specific process or underlying cause(s) that led to the problem ● Talk to all parties involved to gather information ● State the problem as clearly as possible ● Identify what standard or expectation was violated ● Use data to solve the problem
Generate alternative solutions	<ul style="list-style-type: none"> ● Involve all concerned individuals in brainstorming and generating ideas/alternative solutions ● Alternatives should be consistent with organizational goals ● Both short- and long-term alternatives should be developed that may solve the problem
Evaluate and select an alternative	<ul style="list-style-type: none"> ● Alternatives should be assessed relative to a target standard and established goals ● All alternatives should be evaluated without bias ● Both proven and possible outcomes should be assessed ● State the selected alternative/solution as clearly as possible

Implement and follow up on the solution	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted ● Establish metrics and a process for monitoring and reassessing ● Decide on a final solution and evaluate long-term results
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Step 1: Define the problem: This first step is critical in problem solving, so we can define what the actual and not perceived problem is and put the focus on the problem and not just its symptoms. Several tools are available to help define the process and to identify the problem; these may include flowcharts, cause and effect diagrams and root cause analysis. These tools can be used to review and document the process, how the process currently works and where changes may need to be made to improve efficiencies and what the new process or model may look like.¹

Step 2: Generate alternative solutions: This is an opportunity to brainstorm to explore and identify potential solutions to a specific problem. This may open up different ways of looking at a problem that may not have previously been considered and avoid the mistake of adapting the first proposed solution, which may or may not resolve the problem.

Step 3: Evaluate and select an alternative: Before settling on a solution, you should consider the following and ask yourself:

- Will this solution solve the problem without causing any other unanticipated issues?
- Will the solution be accepted by all parties involved?
- Will the solution fit within the organizational constraints?
- How likely is it that the solution can be implemented?

Step 4: Implement and follow up on the solution: If a solution is mutually agreed upon, then the likelihood of success is much higher than if one party is “forced to” accept the solution. This also potentially avoids finger pointing if a proposed solution does not work. Consequently, an evaluation process must be built into the implementation of the agreed upon solution to determine if the problem truly was resolved or if a different course of action needs to be implemented.

Tools and resources relating to each of the steps of the problem-solving process can be found on the American Society for Quality [website](#). Additionally, the Nutrition and Dietetics Educators and Preceptors (NDEP) group's professional development committee shared a general orientation checklist for preceptors² which can aid preceptors in orienting interns to their facility and set expectations to avoid problems. For inexperienced preceptors, two webinars on how to be an effective preceptor are also available on the NDEP website.³

For each of the topics addressed in this toolkit, we will use this problem-solving framework to define the problem, identify the possible solutions, evaluate and select a solution to implement and offer a follow-up plan.

Starting Off on the Right Foot: The Importance of Managing Expectations

Managing expectations is a crucial part of any preceptor-student relationship and an expected part of professional behavior. Setting clear expectations with a student can help avoid many potential problems later on in the rotation. Some best practices for managing expectations include:

- When possible, connect with the student/dietetic intern prior to the rotation. An introductory email or phone call can allow the preceptor to provide clear guidance on what to expect during the rotation and also aid in preparing the student/dietetic intern for success.
- Spend time on day one of your rotation orienting the dietetic intern to you and your service.
- Outline your workflow and expectations.
- Specify how you would like to receive communication and when.
- Touch base with the student/dietetic intern before meetings and patient/client interactions to ensure the student/dietetic intern knows their role.
- Address concerns/provide feedback immediately and at the end of the day if multiple occurrences of an issue are demonstrated.
- Know when to escalate: earlier is always best. Program Directors are excellent resources to support preceptors, as well as student/dietetic interns. If a preceptor suspects a problem, communication with the Program Director is essential. Early escalation of a potential issue will allow the preceptor proper support to help the student/dietetic intern have a positive outcome and learning experience. Alignment of expectations for both the intern and preceptor is key. Allow both to have a path to help find a solution.

Practice Case Studies

Case Study One

The student/intern has come to their rotation with you unprepared. They did complete their pre-rotation assignment but when you review the assignment with the student/dietetic intern, they are unable to speak to the material. You have provided them with resources to help them be successful in the rotation, however when asked, the student/dietetic intern is unable to reference these materials. You also notice the student/dietetic intern does not take initiative to look up answers to their questions before asking for help. **Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.**

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none">● Identify what is a fact and what is an opinion● Determine the specific process or underlying cause(s) that led to the problem● Talk to all parties involved to gather information● State the problem as clearly as possible● Identify what standard or expectation was violated● Use data to solve the problem
Generate alternative solutions	<ul style="list-style-type: none">● Involve all concerned individuals in brainstorming and generating ideas/alternative solutions● Alternatives should be consistent with organizational goals● Both short- and long-term alternatives should be developed that may solve the problem
Evaluate and select an alternative	<ul style="list-style-type: none">● Alternatives should be assessed relative to a target standard and established goals● All alternatives should be evaluated without bias● Both proven and possible outcomes should be assessed● State the selected alternative/solution as clearly as possible

Implement and follow up on the solution	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted ● Establish metrics and a process for monitoring and reassessing ● Decide on a final solution and evaluate long-term results
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Suggested Problem Solving Process for Case Study One

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<p>Define the Problem: The student/dietetic intern is unprepared for their rotation.</p> <p>Note: Avoid making assumptions about why the student/dietetic intern is unprepared for the rotation without first inquiring. Also avoid comparing the student/dietetic intern to former students/dietetic interns and/or your perceived idea of how you performed when you were a student/dietetic intern. Schedule a time to meet with the student/dietetic intern to explore this issue.</p>
Generate alternative solutions	<p>Generate Solutions: After exploring why the student/dietetic intern is unprepared for the rotation, brainstorm with the student/dietetic interns potential ideas to allow the student/dietetic intern to be successful in this rotation.</p>

<p>Evaluate and select an alternative</p>	<p>Evaluate and select an alternative: After brainstorming, evaluate possible solutions to help the student/dietetic intern to be successful in your rotation.</p> <ol style="list-style-type: none"> 1. Example: If the student/dietetic intern is unable to review materials/complete assignments due to having outside program responsibilities (i.e. a job or role as a caregiver), is it possible to allow time during the rotation to complete these assignments? 2. Example: If the student/dietetic intern struggles with time management, offer advice/suggestions to help the student/dietetic intern manage their responsibilities for the rotation.
<p>Implement and follow up on the solution</p>	<p>Implement and follow-up on the solution: After implementing the agreed upon plan, schedule planned check-in times to monitor the student/dietetic intern's progress and evaluate if the plan is supporting the student/dietetic intern's learning. If the progress of the student/dietetic intern is not moving forward, re-evaluate the plan and revisit possible solutions. When needed, consult the Program Director for support.</p>

Case Study Two

You are working with a dietetic intern who is having difficulty with the subject matter covered in your rotation. Despite handing in a completed module, it is now week 2 of your rotation and the dietetic Intern continues to be forgetful with topics already discussed. You note they bring a notebook with them and take very thorough notes but still do not recall items you have gone over at least 3 times. Though you encourage the dietetic intern to look back at their notes and resources, they continue to ask for explanations repeatedly that have already been provided.

How would you solve this scenario? Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	
Generate alternative solutions	
Evaluate and select an alternative	
Implement and follow up on the solution	

Case Study Three

The student/dietetic intern you are working with is meeting your expectations for their skill sets. However, the student/dietetic intern is conducting themselves in a manner that is less than professional. They consistently ask to leave early due to their commute. You have caught them looking at their cell phone multiple times and have addressed this with the student/dietetic intern, but the behavior continues. The dietetic intern is also speaking up in meetings and inter-professional rounds at inappropriate times.

How would you solve this scenario? Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	
Generate alternative solutions	
Evaluate and select an alternative	
Implement and follow up on the solution	

Case Study Four

You are working with a student/dietetic intern and right away, you can tell you are going to get along well with this individual. They are charming, and charismatic and you find they remind you of one of your close friends from college. As the rotation progresses, you find yourself staying an hour late every day, but you don't mind taking the extra time because they truly seem to enjoy learning from you and never become defensive when you give feedback, even though you need to keep making the same corrections to their work over and over again. Though you see opportunities for this student/dietetic intern to improve their performance, you struggle to give feedback because "they are just so nice" and you do not wish to hurt their feelings.

How would you solve this scenario? Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	
Generate alternative solutions	
Evaluate and select an alternative	

Implement and follow up on the solution	
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Resources

1. American Society for Quality.
<https://asq.org/quality-resources/problem-solving>. Accessed November 18, 2021
2. NDEP Professional Development Committee Resources: General Orientation Checklist for Preceptors. Available at
<https://www.eatrightpro.org/ndep/preceptor-resources/ndep-preceptor-resources>
3. NDEP Professional Development Committee Resources: How to be an effective preceptor Webinar 1 and 2. Available at:
<https://www.eatrightpro.org/ndep/preceptor-resources/ndep-preceptor-resources>



Cultural Humility and Recognizing Bias

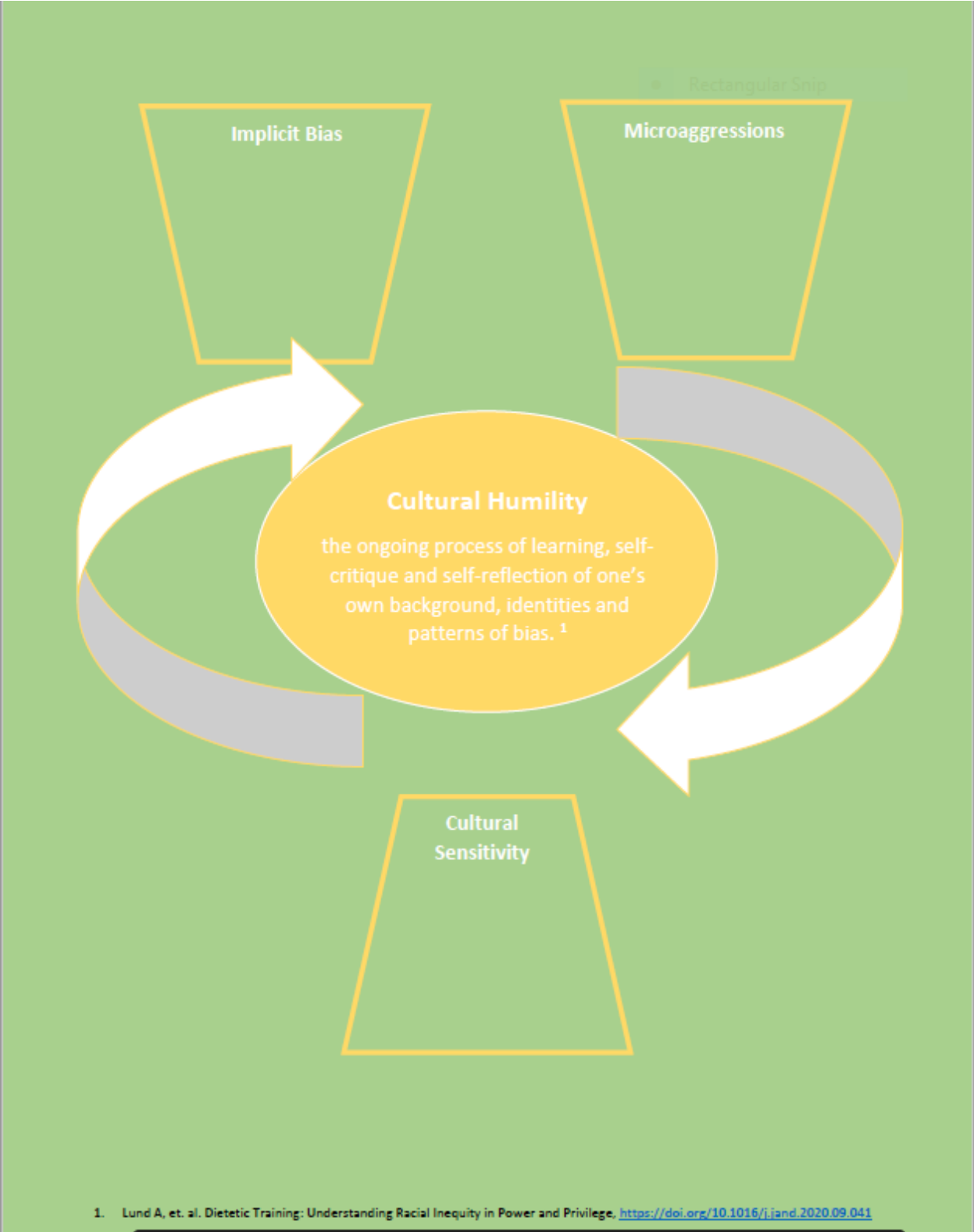
Introduction

The modern dietetics preceptor is more than a teacher, who wears many hats including mentor, peer, role model, confidant, and even friend. Preceptors must model personal and professional behaviors for students and interns to learn from. Part of dietetics training for decades has included concepts of cultural awareness, or cultural competence. This is defined as “the ability to understand, appreciate, and interact with people from cultures or belief systems different from one’s own,”¹ this has only allowed dietetics practitioners to scratch the surface of how to relate to mentees and patients successfully. More recently, an emphasis has been placed on the need to be aware of how we interact with others, and more importantly, how that interaction makes others feel. This has made the need for ongoing training to encompass a more holistic approach. Dietetics educators and preceptors now find themselves in the unique position of not only teaching young professionals the traditional concepts of cultural competency, but also how to model the broader approach to encompass the concept of cultural humility.

Cultural humility is the ongoing process of learning, self-critique and self-reflection of one’s own background, identity, and pattern of bias.² Cultural humility is a life-long journey of awareness. It is no longer enough to simply learn about the cultural food norms of a particular ethnic group, but now to remove social biases and interact with people on an individual level.

This section will expose preceptors to three main pillars of cultural humility (Figure 1) including microaggression, implicit bias, and cultural sensitivity. These pillars can be the foundation for building professional relationships with growing diverse dietetics students/interns, as well as with patients and clients of different backgrounds and experiences.

Figure 1: Three Tenants of Cultural Humility: Microaggression, Implicit Bias, and Cultural Sensitivity



No matter the setting, working with students/interns is something that most dietetics practitioners will do at some point in their careers. The skills discussed in the following section can strengthen any preceptor’s relatability and skill set regardless if they are a seasoned preceptor of 25 years or a new graduate dietitian. Benjamin Franklin once said, “Tell me and I forget, teach me and I may remember, involve me and I learn.” Students/interns expect that their preceptors will not only work with them to achieve needed competencies and expand their knowledge, but to now put aside previous norms and approach their relationship with a lens of humility. Preceptors must become aware of their own biases, and work to approach each student/intern’s experience as a unique one.

References

1. DeAngelis, T. (2015, March). In search of cultural competence. *Monit Psychol*, 46(3). <https://www.apa.org/monitor/2015/03/cultural-competence>. Accessed October 1, 2020.
2. Lund A, Latortue KY, Rodriguez J. Dietetic training: Understanding racial inequity in power and privilege. *J Acad Nutr Diet*. 2021;121(8):1437-1440. doi:10.1016/j.jand.2020.09.041

Implicit Bias

The biases we have are learned through our lived experiences. They are either explicit (conscious) or implicit (unconscious). Implicit bias is the attitude or stereotype that unconsciously affects our understanding, actions and decision.¹

Strategies to address bias:

Table 1: Strategies to address personal bias before and after it occurs.³

Humor	“English is my first language, what’s yours?” (e.g., in response to “ <i>Your English is good!</i> ”)
Reject the Stereotype	“I don’t get the joke.”
Ask questions	“What did you mean when you said ___?”
Acknowledge discomfort	“What you just said makes me very uncomfortable. Please don’t speak like that around me anymore.”

Be direct	“I know you didn’t intend for your words to be interpreted as a stereotype, but as your friend and preceptor, I wanted to be honest with you that that’s how it came across.”
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When we, as preceptors, train future RDs and DTRs, we can ensure cultural humility by being active bystanders. The Kirwan institute's approach to this is to follow 4 steps.³ They are:

1. Acknowledge the bias in the interaction.
2. Make a conscious decision to address the bias.
3. Utilize one of the following action strategies to counter the bias.
4. Continue the conversation beyond the interaction.

References

1. Academy of Nutrition and Dietetics’ List of Diversity and Inclusion Term Definitions, <https://www.eatrightpro.org/practice/practice-resources/diversity-and-inclusion/list-of-d-and-i-definitions#:~:text=The%20Academy%20encourages%20diversity%20and,the%20nutrition%20and%20dietetics%20profession>, accessed November 2, 2022
2. Code of Ethics for the Nutrition and Dietetics Profession. <https://www.eatrightpro.org/-/media/eatrightpro-files/career/code-of-ethics/coeforthenutritionanddieteticsprofession.pdf?la=en&hash=0C9D1622C51782F12A0D6004A28CDAC0CE99A032>, accessed May 10, 2022
3. Marcelin J, Siraj FW, Victor R, Kotadia S, Maldonado YA. The impact of unconscious bias in healthcare: How to recognize and mitigate it. *The J. Infect. Dis*; 2019:220(suppl 2).
4. FitzGerald C, Hurst S, Implicit bias in healthcare professionals: A systematic review. *BMC Medical Ethics*; 2017:1-18.

Microaggression

Microaggression is defined as a brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudicial slights and insults toward stigmatized groups, particularly culturally marginalized groups.¹

People of color experience these aggressions on a daily basis. Sometimes these aggressions are brushed off as if they are jokes or minimized so the recipient of the aggression does not relive the trauma. This is done, in part, because systemic racism, identity (sexual, religious), and disability have taught us that this is the “appropriate” way to address these microinsults; it is better to make light of the situation by making it a joke or belittling it.

As a preceptor of future RDs and DTRs, it is our responsibility to represent our professionalism and Code of Ethics in our exchange with our dietetic students and interns.

In order for us to assist our students/interns who have a different identity than the preceptor, we have to first educate ourselves on microaggressions and how to address them when we witness this aggression happening and/or how to prevent this from happening with our students/interns. This process is about making the invisible, visible. Examples to recognize microaggression are found on chart on page 20.

Recognizing Microaggressions in Dietetics and Messages They Send

Below are common themes attached to microaggressions:

Themes	Microaggressions	Message
Alien In One's Own Land When Asian Americans, Latinx and others who look different are named differently from the dominant culture are assumed to be foreign-born	<ul style="list-style-type: none"> • "Where are you from?" • "Where were you born?" • "What are you?" • "How do you say XXX in your language?" • Continuing to mispronounce the names of students after students have corrected the person time and time again. Not willing to listen closely and learn the pronunciation of a non-English based name 	You are not a true American. You are a perpetual foreigner in your own country. Your ethnic/racial identity makes you exotic.
Ascription of Intelligence Assigning intelligence to a person of color or a woman based on his/her race/gender	<ul style="list-style-type: none"> • "You are a credit to your race." • To an Asian person, "You must be good in math, can you help me with this EN/PN calculation?" 	People of color are generally not as intelligent as Whites. All Asians are intelligent and good in math/science.
Color Blindness Statements that indicate that a White person does not want to or need to acknowledge race	<ul style="list-style-type: none"> • "America is a melting pot" • "When I look at you, I don't see color" • "There is only one race, the human race" • Denying the experiences of students by questioning the credibility/ validity of their stories 	Assimilate to the dominant culture. Denying the significance of a person of color's racial/ethnic experience and history. Denying the individual as a racial/cultural being.
Criminality/Assumption of Criminal Status A person of color is presumed to be a dangerous, criminal, or deviant based on his/her race	<ul style="list-style-type: none"> • A White man or woman clutches his/her purse or checks wallet as a Black or Latinx person approaches • While walking through the halls of the Chemistry building, a professor approaches a graduate student of color to ask if she/he is lost, making the assumption the person is trying to break in to one of the labs 	You are a criminal. You are dangerous.
Denial of Individual Racism/Sexism/Heterosexism A statement made when bias is denied	<ul style="list-style-type: none"> • "I'm not a racist. I have several Black friends." • To a person of color: "Are you sure you were being followed in the store? I can't believe it" 	I could never be a racist because I have friends of color. Denying the personal experience of individuals who experience bias.
Myth of Meritocracy Statements which assert that race or gender does not play a role in life successes, for example in issues like leadership or faculty demographics	<ul style="list-style-type: none"> • "I believe the most qualified person should be the job" • "Of course he'll match, he's black" • "Men and women have equal opportunities for achievement" • Everyone can succeed in this society, if they work hard enough." 	People of color are given extra unfair benefits because of their race. The playing field is even so if women cannot make it, the problem is with them. People of color are lazy and/or incompetent and need to work harder.
Pathologizing Cultural Values / Communication Styles The notion that the values and communication styles of the dominant/White culture are ideal/ "normal"	<ul style="list-style-type: none"> • To an Asian, Latinx or Native American: "Why are you so quiet? We want to know what you think. Be more verbal." • Asking a Black person: "Why do you have to be so loud/animated? Just calm down." • "Why are you always angry?" anytime race is brought up in the classroom discussion • Dismissing an individual who bring up race/culture in work/school setting 	Assimilate to the dominant culture. Leave your cultural baggage outside. There is no room for difference.
Second-Class Citizen Occurs when a target group member receives differential treatment from the power group; for example, being given preferential treatment as a consumer over a person of color	<ul style="list-style-type: none"> • Speaking to a patient about their nutrition therapy and a White doctor comes in the room and ignores that you are talking to the patient • Raising your voice or speak slowly when addressing a blind student 	You do not belong. You are a lesser being. A person with a disability is defined as lesser in all aspects of physical and mental functioning
Sexist/Heterosexist Language Terms that exclude or degrade women and LGBTQ persons	<ul style="list-style-type: none"> • Being forced to choose Male or Female when documenting in the patient chart • Two options for relationship status: married or single 	LGBTQ categories are not recognized. LGBTQ partnerships are invisible.
Traditional Gender Role Prejudicing and Stereotyping Occurs when expectations of traditional roles or stereotypes are conveyed	<ul style="list-style-type: none"> • An advisor asks a female student is she is planning on having children while in their dietetic internship • Shows surprised when a feminine woman turns out to be a lesbian • Labeling an assertive female Program Director as a "b ____," while describing a male counterpart as a "forceful leader" 	Women should be married during childbearing age because that is their primary purpose. Women are out of line when they are aggressive.

Adapted from Sue, Derald Wing, *Microaggressions in Everyday Life: Race, Gender and Sexual Orientation*, Wiley & Sons, 2010

Sue et al. (2007), recommends the preceptors to 1) increase their ability to identify racial/sexual/disability microaggressions in general and in themselves in particular, 2) understand how racial microaggressions, including their own, detrimentally impact clients of color, and 3) accept responsibility for taking corrective actions to overcome racial biases.²

Reference

1. Academy of Nutrition and Dietetics' List of Diversity and Inclusion Term Definitions, <https://www.eatrightpro.org/practice/practice-resources/diversity-and-inclusion/list-of-d-and-i-definitions#:~:text=The%20Academy%20encourages%20diversity%20and.the%20nutrition%20and%20dietetics%20profession>, accessed November 2, 2022
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Cultural Sensitivity/Awareness

Two of the first steps in our personal and professional path to increase our cultural humility can be to recognize how to work within our differences. While often looked at as one in the same, cultural sensitivity is knowing that differences exist between cultures, but not assigning values to the differences. Cultural awareness, on the other hand, is being open to the idea of changing cultural attitudes.¹ Differences will continue to persist as our world becomes more intertwined, however, increasing awareness of how our own attitudes and beliefs can make the experience of students/interns and those we serve more rewarding.

As dietetics professionals, we are taught early on to recognize the differences between cultures, religions, and societal groups for the unique and differing food norms, but often lack the understanding of how to relate to each of these groups through our client interactions. In turn, how we offer our suggestions for changes in the quest for disease management and/or general health may alienate our clients with a “Eurocentric Westernized” view of health and food norms. We may not always factor in health and overall literacy in our interactions, or may be completely unaware of the cultural traditions of each individual that we interact with due to limited previous exposure to particular groups.

Likewise, in relating to those dietetics students/interns that may also be from a different cultural, religious, regional, disability, and/or ethnic grouping than you as the preceptor, how do you provide competent guidance for best practices? How do you relate to students/interns that are from differing backgrounds than yourself? Are you doing more harm in your relationships than good in fostering an environment that is suitable for each individual or do you use a one size fits all approach to mentoring?

The personal journey to becoming more culturally sensitive in the care you deliver and being able to model those behaviors for the students/interns we work with is unique. According to The Center for Growth,² the following are six stages of cultural sensitivity that can aid you in working with growing diverse patient and student/intern populations:

Six Stages of Cultural Sensitivity:

Stage 1: Denial- inability to perceive the cultural difference between groups

Stage 2: Defense- acknowledging differences in cultures, noting one as “positive” and the other as “inferior”

Stage 3: Minimization- categorizing differences between groups into general categories of similarities

Stage 4: Acceptance- acknowledging that other cultures have an equal value to yours, though may not always agree

Stage 5: Adaptation- accepting and integrating other cultures’ norms into your own behaviors

Stage 6: Integration- ability to seamlessly adapt to multiple cultures and perspectives while keeping true to self.

Recognition of where you are in this continuum can aid in better understanding opportunities for personal growth, or recognition that you are alright with where you are.

Individuals may also be at varying stages within one group. For example, being in the adaptation phase for recognizing food norms, but in the defense phase for their religious and/or political views.

When working with students/interns, personal assumptions may hinder productive growth and time that you invest in their education. This could be related to the use of perceived vs. preferred personal pronouns, limitations in language skills, or even assuming a student/intern from a different region of the country will (not) understand how to discuss food choices with clients and patients. According to Sauders and Kardia from the Center for Research on Learning and Teaching from the University of Michigan, a number of common assumptions can derail effective mentor-learner relationships and the educational potential of the experience.³

- Students will not seek help when they are struggling.
- Students from certain groups are not intellectual, are irresponsible, lack ability or have high ability in certain areas, etc.
- Students from certain backgrounds (e.g., learners from foreign countries, urban environments, certain racial groups) are poor writers.
- Poor writing suggests limited intellectual ability.
- Older students and/or students with physical disabilities are slow learners and require more attention from the preceptor.
- Students whose cultural affiliation is tied to a non-English speaking group are not native English speakers and/or are bilingual.
- Students who are affiliated with a particular group (gender, race, ethnicity, etc.) are experts on issues related to that group and feel comfortable being seen as the go-to expert for others on issues affecting that group.
- Students from certain groups are more likely to be: argumentative or conflictual during discussion OR not participate in discussions OR bring a more radical agenda to discussions.

Building relationships with the students/interns you work with can help to understand where they are coming from, their perspectives and reference points for experiences, and show your students/interns that you are taking an invested interest in them vs. they being the next students/interns in a line of past and future students/interns. Remaining open and available to discuss patient care concepts as well as life experiences can provide a positive experience for both the students/interns and the preceptor. Many times, the students/interns can be teachers to their preceptors, building awareness and perspective on cultural norms they previously were unaware of. As noted above though, caution should be exercised so as not to put the students/interns in the forced position of being the “spokesperson” for the group they may be a part of in the preceptor’s quest to enhance their understanding.

Recognizing and Addressing Unconscious Bias when Problem Solving

Unconscious Bias: Judgements or behaviors towards others that we are not aware of (Harvard Business Review).

Transference: The process of projecting one's feelings toward an important figure in your life onto someone else (Psychology Today).

- All preceptors have different definitions of what their expectations are.
- Our lived experiences, both outside of dietetics and within, shape our unconscious bias and may lead to transference.
- Making assumptions about others is natural, but we can learn to limit how we allow unconscious bias to impact the decisions we make.
- Having empathy and understanding that our dietetic interns come from different backgrounds, have different resources, and have different lives outside of the program goes a long way.
- Practice recognizing and acknowledging if your reaction to a student/ intern's behavior or performance is influenced by a prior lived experience.

Example: Your current student/intern is unable to meet the expectations of your rotation, but their personality reminds you of your childhood best friend. Because of this, you may be more willing to lower your expectations of this student/intern than you have in the past when working with a student/intern with similar challenges. Recognizing and acknowledging this type of bias can help the preceptor assess the student's/intern's true competence and support them in being successful in their learning experience.

References

1. The Community Toolbox- Center for Community Health and Development, <https://ctb.ku.edu/en/table-of-contents/culture/racial-injustice-and-inclusion>. Accessed April 2021.
2. The Stages of Cultural Sensitivity- The Center for Growth, <https://www.thecenterforgrowth.com/tips/stages-of-cultural-sensitivity>. Accessed May 2021.
3. Center for Research on Learning and Teaching, https://crlt.umich.edu/gsis/p3_1. Accessed May 2021.

Practice Case Study

RD has been a dietitian for 15 years at a local hospital. She regularly volunteers to work with distance dietetic interns for their primary clinical rotations. DI is excited to finally be completing her internship and made a good impression on RD from day one. DI is still a bit nervous to talk with patients independently and asks to observe RD for another patient this morning before taking on her own patient for the afternoon. After reviewing the chart, DI meets with RD to discuss the patient as she has a number of questions on where to start questioning. DI is unsure of how she would approach Patient A, as the chart indicates that Patient A, who is admitted with a CHF exacerbation, has been noncompliant with their diet and has been admitted 4 times in the last 2 months, all for the same thing. RD is very familiar with Patient A, as she has worked with them during all of their previous admissions. Frustrated, RD discusses Patient A's noncompliance and unwillingness to help themselves. She indicates that Patient A notes that they regularly eat foods high in sodium, despite her providing standard low sodium diet education multiple times. She even has provided handouts to reinforce her teachings. RD is reluctant to spend more time with Patient A, and shares with DI that Patient A is a lost cause. Despite this, RD and DI visit Patient A, who immediately recognizes RD upon arrival. Through conversation, DI notices that RD continues to speak over Patient A, provides canned recommendations, and rushes through her interview and conversation. Patient A seemed discouraged, but thanked RD for her time. Afterward during the debrief with DI, RD makes annoying comments including how, "those types of people just don't want to help themselves, no matter how many times they come to the hospital- and if all you do is eat fried chicken, macaroni and cheese, and collard greens, you deserve what you get." DI, taken aback, does not know what to say. Patient A is of African American descent, and DI feels RD's gross over-characterization of Patient A's intake is not right. When DI asks RD how she knew that, as Patient A never indicated they consumed those foods, RD noted that all patients like Patient A consume those foods more or less. Not wanting to upset her preceptor, DI does not push RD since as her preceptor, RD is in charge and dictates whether DI passes her rotation. When RD asks if DI has any questions on how to approach another patient like Patient A with CHF, DI quickly indicates she doesn't, and RD begins her documentation.

Use the Problem-Solving Process in Table 2 to help guide you through this case study scenario. Read possible solutions following the table to see if you also came up with similar solutions.

Table 2: The Problem-Solving Process (adapted from¹)

Step	Characteristics
1. Define the problem	<ul style="list-style-type: none"> ● Identify what is a fact and what is an opinion ● Determine the specific process or underlying cause(s) that led to the problem ● Talk to all parties involved to gather information ● State the problem as clearly as possible ● Identify what standard or expectation was violated ● Use data to solve the problem
2. Generate alternative solutions	<ul style="list-style-type: none"> ● Involve all concerned individuals in brainstorming and generating ideas/alternative solutions ● Alternatives should be consistent with organizational goals ● Both short- and long-term alternatives should be developed that may solve the problem
3. Evaluate and select an alternative	<ul style="list-style-type: none"> ● Alternatives should be assessed relative to a target standard and established goals ● All alternatives should be evaluated without bias ● Both proven and possible outcomes should be assessed ● State the selected alternative/solution as clearly as possible
4. Implement and follow up on the solution	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted ● Establish metrics and a process for monitoring and reassessing ● Decide on a final solution and evaluate long-term results

Step 1: Identify the Problem: Assumptions made by RD about Patient A’s ability to adhere to the diet have led to outward implicit bias against all patients of African American descent and diet quality without any evidence of such. This has left DI uncomfortable speaking and further engaging in the learning process with RD.

Step 2: Generate Alternative Solutions:

- When Patient A presented to the hospital again with similar issues regarding diet compliance, RD could have asked DI how they might approach a patient who has

been admitted 4 times in the last 2 months for the same condition. DI might have been able to provide a fresh perspective on a situation that RD has been intimately involved in.

- RD could have explored with Patient A what barriers they were experiencing that were hindering their success with diet compliance vs. repeating past diet education. This would have allowed DI to see how to work with long-term patients and the role RD has to work with the patient to develop alternative ways to meet the same goal.
- RD could talk with DI about her frustrations in providing one-on-one time with Patient A throughout their previous admissions, and not seeing results using objective information gathered from past and current conversations. This could lead into a discussion with DI about next steps, and leave DI feeling able to speak with RD about any questions or concerns regarding interviewing patients.

Step 3: Evaluate and Select an Alternative: RD decides to talk with DI about their frustrations, but shares more of the backstory regarding Patient A. Each time that Patient A has been admitted, RD has met with them to develop alternative options to assist in meeting their goals, including developing personalized sample menus, grocery store shopping lists, and smartphone apps that Patient A could easily use to assist in diet compliance. RD shares that she is at a loss of how to help Patient A, and her frustrations are equally on her. DI feels comfortable asking RD about possible alternatives and next steps that could be taken. DI understands RD's frustration and asks if they can interview Patient A to gather a diet recall and try to identify new barriers.

Step 4: Implement and Follow-up on the Solution: RD agrees with DI, and DI interviews Patient A. DI learns that most days they have been compliant with their diet. However, spending time with family and friends is very important to them, especially after they lost two close family members to health-related conditions. As a result, Patient A has been dining out more than they ever have just to spend time with family, and not making the best choices. With this new piece of information, DI and RD are able to work together to educate Patient A on better choices to look for while dining out. DI is even able to pull up the menu to two of the places Patient A frequents most, so RD can review and have the patient make selections that look feasible and align with sodium allowances. RD can work together with the patient to come up with realistic strategies.

Additional Resources

1. Glossary of Terms on Cultural Awareness.
https://www.niehs.nih.gov/news/events/pastmtg/hazmat/assets/2007/wtp_2007ntec_wruc_latino_tips_glossary_508.pdf
2. Resources on Cultural Competency from the US Department of HHS.
<https://www.samhsa.gov/section-223/cultural-competency/resources>
3. The Importance of Cultural Awareness in Teaching.
<https://www.ace.edu/blog/post/2018/10/11/the-importance-of-cultural-awareness-in-teaching>
4. The Cleveland Clinic Diversity Toolkit.
<https://my.clevelandclinic.org/-/scassets/files/org/about/diversity/2016-diversity-toolkit.ashx>
5. National PTA Diversity and Inclusion Toolkit.
[optional-handout-diversity-toolkit.pdf \(pta.org\)](#)
6. Designing Safety Net Clinics for Cultural Sensitivity.
<http://championline.org/assets/files/ToolsProducts/CrossDiscResources/CulturalCompetency/DesigningClinicsCulturalSensitivity.pdf>
7. DHHS Module training course that helps health professionals overcome language barriers, address cultural differences, and determine patients' ability to understand care instructions.
https://www.migrationpolicy.org/sites/default/files/language_portal/HRSA_0.pdf



Professionalism

Introduction

The Department of Labor defines professionalism as “Professionalism involves consistently achieving high standards, both in the work you do and the way you behave. Being professional helps you to achieve high-quality results, while impressing and inspiring others – and feeling good about yourself.” ACEND has created a training course. One of the the content areas includes professionalism, both for the preceptor and how to guide interns/students to professional behavior.

ACEND 8 CPEU Preceptor Training Course

The training includes seven modules covering the following topics:

1. Preparing for the Role as Preceptor
2. Planning for Student Learning
3. Facilitating Student Learning
4. Assessing Student Learning
5. Communicating Effectively
6. Managing Time
7. Keeping Current

In Module 3 of the ACEND Preceptor Training Course, there is extended information for preceptors on how to teach professionalism, strategies to instill professional behaviors among students, and helping students cultivate their professional identity. It also includes a checklist, “How to be a Professional Student” for students to sign when beginning a rotation, and a “Professional Behavior Evaluation” that can be used as a midpoint and final evaluation in addition to an objective evaluation on meeting the competencies.

Professional Behavior Evaluation

Performance Criteria

- 3 = performance frequently exceeds the requirements (above average)
 2 = performance meets the requirements (average)
 1 = performance frequently falls below requirements (needs improvement)

Professional Skills	3	2	1
Organization and Planning: Organizes and manages time efficiently; completes tasks within specified time frames; provides accurate information about work and services completed.			
Decision Making: Recognizes problems/potential problems; makes sound decisions under pressure; exercises good judgment, demonstrates progress toward independence throughout rotation.			
Dependability: Follows through with assignments; arranges personal schedule to avoid interfering with profession obligations; prompt; meets professional commitments/obligations as agreed with others.			
Initiative: Acts promptly; willing to take independent action; consistently attains goals; volunteers enthusiastically; self-motivated.			
Resourcefulness: Readily determines alternative course of plan of action in event of change; seeks additional learning experiences and/or sources of information to improve areas of knowledge; thinks "out of the box".			
Adaptability: Flexible; demonstrates a positive "attitude" to new assignments, change, and adversity.			
Enthusiasm: Maintains a positive outlook; demonstrates confidence; displays interest and enthusiasm.			
Interpersonal Skills: Conducts self in a tactful, professional and positive manner; accepts criticism; is cooperative and respectful of patients & staff.			
Professional/Ethical Conduct: Adheres to policies and procedures of the institution and internship program; conducts self with honesty, integrity, and fairness; accepts and respects supervision and guidance; respects and maintains the confidentiality of patients and personnel.			
Verbal/Non-Verbal Communication: Listens and follows directions as given; actively participates in discussions and meetings; demonstrates a positive attitude towards workload, preceptors, peers and clients.			

Written Communication: Written work is well-organized, clear, concise, professional and consistent with the documentation policies and procedures of the facility.			
Professional Development: Knows and uses nutrition references and resources appropriately; is aware of personal/professional strengths and weaknesses; completes self-assessment and develops appropriate plans for professional development.			
Preceptor Signature and Comments: Student Signature and Self-evaluation:			

- It is important to be honest
- Be timely with feedback
- Model professional behavior
- Show respect for others
- Demonstrate empathy for others
- Takes responsibility for own actions
- Recognize own limitations
- Upholds the image of the institution. Dresses appropriately and professionally while acting ethically and professionally.
- Addresses concerns about student/intern's performance immediately.
Provide ongoing feedback/ guidance on student/intern's progress and provide support to facilitate learning

Resources

1. Sarcona A, Wojcik B. Desired Professional Skills for Dietetic Interns. NDEP webinar. Available at: <https://www.eatrightpro.org/ndep/member-resources/webinars-and-documents>
2. Robles J, Rotation self-evaluation checklist (REC): A preceptor's perspective. 2019 Curr Pharm Teach Learn. 2019;11(3);258-263. ·
3. Oermann MH. *A Study of Preceptor Roles in Clinical Teaching*. Nursing Connections:1996 Winter; 9(4):57-64.
4. An extended summary of Association for Medical Education in Europe Medical Education Guide No 20 R M Harden and J R Crosby Published in Medical Teacher (2000) 22, 4, pp 334-347 Tay Park House, 484 Perth Road, Dundee, DD2 1LR (www.amee.org)
5. Department of Labor. www.dol.gov. Accessed January 26, 2023. [Professionalism Definition](#)

Professionalism Checklist: Daily Reminders

<p>Makes sound judgments based on evidence</p> <ul style="list-style-type: none">● Able to determine appropriate steps based on assessment and evidence based guidelines (e.g. calories/protein needs of patients)
<p>Demonstrates initiative</p> <ul style="list-style-type: none">● When finished with one task ask for guidance as to what to do next● When finished with one task-moves on to next task● Is able to identify other work that needs to be initiated/completed
<p>Accurate in written/oral work</p> <ul style="list-style-type: none">● Nutrition assessments accurate● Diet history completed and accurate● Menu or Budget Development● Presentation and Reports● Participates in rounds and rotation meetings with appropriate information

<p>Follows HIPAA rules</p> <ul style="list-style-type: none">● Keeps information private● Does not discuss in open areas
<p>Accepts constructive criticism</p> <ul style="list-style-type: none">● Accepts constructive criticism● Responds/makes necessary changes from criticism with enthusiasm
<p>Is punctual and extends self to make most of experience</p> <ul style="list-style-type: none">● On time● Does not ask to leave early● Spends time at site in a useful/helpful/educational manner
<p>Attire</p> <ul style="list-style-type: none">● Wears professional, appropriate clothing, according to host institution● Wears lab coat
<p>Attitude</p> <ul style="list-style-type: none">● Cooperative● Helpful● Alert● Avoid negative, judgmental comments



Professionalism Problem Solving Case Studies

Case Study One

You are working with a student/intern who is coming to the rotation with open toed shoes and tight sports leggings. The intern walks into your office on the first day wearing inappropriate workplace attire. How do we approach this dilemma? **Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.**

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none">• We start by asking the intern for a short meeting and stating to the intern they are not following the approved dress code and specify the underlying causes: "You are wearing open toe shoes and workout attire. This is not the specified dress code in the dietetic intern manual. "Documentation is warranted for each meeting with the intern for each time the intern fails to adhere to the dress code making sure the problem is specifically stated: "Your wardrobe is not following the dress code protocol."
Generate alternative solutions	<ul style="list-style-type: none">• Involve all concerned individuals in brainstorming and generating ideas/alternative solutions• Alternatives should be consistent with organizational goals• Both short- and long-term alternatives should be developed that may solve the problem
Evaluate and select an alternative	<ul style="list-style-type: none">• Alternatives should be assessed relative to a target standard and established goals• All alternatives should be evaluated without bias• Both proven and possible outcomes should be assessed• State the selected alternative/solution as clearly as possible

Implement and follow up on the solution	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted ● Establish metrics and a process for monitoring and reassessing ● Decide on a final solution and evaluate long-term results
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First, we want to **define the main problem**. We start by asking the intern for a short meeting and stating to the intern they are not following the approved dress code and specify the underlying causes: “You are wearing open toe shoes and workout attire. This is not the specified dress code in the dietetic intern manual.” Documentation is warranted for each meeting with the intern for each time the intern fails to adhere to the dress code making sure the problem is specifically stated: “Your wardrobe is not following the dress code protocol.” **Next we identify what standards or expectations are violated:** “The dress code policy states wearing closed toe shoes and business casual attire each day you are to appear in person at the current rotation site.” The intern needs to be provided with information in which process the problem lies: “Please refer to section ___ of the dietetic intern manual and/or section ___ of the current rotation site.” Next we want to generate alternative solutions to this matter and let the intern know if the problem persists, the program director from dietetic intern’s program will be contacted. **Short- and long-term alternatives need to be specified.** Offer an explanation of the dress code protocol and state if a problem persists the intern will be written up and all issues are being documented. Ask the intern if they need assistance gathering the proper dress code attire. Alternatives to the issue at hand need to be evaluated and selected. Inform the intern the priority of the preceptor: “We want to make sure your safety is prioritized and the dress code standards help protect you and your patients.” Evaluating both proven and possible outcomes is also important and notifying the intern that their safety and that of your patients could be at risk if you should happen to trip or something lands on your foot. The selected alternative must be explicitly stated: “Please review the dress code standards and let me know if I can help better explain any parts. Moving forward, please make your wardrobe reflect the dress code standards.” Implementation and follow up of the selected solution should be monitored daily and weekly, as well as gathering feedback from the intern. Asking for confirmation of the solution is warranted: “I want to make sure you understand the dress code policy,” and “Are we in agreement of the dress code standards moving forward?” Letting the intern know that their decisions reflecting the dress code policy will be monitored moving forward. Long-term results should be based on the implementation of the final solution.

Case Study Two

You are working with a student/ intern who is coming to the rotation late. You are not following the specific guidelines of the current rotation site. You have come to said rotation site late three out of four days this week. How do we approach this dilemma?

How would you solve this scenario? Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none"> ● Identify what is a fact and what is an opinion ● Determine the specific process or underlying cause(s) that led to the problem ● Talk to all parties involved to gather information ● State the problem as clearly as possible ● Identify what standard or expectation was violated ● Use data to solve the problem
Generate alternative solutions	<ul style="list-style-type: none"> ● Involve all concerned individuals in brainstorming and generating ideas/alternative solutions ● Alternatives should be consistent with organizational goals ● Both short- and long-term alternatives should be developed that may solve the problem
Evaluate and select an alternative	<ul style="list-style-type: none"> ● Alternatives should be assessed relative to a target standard and established goals ● All alternatives should be evaluated without bias ● Both proven and possible outcomes should be assessed ● State the selected alternative/solution as clearly as possible
Implement and follow up on the solution	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted ● Establish metrics and a process for monitoring and reassessing ● Decide on a final solution and evaluate long-term results

First, we want to define the main problem. We start by asking the intern for a short meeting and stating to the intern they are not following the specific guidelines of the current rotation site. You have come to said rotation site late three out of four days this week. This is not the specified policy in the dietetic intern manual." Documentation is warranted for each meeting with the intern for each time the intern fails to the punctuality policy making sure the problem is specifically stated: "You are arriving late to the current rotation site." **Next we identify what standards or expectations are violated:** "You are arriving late to the rotation site without any prior notification of arriving late." The intern needs to be provided with information in which process the problem lies: "Please refer to section ____ of the dietetic intern manual and/or section ____ of the current rotation site." Next we want to generate alternative solutions to this matter and let the intern know if the problem persists, the program director from dietetic intern's program will be contacted. **Short- and long-term alternatives need to be specified.** Offer an explanation of the punctuality policy: "You are arriving late to the rotation site without any prior notification of arriving late. The current rotation policy states each intern should arrive on time and/or notify the preceptor of arriving late by ____ minutes." State if a problem persists the intern will be written up and all issues are being documented. Ask the intern if they need assistance with transportation, directions and/or a map of the current rotation site. Alternatives to the issue at hand need to be evaluated and selected. Inform the intern the priority of the preceptor: "We want to make sure your experience at the current rotation site is maximized and you gain the knowledge you need to strengthen your experience in this current rotation." Evaluating both proven and possible outcomes is also important and notifying the intern that your experience here at the current rotation site is valuable. The preceptor's time is valuable as well and as preceptors we also have our daily functions and responsibilities to perform. The selected alternative must be explicitly stated: "Please review the policies and standards of your dietetic intern manual and the current rotation site and let me know if I can help better explain any parts. Moving forward, please make sure you arrive on time to the current rotation site." Implementation and follow up of the selected solution should be monitored daily and weekly, as well as gathering feedback from the intern. Asking for confirmation of the solution is warranted: "I want to make sure you understand the punctuality policy," and "Are we in agreement of the arrival time standards and policies moving forward? We will evaluate your arrival time for the next week moving forward." Letting the intern know that their decisions reflecting the punctuality policy will be monitored moving forward. Long-term results should be based on the implementation of the final solution.

Case Study Three (Practice problem solving steps on your own)

HIPAA: DI is working on the CCU floor and is bored with their rotation because they have done a lot of low salt, low saturated fat diet education. The intern gets a chance to observe a carotid endarterectomy surgery. The intern usually eats lunch with the 3 other interns on a daily basis. This intern was so excited that he/she wanted to share the experience with the other interns, so they know what they have to look forward to. As the intern is very careful not to say the name of the patient, lots of details were shared which included some problems that were identified when on the table. As it turns out, the family of the patient that just had surgery was seated right next to their table and could hear the conversation.

Points to Consider:

- The family did not yet know about the problems that the patient was having
- In any conversation about a patient, even though you don't say the name, there can be many identifying details that others would be able to identify the person being talked about.

How would you solve this scenario? Use the Problem-Solving Process in Table 1 to help guide you through this case study scenario.

Table 1: The Problem-Solving Process (adapted from¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none">• Identify what is a fact and what is an opinion• Determine the specific process or underlying cause(s) that led to the problem• Talk to all parties involved to gather information• State the problem as clearly as possible• Identify what standard or expectation was violated• Use data to solve the problem
Generate alternative solutions	<ul style="list-style-type: none">• Involve all concerned individuals in brainstorming and generating ideas/alternative solutions• Alternatives should be consistent with organizational goals• Both short- and long-term alternatives should be developed that may solve the problem

Evaluate and select an alternative	<ul style="list-style-type: none">• Alternatives should be assessed relative to a target standard and established goals• All alternatives should be evaluated without bias• Both proven and possible outcomes should be assessed• State the selected alternative/solution as clearly as possible
Implement and follow up on the solution	<ul style="list-style-type: none">• Plan and implement a pilot test of the chosen alternative• Get feedback from all parties involved• Generate a consensus with all those who are impacted• Establish metrics and a process for monitoring and reassessing• Decide on a final solution and evaluate long-term results



Intergenerational Communication

Any professional workplace setting is a mix of colleagues who may be in different developmental stages of life such as young adults, middle-aged adults, or even older adults. These developmental stages of life have been recategorized by some into age cohorts such as baby boomers, generation X, millennials, etc. Although we may all be very familiar with the developmental stages, some of us may not be as familiar with the age cohorts. Table 1 below defines the age cohorts and their distinctive characteristics.¹ Program directors and preceptors have over the years made distinct observations that the students/ interns seem to be getting “younger”! Being classified as “younger” may have several hidden meanings such as immature, unprofessional and even selfish. The interns/students are not getting any “younger” but the gap between defining characteristics, general influences, motivators and life goals among the age cohorts may be at its widest at this point in time. Consequently, Generation Z students may appear to be from a different planet to baby boomers, with a different work ethic, communication preferences and a different definition of professionalism. These very divergent characteristics can give rise to communication challenges that have the potential to derail supervised experiential learning opportunities for students/interns and create challenges for mentors.

References

1. Datta M. Communication Conundrum: The intergenerational fix. NDEP-Line, Summer 2019:5-9

Table 1. Defining generational influences (2,4-6)

Defining events	Traditionalists	Baby Boomers	Generation-X	Millennials or Generation-Y	Generation-Z
Also Known As	Depression babies, silent generation, traditional generation	Woodstock generation	Latchkey kids, Me generation	"me, me" generation	Linksters, Facebook crowd, iGen, Net Geners, DIY, entitled generation
Year of Birth	1927-1945	1946-1964	1965-1980	1981-1995	1996+
Technological influencers	Radio	Television	Computers	Smart phones	iTunes
Core values	<ul style="list-style-type: none"> • Dedication • Sacrifice • Hard work • Conformity • Law & order • Respect for authority • Patience • Delayed reward • Duty before pleasure • Adherence to rules • Honor 	<ul style="list-style-type: none"> • Optimism • Introspection • Wellness • Team player • Creating a better world • Personal gratification • Growth involvement 	<ul style="list-style-type: none"> • Diversity • Global thinking • Balance • Technological literacy • Fun • Informal • Self-reliant • Practical 	<ul style="list-style-type: none"> • Optimism • Civic duty • Confidence • Achievement • Sociability • Diversity 	<ul style="list-style-type: none"> • Purpose • Realistic • Independent learning • Self-reflection • DIY • Multi-taskers • Dislike labels
Job Assets	<ul style="list-style-type: none"> • Stable • Detail-oriented • Thorough • Loyal • Hard working 	<ul style="list-style-type: none"> • Service oriented • Driven • Willing to go "the extra mile" • Good at relationships • Want to please • Good team players 	<ul style="list-style-type: none"> • Adaptability • Technological literacy • Independence • Creativity • Willingness to buck the system 	<ul style="list-style-type: none"> • Collective action • Optimism • Tenacity • Heroic spirit • Multitaskers • Tech savvy • Adept at change 	<ul style="list-style-type: none"> • Breakdown silos • Driven • Competitive • Eager to embrace new skills
Job Liabilities	<ul style="list-style-type: none"> • Unable to handle ambiguity and change • Don't buck the system • Uncomfortable with conflict • "Reticent when they disagree" 	<ul style="list-style-type: none"> • Not naturally "budget minded" • Uncomfortable with conflict • Reluctant to go against peers • May put process ahead of results 	<ul style="list-style-type: none"> • Skeptical • Impatient • Distrustful of authority • Inept at office politics • Less attracted to leadership 	<ul style="list-style-type: none"> • Need for supervision & structure • Demand for constant feedback • Helicopter parents • Family events trump work 	<ul style="list-style-type: none"> • Customize everything including job description and titles • Interested in multiple roles in one job • Short attention span
		<ul style="list-style-type: none"> • Defensive in the face of feedback • Judgmental of those who see things differently • Self-centered 			
Message that motivates	<ul style="list-style-type: none"> • "your experience is respected here" • "it's valuable to the rest of us to hear, what has and has not worked in the past" 	<ul style="list-style-type: none"> • "we need you" • "be all that you can be" • "you are valued here" • "we would like you to mentor" 	<ul style="list-style-type: none"> • "I am not going to micromanage you" • "There aren't a lot of meetings here" 	<ul style="list-style-type: none"> • "you can make a difference here" • "you will work on a team with other bright, creative people" 	A picture is worth a 1000 words
Goals for managing	<ul style="list-style-type: none"> • "Recognize and applaud their contribution" • Provide training • Ask them to mentor • "Accommodate their needs" 		<ul style="list-style-type: none"> • Provide individual recognition • Schedule flexibility • Create collegial teams 	<ul style="list-style-type: none"> • Keep them from self-destructing • "Help them integrate at work, without scaring them off" 	<ul style="list-style-type: none"> • Help them feel comfortable • Provide a routine to which they can adapt • Hold their attention with fun and engagement • Frequent reward • Prompt feedback when needed
Incentives	Personal satisfaction	Money titles recognition	Working to achieve desired lifestyle	Meaningful/purposeful work	Work-at-will, entrepreneurship
Preferred communication methods	Face-to-face, phone	Face-to-face, phone	Face-to-face, phone, cellphone, email	Email, texts, cellphone, social media	Social media, video, smartphone, twitter, snapchat, Instagram

Case Study

AB is a 23-year-old female dietetic intern who started her medical nutrition therapy rotation at XYZ hospital. Her primary preceptor (CD) is a seasoned dietitian and Clinical Nutrition Manager, who has worked at the hospital for 35 years and has mentored many dietetic interns previously. AB shows up for day 1 of her rotation at 8 AM to meet with CD. CD shows AB where the policies are located, where AB could store her stuff, introduces her to the staff in the kitchen and takes her up to the unit for rounds. A few weeks later CD contacted the Internship program director stating that AB was a no show and there have been some communication challenges, such as lack of timely response to emails. When the Internship program director spoke with AB, she mentioned that she had texted her current (secondary) preceptor with whom she is working that she was going to be late due to a doctor's appointment. She further stated that she does not have email on her cell phone and is often too tired at night to check her email from her home computer. **Using the Problem-Solving Process the table below, walks through the steps to help guide you through this case study scenario.**

The Problem-Solving Process (adapted from ¹)	
Step	Characteristics
Define the problem	<ul style="list-style-type: none">● Facts<ul style="list-style-type: none">○ Difference in communication style/preference between student and preceptor.○ Unclear communication expectations● Determine the specific process or underlying cause(s) that led to the problem:<ul style="list-style-type: none">○ Student communicates via text directly to preceptor she is working with rather than the CNM○ No communication with primary preceptor (CD)● Talk to all parties involved to gather information<ul style="list-style-type: none">○ Student does not have access to email on her cell phone○ Student texted assigned preceptor regarding absence due to Dr. appointment○ Assigned preceptor was ok with text notification

	<ul style="list-style-type: none"> ○ Primary preceptor expects to be notified along with the secondary preceptor of any schedule changes/absences. ○ Primary preceptor considers text messaging unprofessional and expects to be kept in the loop via phone call for urgent/time sensitive issues or email for non-urgent issues ● State the problem as clearly as possible <ul style="list-style-type: none"> ○ Unclear communication expectations and different communication style preference ● Identify what standard or expectation was violated <ul style="list-style-type: none"> ○ Communication standard - timeliness, method ○ Trust ● Use data to solve the problem <ul style="list-style-type: none"> ○ Primary preceptor to document no. of schedule deviations by student and corroborate with secondary preceptors of timely student notification or lack there off ○ Preceptor to document instances of delayed communication
<p>Generate alternative solutions</p>	<ul style="list-style-type: none"> ● Involve all concerned individuals in brainstorming and generating ideas/alternative solutions <ul style="list-style-type: none"> ○ Define timely communication ○ Stipulate preferred communication methods by each party ● Alternatives should be consistent with organizational goals <ul style="list-style-type: none"> ○ Student to review organization's communications standards and expectations ○ Student and preceptors to review communications expectations ○ Other options ● Both short- and long-term alternatives should be developed that may solve the problem <ul style="list-style-type: none"> ○ Short-term <ul style="list-style-type: none"> ■ Student to download email on cell phone and turn on notifications ■ Student to prioritize communications with preceptors and respond within 24 hours ○ Long-term <ul style="list-style-type: none"> ■ Monitor compliance with organizational communication standards

<p>Evaluate and select an alternative</p>	<ul style="list-style-type: none"> ● Alternatives should be assessed relative to a target standard and established goals <ul style="list-style-type: none"> ○ Organizational communication standards and disciplinary policies reviewed ○ Barriers to accessing email on student phones discussed/examined. ● All alternatives should be evaluated without bias <ul style="list-style-type: none"> ○ Do organizational communications allow for flexibility in mode of communication or person to be notified in case of schedule deviations? ○ Student barriers to accessing email on cell phone ● Both proven and possible outcomes should be assessed <ul style="list-style-type: none"> ○ Organizational communication standards and disciplinary policies reviewed ○ Student and preceptors to review disciplinary action for non-compliance with organizational policies ○ Student to download email on cell phone and turn on notifications ● State the selected alternative/solution as clearly as possible <ul style="list-style-type: none"> ○ Student to communicate with primary preceptor or designee in the absence of the primary preceptor via phone for urgent issues and via email for non-time sensitive issues ○ Student to download email on cell phone and turn on notifications and respond to preceptor communications within 24 hours
<p>Implement and follow up on the solution</p>	<ul style="list-style-type: none"> ● Plan and implement a pilot test of the chosen alternative <ul style="list-style-type: none"> ○ Student and preceptors to review communications expectations and reassess within 3 weeks ○ Non-compliance leads to disciplinary action per organizational policies. ● Get feedback from all parties involved ● Generate a consensus with all those who are impacted <ul style="list-style-type: none"> ○ Primary preceptor confirms with the student and all preceptors regarding communication expectations. ○ Criteria for urgent and non-time sensitive issues defined with input from all parties

	<ul style="list-style-type: none">● Establish metrics and a process for monitoring and reassessing<ul style="list-style-type: none">○ Primary preceptor evaluates within 3 weeks if agreed upon communication expectations were met within established parameters○ Primary preceptor to obtain feedback from all preceptors● Decide on a final solution and evaluate long-term results<ul style="list-style-type: none">○ If no further communication infractions occur, the primary preceptor will continue to monitor and provide feedback.○ Lack of compliance will lead to disciplinary action per organizational policies.
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NDEP-Line Preceptor Pulse Articles

NDEP strives to support preceptors and in doing so, the quarterly online newsletter, NDEP-Line, includes a section entitled *Preceptor Pulse*. The Preceptor Committee submits articles to highlight our preceptors or share helpful material.

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Preceptor Pulse

The Joys of Training the Next Generation of Dietitians

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Our profession relies on the commitment of dietitians to train dietetic interns. Despite the multiple challenges that current dietitians face, dietitians can still enjoy the process and continue to find the joy in precepting. The time it takes to work with incoming interns does not have to be met with dread. I have rarely met an RD that does not enjoy the process of being the “teacher” imparting wisdom onto the next generation of dietitians. The current demands on clinicians can make the experience more of a challenge than a joy. Therefore, the dreaded feeling that the “intern will get in the way” sometimes is the reality. But our profession relies on this relationship and commitment. Our internship programs depend upon the dietitians to train interns, and the challenge is to continue to find the joy in precepting.

When brainstorming with the NDEP Preceptor Committee on the hurdles that preceptors face, a couple of topics emerged and the first was the preceptor’s ability to balance time and productivity. Perhaps finding that balance does not have to be “extra time” in the work day to teach and maintain a certain level of productivity, but

rather turn this around and ask, “how can the intern assist the dietitian and be helpful while learning on the job?” The other topic discussed was recognizing that all dietitians possess the training and skills to be successful preceptors. To enhance this, the Preceptor Committee is currently working on a Preceptor Tool Kit with the following areas of focus: Diversity, Professionalism, Problem Solving and Virtual Supervised Practice Experience. Many of our talented professionals just need some helpful guidance to make the internship experience beneficial and successful for everyone. After all, our new “RDs to be” are smart, motivated and eager learners. Look out in the coming months for the launch of this exciting initiative.

When reading through the Academy’s website “Precepting During the Pandemic: Your Stories”, I was struck by the tenacity and creativity many preceptors provide, as best as they could, for meaningful learning experiences for dietetic interns. Through the uncertainty of the pandemic, Mary Pat Hughes, MS, RD, CDN wrote, “Yes, it is work on our part but, it was worth it and clearly exciting to help shape the future of

the field.” Speaking on a personal note, the greatest moments as a preceptor did not come with the obligatory “thank you for all your work” at the end of a rotation, but rather in the earlier weeks, when an intern has what I call the “light bulb moment,” when the light was literally turned on after a successful patient interview or an NFPE and assessment of malnutrition, or even when the timid student became the confident intern tackling a complicated patient case

and using critical thinking to create a care plan. That’s the joy achieved when precepting; when the corner is turned and the intern has that spark that we all had when we started out on our professional pathways.

Preceptor Pulse

The Joys and Challenges of Precepting

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She walks into her office, donning her lab coat and N95 mask, and sits down at her desk. She opens her computer to find a list of consults in the double digits, each one more urgent than the next. She opens her email to see a peer has called out, again.... and the team will be splitting the patient load.... again. The team is already short staffed and leadership is struggling to recruit a qualified applicant. For a moment, she closes her eyes, takes a deep breath, and considers how she can move forward, how she can ensure her patients receive the best care and she supports her colleagues who are facing the same challenges. Then, a knock on the door, she opens her eyes and looks up. She finds her wide eyed, eager and curious dietetic intern, smiling with their eyes, ready to start the day.

This is a familiar scene in many hospitals, particularly since the ongoing pandemic has presented new challenges in all areas where Registered Dietitians practice and precept. The pandemic has shed a light on the growing need for and importance of well-trained Registered Dietitians, in public health, hospitals, school-based nutrition, food service, community programs, and beyond, but simultaneously has presented new roadblocks for students to complete that training. Rotation sites that once

welcomed dietetic interns now have their hands tied with considerations for new rules and regulations that make it less desirable to welcome students. Combined with staffing shortages and time constraints, precepting is often one of the first items to be removed from an operation in distress. This is, however, a double-edged sword, as these same sites then struggle to hire competent and qualified Registered Dietitians, as the supply cannot keep up with the demand.

Though, at first, it might seem that precepting would be listed as the primary cause of burnout among Registered Dietitians, this is typically not the case. If you take a closer look, what you find may surprise you. With the perspective of a program director for a Hospital-Based Dietetic Internship Program in New York City, the response of preceptors to support dietetic interns during the pandemic has been nothing short of inspirational. During a time of darkness, of fear, of uncertainty, many preceptors shared that participating in the learning of dietetic interns brought them a sense of normalcy in a time when the world turned upside down. Colleagues at similar institutions in the area shared the same sentiments. Registered Dietitians in leadership roles also found value in the

relationships they had created with students. As the need for Registered Dietitians grew, so did opportunities for recent graduates to find employment in areas where they could use their training to make a difference. It may be quick to assume Registered Dietitians are tired of precepting, but when you speak with preceptors, you'll find in most cases it is what brings them new energy.

Ronnie Fortunato, MS, MBA, RDN, Senior Nutritionist at God's Love We Deliver, shares, "I find it truly rewarding to mentor dietetic interns. They often keep me up-to-date on current topics in Nutrition, and I enjoy helping them with decisions on their futures in Dietetics. I've worked in many dietetics settings so I am able to advise new Registered Dietitians on where their talents may be appreciated." While the experience is rewarding, it can also come with internalized pressure to provide dietetic interns and students with the support they need to be successful. Michael McDonough, MS, RD, CDN, Clinical Dietitian, New York-Presbyterian Hospital and Founder of Four Summers Life, LCC shares, "Due to the demanding nature of clinical dietetics, it can be challenging to support interns who require us to slow down and teach in their diverse learning styles. Despite often juggling numerous responsibilities, it is our duty to pour back into the profession by helping all of our interns be the best they can be because they are the future of dietetics. Even when these challenges can seem insurmountable, there is always hope. Precepting continues to bring joy and promises a bright future for our profession."

Preceptors in specialized areas may also feel a great responsibility to inspire future Registered Dietitians in their niche areas.

Heather Seid, MS, RDN, CSP, CNSC, CLC, Nutrition Research Manager at Columbia University, shares, "Research is the foundation on which dietetics is built. As such, I feel an immense amount of responsibility as a preceptor to curate individualized and impactful clinical research experiences for interns. I hope that the future RDs that I interact with leave their research rotations with a strong understanding and appreciation for research, and potentially, a curiosity to engage with research during their careers." Heather continues, providing positive insight on the preceptor-student relationship, "I have found that the preceptor-intern relationship is truly bi-directional! I am constantly amazed by the fresh perspectives, electric energy, and unique skills that the interns bring. Thanks to them, I leave our rotations excited to tackle lingering questions with new ideas."

Precepting is an investment in our profession's future, so how may we ensure our preceptors have the tools they need to drive this forward? The Academy of Nutrition and Dietetics has taken noticeable steps towards elevating precepting in the profession. With the 2017 Accreditation Standards for Nutrition and Dietetics Internships, a new required competency was added to ensure precepting was taught from the beginning. This sets the stage to inspire a field where continuous teaching within the profession is a part of the role of the Registered Dietitian. Registered Dietitians can now receive continuing education credits to support their credential maintenance for their service as preceptors. The Nutrition and Dietetics Educators and Preceptors (NDEP) Council recognizes exceptional preceptors annually at the national level and continuously works to

create resources to support preceptor training. Wynnifred Hoodis, MS, RDN, LD, NDEP Preceptor Director shares, "It is inspiring to work with a committee of fellow preceptors who bring their best ideas and talents to each meeting helping to inspire and offer guidance to our many RDN and NDTR preceptors across our country. The continued support of the NDEP council is appreciated and helps us to continue to advocate for our preceptors."

Additionally, there is always more that can be done at the local level. Recognizing exceptional preceptors within a program can motivate Registered Dietitians to precept. Program Directors taking the time to listen and applying preceptor feedback, when possible and appropriate, helps preceptors become true stakeholders in the program. Program directors can also encourage students and dietetic interns to be open to learning from preceptors from different

backgrounds, preceptors with different personalities and teaching styles as they enter their experiential learning. Including in program orientation not only content, but also how to transition to a new environment of learning, takes some burden off of the preceptors so they may focus on the core competencies of their rotation.

There is so much preceptors give to our profession, but, at the end of the day, what is it all for? Preceptors push our profession forward but it also brings them joy, job satisfaction, and meaning. At the end of the day, there is nothing quite like watching your dietetic intern as they have their "ah ha" moment and knowing you are the one responsible for bringing them there.



NDEP-Line Winter 2022

Preceptor Pulse

NDTR Spotlight: Contributing to the Profession as Preceptors

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For many years, Nutrition and Dietetic Technicians, Registered (NDTRs) have played a vital role in the delivery of nutrition services, contributing to successful patient outcomes, and acting as preceptors for nutrition and dietetics interns. But how many of us have worked with NDTRs? If not, it can be challenging to understand their contributions to our profession. Thankfully, NDTRs are getting the recognition they deserve. The Academy recently announced an NDTR day during National Nutrition Month, beginning in March 2023. In addition, NDTR positions in many areas of the country are expanding, offering NDTRs new opportunities. Being an NDTR is not just a stepping stone to becoming a registered dietitian. NDTRs have rich and fulfilling careers regardless of whether they continue their education. In this article, we feature several NDTRs working in different settings who currently act as preceptors for nutrition and dietetics students.

Qinyi Wu, NDTR

Qinyi Wu is an NDTR at Children's Hospital Orange County (CHOC). Qinyi has been an NDTR for about 10 years and an NDTR preceptor for 5 years. In her role, Qinyi manages the Nutrition Lab, which processes all breast milk feeding orders, including receiving, storage, preparation, and electronic tracking. NDTRs are also responsible for the preparation of specialized formulas and distribution of enteral formulas to each unit. They collaborate closely with RDNs, RNs, and other healthcare team members.

Qinyi recognizes the value of being a preceptor herself. "It not only provides me the opportunity to teach the students but refreshes and expands my own knowledge," she shared. When reflecting on the value of NDTR interns, Qinyi states, "Interns bring new, fresh ideas to CHOC. For example, our latest interns gave taste trials, feedback on the recipes, and created handouts for this year's National Nutrition Month. Interns also

give CHOC an opportunity to find the best candidates for new hires."

Beatriz Ramos, NDTR, CLEC

Beatriz Ramos also works at Children's Hospital Orange County, but in a different role. Beatriz works as an NDTR in the Metabolic Department. In addition to supporting the RDNs in clinical tasks, her function is to coordinate low protein food and formula orders to pharmacies and California Children's Services agencies. She is a certified clinical lactation education counselor and provides phone follow-up for weekend lactation consultations.

Beatriz has been an NDTR preceptor for 15 years. Beatriz shares, "I always remember the opportunities that I was given as an intern and everything that I was taught. Being a preceptor allows me to return my skills and knowledge to others. I am proud to be an NDTR. To share my skills and knowledge gives me many rewards. You have to always remember where you started and where you are. If it wasn't for the preceptors, you would not have this career." She agrees that "interns are very valuable; as they become acclimated to the responsibilities NDTRs provide, they can cross fill in any of our Nutrition Lab positions, allowing for some free time to work on projects or specialty tasks."

Carlos Murcia, NDTR, CDM

Carlos Murcia is an NDTR at Food for Thought, a nonprofit organization whose mission is to meet the nutrition needs of people living with serious medical conditions in Sonoma County, CA. Carlos has been an NDTR and a Certified Dietary Manager (CDM) for 2 years. At Food for Thought, Carlos performs nutrition assessments and low risk client education while working closely with the RDN. He also ensures his patients are receiving all their services, including grocery and meal deliveries, and

that they are meeting their nutritional needs. Carlos is involved in adding new nutrition programs such as Meals that Heal, a Medi-Cal sponsored program for which he is helping to implement a nutrition program for pregnant women.

Carlos was a preceptor for the first time this spring and felt like it was a valuable experience. "I felt like I could really help someone and understand what it was like since I was in their shoes not too long ago." Carlos enjoyed collaborating with students and noted it felt great to "provide them a real hands-on experience to help facilitate the growth of new NDTR students." It was also a good reminder of all the hard work he had to do to get where he is now. Carlos would love more training as a preceptor to continue to grow in this role.

Selena Garcia, NDTR, CDM

Selena Garcia is an NDTR and CDM at Santa Rosa Behavioral Healthcare Hospital in northern California that provides mental health rehabilitation services. For the last two years, she has played two roles at this facility, managing the foodservice and performing assessments and education as an NDTR. Selena also works closely with the RDN discussing patients and strengthening the foodservice team.

Selena was a preceptor for the first time this year and enjoyed passing her knowledge on to someone else. "It felt like a full circle moment, and I have learned so much working in the field in a short amount of time; I was excited to share it all." Selena has developed an expertise in behavioral health, which is not normally taught in the NDTR curriculum, and she feels like this is a unique thing to share with interns to broaden their perspective. "Food is the only thing that these behavioral health patients have control over, and we need to realize this and provide a good experience for them around food." She has also gained experience in

adolescents and eating disorders that she is excited to share with her interns. Selena noted that interns are valuable to the patients at her facility because they can talk to them about their food, so they will feel like someone cares about them and their treatment plan.

Qinyi, Beatriz, Carlos and Selena are examples of how NDTRs can have fulfilling careers, including acting as preceptors for nutrition students. As educators, it is important that we support and recognize all nutrition professionals. RDNs should continue to collaborate with NDTRs in

professional practice as described by Renee McKenna, a clinical dietitian at Santa Rosa Memorial Hospital. "As a dietitian, I feel reassured that when the NDTR visits patients with restricted diets, she is able to reinforce the medical justification for certain diets and explain it to each patient. The NDTR frequently identifies patients that could benefit from diet modification and discusses patient concerns and areas for improvement with the dietitian." As career choices continue to expand for NDTRs, we look forward to seeing their contributions to our field both as nutrition professionals and preceptors.

Go team!

NDEP-line Fall 2022

Each year the Preceptor Committee accepts nominations for an Outstanding Preceptor Award. Here are some comments from some of our winners.

Comments from 2021 Outstanding Preceptor Award Winners

**Vibhuti Singh RDN, CDN
North East Region**

“As I am nearing retirement age, my passion for being a preceptor has kept me motivated and it is one of the driving factors when going to work every day. Not only myself, but my entire facility looks forward to working with them. Each intern that I precept makes an impact in our building with their creativity with service improvement projects. Any time an intern recounts the struggle they encountered when trying to find a placement, all the calls they made to facilities to no avail, my heart breaks knowing how valuable they are. I am constantly learning from my interns with new technology and research. Currently, my facility has a total of five interns, and they are so grateful to have received a placement. Each thank you card makes me feel that I have made a difference in someone’s life which is something that I truly cherish”

**Sally Saban, MS, RD, LD
West Coast Region**

“I precept to play a role in fostering our culture of learning by development while using skills in leadership, communication and management.

Precepting builds employee morale and engagement while promoting physical, mental and emotional well-being. For my Team, the Interns and Myself.

The results of our efforts: GREAT PEOPLE, GREAT SERVICE, GREAT RESULTS is our culture at Morrison Healthcare.”

Additional Resources

Critical Thinking

1. Paul R and Elder L. Critical Thinking: Concepts and tools. The Foundation for Critical Thinking. www.criticalthinking.org
2. Mulnix JW. Thinking critically about critical thinking. Educ. Phil Theory. 2012;44(5):464-479

Inclusion, Diversity, Equity, Access (IDEA)

1. NDEP webinar: Diversity and Inclusion in Dietetics: Educators as Allies and Advocates. <https://bit.ly/3tz5pDL>
2. Glossary of Terms on Cultural Awareness. https://www.niehs.nih.gov/news/events/pastmtg/hazmat/assets/2007/wtp_2007ntec_wruc_latino_tips_glossary_508.pdf
2. Resources on Cultural Competency from the US Department of HHS. <https://www.samhsa.gov/section-223/cultural-competency/resources>
6. The Importance of Cultural Awareness in Teaching. <https://www.ace.edu/blog/post/2018/10/11/the-importance-of-cultural-awareness-in-teaching>
7. The Cleveland Clinic Diversity Toolkit. <https://my.clevelandclinic.org/-/scassets/files/org/about/diversity/2016-diversity-toolkit.ashx>
8. National PTA Diversity and Inclusion Toolkit. <https://www.pta.org/docs/defaultsource/uploadedfiles/2016-diversity-toolkit>
9. Designing Safety Net Clinics for Cultural Sensitivity. <http://championonline.org/assets/files/ToolsProducts/CrossDiscResources/CulturalCompetency/DesigningClinicsCulturalSensitivity.pdf>
10. DHHS Module training course that helps health professionals overcome language barriers, address cultural differences, and determine patients' ability to understand care instructions. https://www.migrationpolicy.org/sites/default/files/language_portal/HRSA_0.pdf

Reflection/Reflective Learning

1. Kaufman P and Schipper J. Teaching with Compassion: An Educator's Oath to Teach from the Heart. Rowman & Littlefield. 2018

Supervised Practice Activities and Assignments

1. Competency-Based Supervised Practice Experiences in Agriculture and Food Systems Settings Webinar ([recording](#), slides, [CPEU certificate](#))

2. [Guide to being an effective preceptor Part 1\(NDEP webinar, 1 CPEU\) CPEU certificate download](#)
3. [Guide to Being an Effective Preceptor Part 2\(NDEP webinar, 1 CPEU\) CPEU certificate download](#)

Telehealth Resources

1. Academy of Nutrition and Dietetics. Telehealth. <https://www.eatrightpro.org/practice/practice-resources/telehealth>
2. Academy of Nutrition and Dietetics. Licensure and Telehealth <https://www.eatrightpro.org/advocacy/licensure/licensure-and-telehealth>
3. Academy of Nutrition and Dietetics. Providing MNT services during the COVID-19 public health emergency. April 2020. <https://www.eatrightpro.org/coronavirus-updates>.
4. Academy of Nutrition and Dietetics. Practice Tips: Telehealth challenges and opportunities. June 2020. Obtained from <https://www.eatrightpro.org>.
5. Academy of Nutrition and Dietetics. Nutrition informatics <https://www.eatrightpro.org/practice/practice-resources/nutrition-informatics>
6. Academy of Nutrition and Dietetics. Nutrition informatics DPG. <https://ni.eatrightpro.org/home>
7. Health and Human Services. Getting started with telehealth. <https://telehealth.hhs.gov/providers/getting-started/>
8. Veteran Affairs. VA Telehealth Services. <https://www.telehealth.va.gov/>
9. American Medical Association. Telehealth resource center: AMA policy resources. <https://www.ama-assn.org/practice-management/digital/telehealth-resource-center-ama-policy-resources>
10. Center for Connected Health Policy. <https://www.cchpca.org>

Appendix

Preceptor Orientation Checklist

Review with intern – dress code, time to meet, directions to facility and meeting location, parking, meals, breaks, pre-rotation assignments or readings, confirm dates and number of hours to be completed at the facility, resources to bring (e.g., laptop, books, lab coat, etc.), required medical forms and clearances.

Review the program's competencies, learning activities/tasks and projects expected to be completed during the rotation by the intern.

On first day of the rotation (If there are multiple preceptors working with the intern during this rotation, choose a preceptor who has the most interest in orienting the intern):

1. Meet with student/intern to review:
 - Previous experience and rotations already completed.
 - Clarify the intern's goals for the rotation and potential challenges.
 - Review the expectations of the intern from the preceptor, department and facility. - Outline scheduled preceptor-student interaction for observation and feedback (e.g., weekly meetings on Friday to review progress).
 - Review a "typical day" at the rotation.
 - Review the intern's schedule for the entire rotation including each preceptor assigned to the intern.
 - Discuss with the intern expectations regarding professionalism, punctuality, illness, inclement weather, and any personal issues such as religious observances, personal obligations, and pre-planned personal events.
 - Specific training or learning modules to be completed.
2. Policy and procedure manual review
 - Location of the manual & when to refer to it.
 - Print or highlight pertinent policies for use during rotation (e.g., assessment policy for clinical nutrition, foodservice delivery & nourishment).
3. Tour
 - Provide a tour of the facility (if applicable).
 - Introduce the intern by name to key employees, administrators and/or support staff.
 - Resources: Electronic Health Record (EHR), Software (i.e., CBORD), communication tools (i.e., Email platform, Intranet).

- Tools such as clinical documentation forms (i.e., MDS, malnutrition screening tool, intake forms).
 - Procedures such as Personal Protective Equipment (PPE), HIPAA, Safety, HACCP, Emergency & Disaster Plans.
4. Dietetic Internship Program Requirements
- Assignment checklists to meet ACEND competencies.
 - Project outlines and presentations, and due dates.
 - Procedure for evaluations.
 - Journaling and self-reflection activities.
 - Tracking rotation hours.

Developed by Becky Wojcik, MA, RDN, LDN & Alessandra Sarcona, EdD, RDN; NDEP Development Committee

Evolution of Supervised Experiential Learning Practices for Training Nutrition and Dietetics Professionals

Prior to the COVID-19 pandemic the concept of remote internship opportunities, particularly in medical nutrition therapy, would leave most educators and preceptors shaking their heads in bewilderment. COVID-19 has irrevocably changed the practice of training future registered dietitian nutritionists and nutrition dietetic technicians. Supervised experiential learning or rotations, although completed exclusively on-site pre-COVID, now offers a plethora of options, a testament to the creativity and resilience of dietetics educators and preceptors. Not only did telehealth and remote learning become commonly accepted practice, but simulation use has also gained in popularity. With guidance from the United States Department of Education (USDE), the Accreditation Council for Education in Nutrition and Dietetic (ACEND®), provided direction for accredited programs on the number of hours interns/students could spend in alternative practice to complement on-site hours of experiential learning.¹ Authentic

experiences which refer to activities or assignments that resemble real-world work and are used to demonstrate student competence and measure their learning--are becoming commonplace within dietetics training lexicon.

Although COVID-19 vaccinations and boosters have allowed many facilities to resume in-person training of students, many facilities continue to maintain high-risk precautions and virtual experiences for students as a precaution for their patient populations. With this paradigm shift, new expectations and limitations had to be established to ensure that students obtain appropriate training to achieve proficiency. According to ACEND®, accredited programs that train future registered dietitian nutritionists and nutrition dietetic technicians, a majority of experiential training must occur on-site and^{1,2}

- Interns/students
 - cannot identify their own activities or alternate practice experiences to meet competencies.
 - are required to meet all competencies whether these occur virtually or face to face.
- Program directors
 - are responsible for identifying, developing, and monitoring alternate learning activities for interns/students. These should be clearly communicated to preceptors.
 - can serve as a preceptor for virtual or alternate practice activities/experiences.

COVID-19 vaccination status of students/interns is still a cause for concern. More and more supervised experiential learning facilities are now requiring COVID-19 vaccination and many students for personal, religious or medical reasons, remain unvaccinated for COVID. This poses an acute dilemma for on-site training. Many educational programs are unable to verify students'/interns' COVID vaccination status due to state laws and limitations. These educational institutions/programs are required to inform the applicants of their COVID policies and expectations during supervised experiential learning prior to admission to the program.

Dietetic preceptors should have a plan in place for dietetic interns/students that must be communicated with them prior to the start of on-site supervised experiential learning.

These should include:

1. Facilities' COVID policy and availability or lack of exemptions.
2. Testing and monitoring requirements if vaccination exemptions are granted.
3. Sick day options in case the student contracts COVID
 - a. Availability of virtual experiences or activities.
 - b. Alternate assignments that students can work on either at home or in limited isolation on-site.
4. Make-up options for hours and opportunities missed.

The dietetics community rallied together during the pandemic and shared many of the virtual experiences and simulations they used or developed to meet competencies in medical nutrition therapy, food systems management and community nutrition in authentic/alternate experiences. These [resources](#)³ were compiled by the Nutrition and Dietetics Educators and Preceptors (NDEP) group and can be found on the NDEP website. Telehealth resources developed by the Academy of Nutrition and Dietetics and others can be found in the Appendix. Although these [resources](#)³ were compiled in response to the COVID pandemic, they may also be useful when providing remediation or when faced with other unplanned interruptions of on-site supervised practice, for example, loss of a site, natural disaster, inclement weather, extended medical leave or other personal emergency.

References:

1. ACEND website. COVID-19 situation and supervised practice requirement. March 2020. <https://www.eatrightpro.org/acend/public-notices-and-announcements/acend-update/acend-updates-archives#2020>. Access date August 5, 2022
2. ACEND website. COVID-19 Vaccination Requirements for Supervised Practice/Experiential Learning. March 2022. <https://www.eatrightpro.org/acend/public-notices-and-announcements/acend-update/acend-updates-archives#2022>. Access date August 5, 2022

Professional Resources for Dietetic Practitioners

FROM THE ACADEMY



Academy of Nutrition and Dietetics: Revised 2018 Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Education of Nutrition and Dietetics Practitioners



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ABSTRACT

Registered dietitian nutritionists (RDNs) engaged in education of nutrition and dietetics practitioners facilitate meaningful learning of required knowledge and supervised practice competencies in nutrition and dietetics curricula and proactively support all facets of the learning environment. Addressing the unique needs of each educational situation and applying standards appropriately is essential to providing evidenced-based, learner-centered, up-to-date education for future nutrition and dietetics practitioners. The Academy of Nutrition and Dietetics (Academy) leads the profession by developing standards that can be used by RDNs for self-evaluation to assess quality of practice and performance. The Standards of Professional Performance consist of six domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Within each standard, specific indicators provide measurable action statements that illustrate how the standard can be applied to practice. The Academy's Revised 2018 Standards of Professional Performance for RDNs in Education of Nutrition and Dietetics Practitioners provide standards and indicators for three levels of practice—competent, proficient, and expert—which are used to gauge and guide an RDN's performance in nutrition and dietetics practice in educational settings.

J Acad Nutr Diet. 2019;119(1):124-136.

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Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered

The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee

THE ACADEMY OF NUTRITION and Dietetics (Academy) is the world's largest organization of food and nutrition practitioners and the professional association for credentialed dietetics practitioners—registered dietitians (RDs) and dietetic technicians, registered (DTRs). The Academy's mission is to empower members to be the nation's food and nutrition leaders. The Scope of Practice for the Dietetic Technician, Registered, reflects the position of the Academy on the essential role of the DTR in the direction and delivery of safe, culturally competent, quality food and nutrition services. This includes the continuum of health care, public health, community, and business settings where food and nutrition policy, programs, and services are integral to the mission, business, or individuals served.

The Scope of Practice for the Dietetic Technician, Registered document is used in conjunction with the Academy's Scope of Practice in Nutrition and Dietetics¹ and the 2012 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Dietetic Technicians, Registered.² The SOP address activities related to direct patient/client care. The SOPP describe behaviors

that address approaches to practice by the DTR. Both the SOP and SOPP for the DTR reflect the minimum competent level of technical dietetics practice and performance for DTRs. A companion paper addresses the Scope of Practice for the Registered Dietitian.³

PURPOSE

This document describes the Scope of Practice for Dietetic Technicians, Registered. DTRs are educated and trained in food and nutrition and are integral members of the health care and foodservice management teams. DTRs work in employment settings such as health care, business and industry, communities and public health systems, schools, fitness centers, and research.⁴ The purpose of the document is to:

1. Identify the education and credentialing requirements for the DTR in accordance with Accreditation Council for Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy.
2. Describe the scope of practice of the Dietetic Technician, Registered.
3. Educate colleagues in other health care professions, educators, students, and prospective students

Approved November 2012 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the Academy House of Delegates. Scheduled review date: November 2017.

Questions regarding the Scope of Practice for the Dietetic Technician, Registered may be addressed to the Academy Quality Management Staff: Karen Hui, RD, LDN, manager, Practice Standards; and Sharon M. McCauley, MS, MBA, RD, LDN, FADA, director, Quality Management at quality@eatright.org.

the practice of nutrition and dietetics and the role of the DTR and the RD/DTR team.

EDUCATION AND CREDENTIALING REQUIREMENTS

DTRs are nationally credentialed food and nutrition technical practitioners who have met the following criteria to earn and maintain the DTR credential.^{4,8}

Education Routes

Each of the following education routes leads to eligibility for application to the Registration Examination for Dietetic Technicians, Registered:

1. Successful completion of a Dietetic Technician Program as

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