NDEP Round Table Discussion FNCE 2019

FEM Curriculum Development for Competency-based Education (Table #2)

Dawn Clifford Future BS (NDTR)

3 +2 BS + FEM – optional physiology

Competency based is not time-based

Credit for prior learning i.e. lifecycle

UNC take transfer credit and require audit

Track competencies – software does not talk to Blackboard

? Evaluation Tool?

Similar measures vs similar measurement scale

Evaluation Tool- standardized

Cover all performance indicators required

Pharmacology prescribe – simulation i.e. role play

Session 2:

Some preceptors preceptor for multiple DIs/FEMs

Tracking competencies

Question: how do you introduce CBE to preceptors? Ex. Flipped classroom, benefits to preceptors, must be more efficient for them, promote variety of activities

Question: how do you know if student is progressing to the next level? Assessment evaluation
## FEM Application Process (Table #4)

<table>
<thead>
<tr>
<th>Specific to Developing FEM GP</th>
<th>How do Students Apply to FEM</th>
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<tbody>
<tr>
<td>Concerned about the stability of DPDs in general with the advent of future graduate programs?</td>
<td>Feels like there is a lot of pressure on the students or what they should be doing</td>
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<td>Is there a valve to keep the DPD outside of the jobs for the directors?</td>
<td>Because these programs are newer, how could applicants even know what the pre-reqs and programs</td>
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<td>Content requires multiple exposure- seeing in a new light</td>
<td>How do students even find out about the new FG programs to know what the pre-reqs are/where they might apply?</td>
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<td>Branding issues_ how do we make sure that we are visioning out long/far enough to maintain dietetics education brand?</td>
<td>How do we describe to potential RDNs the pathways to get to the RDN with all these different options?</td>
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<td>Are we meeting the 900 Medicare minimum hours for MPI? How about licensure hours minimums across states?</td>
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<td>What classifies as supervised practice hours in the FG, licensure, Medicare, etc.?</td>
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Methods for Increasing Diversity Among Students and Interns (Table #5)

Obstacle of paying for graduate programs—most/many/all? FG programs are not offering graduate assistantships:

- How to offset the cost of graduate education?
- Condensed programs save money for student and university
- A pool of money for students paying full tuition is put back in to the program to offer tuition assistantships for students that need it (Pepperdine)
- Academy: their responsibility to offer scholarships—members can press for increase offerings for dietetics education
- Encouraging student to apply
- Programs offering their own scholarships with “pre-select” option
- CR gives money to ANDF specific for graduate work

What are barriers for students not applying for scholarships?

Not knowing

Requirements not clear

Lower GPA (perceived won’t be competitive)

Too specific? ANDF tries to match general scholarship applications to specific scholarships

Are scholarships meant to reward high achievers or to feed the roots (those who need it most)

*Important to look at WHOLE application, not just GPA

Lack of collaboration—in order to better promote the field of dietetics—its counselors, advisors, many student don’t know about the field

Promotional material specific to its students

Academy used to support “outreach coordinator” on state level for this purpose (coordinate efforts with diversity liaison

Diversify dietetics considered cost prohibitive

Social media engagement—what a RDNN is—more campaigns member spotlights—highlight variety of ages, ethnicities, work environments/areas of practice

Making it more fluid (less prohibitive) for career changers to enter the field

Federal barriers—visas to increase diversity

GPA barrier to diversity; MNT course may be a marker of science vs GPA

Inclusive and safe education environment—may help preceptors with understanding diversity

Pronoun use (gender)—not in dietetics add to toolkit

Cost of graduate programs without assistance; scholarships
What are the barriers?

- Requirements
- How long the application
- GPA

ANDF: lack of knowledge about scholarships

Lack of collaboration (with other organizations)

Check promotional materials for high schools

Currently - diversity liaison

Toolkit - “diversity dietetics”

Social media: video message - appearance and age

Career change

Success stories - significance

Safe/inclusion training

DPD training: peer counseling, teaching DPD instructors
Trends in CDR Exam Pass Rates Table #8

- CDR test manual needs to include rationale and reference for each question on study guide
  Eatright Prep
- EatRight prep Q need more application based
  - These questions don’t seem to provide Q
  - Structure we are taught in CDR HEM writing
- Provide further breakdown on what questions you got wrong and where to focus your re-study
- Consider requiring students release their names let students know it will be 6 months before PD gets the report to see pass/fail
- Help PD’s interpret the exam results, so we can reduce student anxiety. We don’t know how to confidently explain
- 15 + 14 does not + 24
Declining Enrollment Rates in Undergraduate DPD Programs: Table #9

2nd degree students pursuing pre-req’s for graduate degree/FEMM vs applying to DPD

If DPD are cost effective vs coordinated graduate program

Big (penn state) and small (St. Elizabeth, Morristown, NJ) schools are represented and have similar concerns

Salary projection = a student concern

Dietetics education is in flux – concerns incoming students

Decline in demographics (people having fewer children = fewer incoming students”

Price of higher education is sky-rocketing = less willingness to do unpaid DI

Student loan burden- able to join with nursing MLDS with loan reimbursement for underserved populations (Indiana Health Service Loan repayment Program does – would like Academy leadership to advocate for additional programs)

Recruitment could involve FNCE/state meetings

Need flexibility for DPD RDNs to apply to fast track B – MS programs vs the MS being a separate track

When Master’s degree opened- 2nd degree students are by-passing undergrad DPD and going to Master’s degree

Students looking for graduate degree without science pre-req’s (if FEM graduate programs don’t require science pre-reqs) this information on Fr pre-reqs???

Students don’t want to complete graduate degree and decide to change majors

Discussions with parents focus on salary projections, job opportunities and student are more financially savvy and don’t want to take on loan burden

National economy declines caused population shift that result in fewer college students in same areas

Losing students to online programs in dietetics

As a results of lower undergraduate enrollments, MS/DI programs are lessening their requirements

What do we do with non-DPD BS degrees in nutrition?
Employment Opportunities for Interns and salaries for RDNs: Table #11 and 12

One site
Hire for vacation coverage- take half of their interns
Co-sign different
ACEND (Hiring) Interns sites train

Raising Salaries
1. Career ladder: can we encourage CNM PDG to push
Choice of practice are LTC > clinical > community
Higher salary with on call, both longer hours
Generational issue work 8 hours only
School system- should be a requirement
Marketing- industry
Retail
Masters degree requirement- does not increase salaries
New grads $35-50K
Changing Landscape of Supervised Practice Options for DPD Graduates: Table 14

Memphis MSID programs – a lot of medical practices, opportunities for preceptors due to medical center

Distance more due to local or cheaper than master’s program- trying to get in before MS requirement

Alternate internship program “how” “boot camp

Great idea; to replace some of the internships- clinical – not enough hospitals to meet intern needs

Remove: check box off DICAS application

Have you ever been accepted or turned down before” as it assumes problems for the program director

? put deposit down

Accept them in

Report to DND digital who: during the match so the cannot change their minds

Changing Landscape of Supervised Practice

Applicant guide and ACEND websites contain complimentary info

ACEND website statement about accreditation is confusing to potential applicant guide

  o “Up for reaccreditation (dates- added to ACED website beyond just when accreditation ends.

    Potential students currently think that programs are “going away” when accreditation ends

Add “programs go through re accreditation every 7 years”

Could we get applicant guide out sooner- over the summer would be great

FEM for DPD programs

  o State legislatures are not supporting “technician” as a bachelors level degree
  o Is DTR an acceptable/marketable credential
  o CHES certified health education specialists
  o MCHES: Masters Level Health Educator Specialist
  o In “FB” 450 supervised practice hours

We have had many discussions about the bachelor- prepared credential and it seems there is not a good agreement

What happens if current FEM B-program demonstration programs fid out it is not sustainable??

Currently only 5 bachelors FEM Demo programs

Current DPD programs feel

When we will have data
It's not a certainty that we are going to the FEM

Date from “Practice Survey” won’t be available till 2030

What happens if ACEND loses lots of DPD program accreditation money

ACEND has to be self-funded

ACEND anticipates losing money
Navigating the increasing needs of DPD students: Table 15 and 16

1. Current student population have trouble handling ambiguity. Instructors are having to provide very specific instructions with screen shots. In response to the lack of critical thinking skills, it was also discussed that first-generation college students are not able to connect the dots as well and have more ambiguity than those are not. Clear instructions that connect the steps are needed by these students.

2. To help students understand that there is more than one method to answer a problem, one faculty will have students post PES statements on the board. The faculty then discusses with students that there is more than one right answer and then takes the next step to talk about which may be better PES statements.

3. One faculty discussed how to meet student needs without lowering standards. To prevent students from watching TV or using cell phones for other things during class, he/she incorporates cell phone use into the class through Kahoot.

4. Some have started an introduction to the dietetics profession class during the freshman year. The content covers how to behave in the classroom and also reminds the students that their behavior during the class can be used to support or not support a letter of recommendation.

5. Some have put the policy of no technology use when there guest speakers in the class room.

6. To help engage students and ensure that they are taking notes, some faculty will provide the ppt presentation, but will leave out pieces of information. This helps keep students engaged and taking notes.

7. To help students understand the importance of professional behavior, one faculty will have the students rate themselves on their professional behavior, preparation for the exam, and process of reading the material.

8. One faculty said that you cannot fight the needs of the increasing demands of the DPD students. She suggested to take time to cover the expectations and then hold them accountable.

9. To counter the students who desire study guides, some faculty remind students to take good notes.

10. Some faculty use “zoom in” dialogue. For example, remind student to zoom in on this topic as it is important.

11. Some faculty have students create their own checklist and study guides and share with others.

12. The discussion also included the mental health needs of students. Faculty are seeing greater anxiety, depression and stress in students than before.

13. Faculty are also dealing with students who are taking dietetics as a second career and these students are working and have other responsibilities.

14. The discussion also included that engaging in small group discussion appeared to help students stay engaged.
15. Another tip for engaging students was to use polling during the classes to review the material.

16. Also remind students that when they are out of the class and shadowing or in other experiential experiences to ask if it is ok to use their phones to look up material or do calculations.
**Alternative Supervised Practice Hours: Table 18**

Everyone: SIMS, cases studies (presentation counts, not prep)

Problem based learning

Journal club: presenting not preparing, practice session, zoom, polling, self- eval, invite preceptors

Mentorship- open house, application help for DPD, e-mentoring

Virtual days= interns teaching interns

Practice XYZ, video e web-conferencing, right/wrong videos

Presenting poster at conference

Community ideas: use campus, schools, farm to table, student health, LTC, adult day care, senior congregate dining, farmers market, drug/alcohol rehab, extension, check contract dining at schools, vegetable garden in schools, food bank, head start

DO not count:

Orientation- not entire week, P/P doesn’t’ count (sitting and listening doesn’t’ count)

Attending conference unless activity tied to competency
NDTR Table

Representation at the table from 4 associate degree programs and 1 bachelor’s program who is considering being in the FEM program.

- Be sure to have a topic/table for NDTR programs at future round table discussions

Job market for NDTR

- Will there be an increase for this in the future?
- Some shared there has been an increase in DTRs in certain areas from employers in the last 2 years
  - Community based nutrition programs
  - Long-term care
  - Food “Farmacy” programs (Farm to Clinic Programs)

Current Associate level NDTR

- Happy with how the associate level program is preparing students
- Concerns shared about having BS prepared and Associate prepared moving forward
  - Lack of clarity between education with employers and students
- Rayanne from ACEND shared that there is no end point with the current associate degree level moving forward. The direction of the BS NDTR is the most unclear moving forward that this point.
  - One program shared they have a BS in health science with nutrition track that they want to move to the BS DTR. Global health interest with global experiential learning included.

Allowing DPD students to sit for the exam without experiential learning

- Several at the table voiced concerns about this.
- Rayanne from ACEND clarified that this was a CDR decision not an ACEND decision.

How to approach administration/Marketing program

- Discussion related establishing articulation agreements between NDTR programs and universities or DPD programs to allow for smooth transition to DPD if there is career advancement interests.
  - What DPD programs are willing to work with NDTR programs
  - Is there a way that these can be promoted?
  - Some DPD programs not willing to accept classes from NDTR programs
- Reaching out to employers
- Utilizing CDR promotional materials

Improving the culture of the Academy to promote NDTR

- Health systems are looking at the bottom dollar. Academy could promote the role of NDTR to help improve this. Related to marketing.
• Limited focus of national meeting on NDTR overall. The more dietitians know about the ways NDTR can partner (not compete) with the RDN to improve patient care etc. Dietitians tend to not advocate for the NDTR.

Associate FEM

• This should be make a certificate program to improve the recognition of this.
• What is the future job market for this
• Rayanne from ACEND shared:
  o that there are currently no demonstration programs at associate level.
  o Designed for the community health worker (home health aide, breastfeeding assistance, in-home assistance.
  o Not a dumping down of the DTR but meeting a difference focus