Preceptor Orientation Handbook

Pasco County Health Department Dietetic Internship

Achieving Excellence in Public Health Nutrition

September 2016

Preceptor Orientation Attestation Form

Please complete and return to your Florida Department of Health Dietetic Internship Regional Coordinator

I attest that I have received the Preceptor Orientation Handbook.

I have been informed of the online Dietetics Preceptor Training Program on the Commission on Dietetics Registration (CDR) website.

Your Name (print)_____

Signature_____

Facility Name_____

Date_____

☐ **(Please check if completed)** I have completed the online Dietetics Preceptor Training Program on the Commission on Dietetics Registration (CDR) website and have attached a copy of my certificate

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Facility Application Form
Preceptor Application Form

Faculty Contact Information

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Dear Preceptor,

Thank you for being a preceptor for the Pasco County Health Department Dietetic Internship. Precepting is an immensely rewarding experience both for the intern and preceptor.

We understand that your primary goal is to care for your patients or clients. We also recognize that teaching takes time. Many preceptors have found that precepting is a superb way to continue their education. You will discover that explaining, demonstrating, and critiquing reinforces what you know, uncovers what you don't, and provokes you to rethink your day to day practice. Most patients and clients have enjoyed the extra attention that interns give them and are amazingly tolerant of learners. Your discretion is always necessary in choosing patients or clients who interact with interns.

As a conscientious and competent professional, you may be anxious about your teaching abilities. There is much to learn about effective teaching. This handbook has tips and resources collected by your professional colleagues that will help to guide you in your effectiveness as a preceptor.

We want to thank you again for your support and involvement with our program. Without you we could not offer this important experience for our interns in completing their requirements to become Registered Dietitians.

Sincerely,

Melissa Cooper

Melissa Cooper, MSH, RDN, LD/N
Program Director, Pasco County Health Department Dietetic Internship

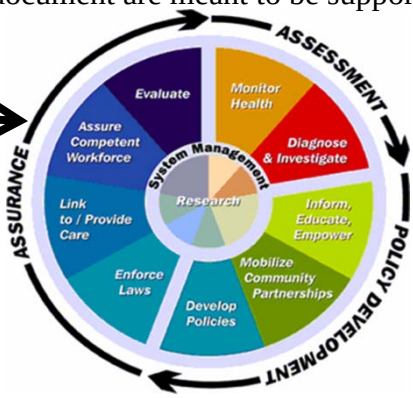
and

The Pasco County Health Department Dietetic Internship Faculty

Purpose of the Preceptor Orientation Handbook

This handbook is a guide and resource for preceptors and other professionals considering becoming preceptors with the Pasco County Health Department Dietetic Internship Program. The information and procedures included in this document are meant to be supportive.

One of the 10 essentials of public health is **to assure a competent public health and personal care workforce.** Pasco County Health Department Dietetic Internship seeks and recruits astute preceptors mirroring these efforts. All preceptors are encouraged to use this handbook.



The vision, mission, and values of the Florida Department of Health are:

Vision:

To be the Healthiest State in the Nation.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Values: (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

Benefits of Being a Preceptor

- Offers preceptors access and resources to a new pool of staff
- New dietitians are resources of new innovations, software, books, & equipment
- Preceptors can market their community partnerships
- Reduce the shortage of Registered Dietitians in Florida
- Provide competent workforce for businesses and organizations
- Provide competent resources for the community
- Interns provides free work assistance while they learn their competencies
- Interns learn how to work well with other members of the health care team
- Interns learn how to work well with community partners
- Interns learn available resources for various clientele
- Preceptor has the opportunity to serve on the Pasco Dietetic Health Department Dietetic Internship Advisory Council
- Preceptors are offered free continuing education hours from Pasco County Health Department Dietetic Internship sponsored activities
- Preceptor has the opportunity to network with sponsoring agency and regional dietitians

Prepare for the Role of Preceptor

Prepare For Your Role as Planner, Role Model, Information Provider, Facilitator of Learning, Resource Developer, Assessor of Learning

- Review "About the Pasco County Health Department Dietetic Internship Program"
- Review "About the Accreditation Council for Education in Nutrition and Dietetics"
- Complete the Preceptor Self-Assessment Form
- **Complete the free Commission on Dietetics Registration "Online Dietetic Preceptors Training" at http://www.cdrcampus.com/**

Plan For Student Learning

- Review "Core Competencies for the RD"
- Review "Intern Responsibilities"
- Examine the "Supervised Practice Curriculum" and "Intern Evaluation"
- Identify and discuss orientation points for interns

Facilitate Student Learning

- Employ "Talking Points with Interns"
- Read 'The One-minute Preceptor: Shaping the Teaching Conversation"
- Teach critical thinking

Assess Student Learning

- Through observation, work samples, and assignments/projects, provide constructive feedback
- Evaluate and rate intern performance on the "Intern Evaluation" form

Communicate Effectively

- Communicate with interns and their Regional Coordinator
- Discuss expectations of the intern

Manage Time Effectively

- Use planning tools

Keep Current in Dietetics and Nutrition Practice

- Apply evidenced based or best practice strategies and interventions

About the Pasco County Health Department Dietetic Internship

Mission:
To educate nutrition graduates for leadership roles in the profession of Dietetics in a stimulating environment which is both conducive to learning and committed to excellence, where full realization of human potential and commitment to improving health status of the community are pursued.

The major goals of the program are:

Goal 1: To prepare entry-level professionals with the knowledge and skills necessary to practice evidence-based dietetics, with an emphasis on the competencies associated with public health and community nutrition.

Goal 2: To increase the number of registered, licensed dietitians specializing in public health and community nutrition in the state of Florida.

Goal 3: To assure a competent public health workforce by providing training opportunities for eligible staff to develop and expand their skills through participation in the Dietetic Internship and related professional organizations.

Outcome Measures:

1. 95% of interns admitted into the dietetic internship will complete the program within 15 months.
2. 85% of employed graduates will rate themselves as well prepared for their first employment position as public health/community nutrition professionals.
3. 100% of interns will receive a rating of 3 or above for all entry-level competencies, as evaluated by preceptors.
4. 100% of interns will receive a rating of 3 or above for all community emphasis competencies, as evaluated by preceptors.
5. 75% of employers will rate graduate employees as “meets expectations” or higher when evaluating competency level and overall preparation as public health nutritionists.
6. Over a 5-year period, 80% of program graduates will successfully complete and pass the registration examination for dietitians (RD exam) on the first attempt.
7. 85% of graduates who take the RD exam will have passed within the first 12 months.
8. 85% of non-state employee graduates will obtain employment within a local county health department within six months of graduation from the program.
9. 90% of employee graduates will complete their contractual work service obligation.
10. 100% of eligible Florida Department of Health nutrition educators are offered the opportunity to apply for the dietetic internship.
11. 50% of interns will be selected from the pool of state-employee applicants each year.
12. 80% of graduates responding to the post-graduation survey will respond that they participate in their local or national Dietetic Association, are willing to mentor/precept future interns and participate in lifelong learning.

Data from program outcome measures are available upon request

Program Overview

The Pasco County Health Department Dietetic Internship, headquartered in New Port Richey, Florida, provides comprehensive supervised practice experiences in four regional areas in the State of Florida; Duval County, Miami-Dade County, Palm Beach County, and Pasco County. The internship prepares interns to be competent dietetic professionals with an emphasis in Community/Public Health Nutrition.

The Pasco County Dietetic Internship program provides a minimum of 1,200 supervised practice hours and 168 didactic education hours to develop the student's competence for successful completion of the Registration Examination for Dietitians commissioned by the Commission on Dietetic Registration and attainment of requirements for State of Florida licensure as a dietitian/nutritionist.

The Pasco County Health Department Dietetic Internship consists of two pathways, the WIC Track and PAL Track, which offer part time and full time participation in supervised practice experiences.

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) Track pathway consists of 16 full time interns and two part-time interns who complete a total of 1200 supervised practice hours and 168 didactic education hours.

The Prior Assessed Learning (PAL) Track pathway consists of up to three part-time interns who are either Florida Licensed Dietitians and/or the non-traditional students with extensive dietetic experience. Interns are self-directed for this track and complete a minimum of 300 (Licensed Dietitian) or 640 (prior work experience applicant) supervised practice hours. All program requirements are completed within a timeframe not to exceed 24 months.

The internship program commences in August and ends within 9 to 24 months.

Upon completion of all program requirements, graduates are eligible to receive a verification statement and if applicable are eligible to take the Registration Examination for Dietitians.

For interns who wish to participate, up to nine graduate degree credits are provided through the College of Health at University of North Florida (UNF) for the didactic component. Interns must be enrolled in UNF or participate as non-degree seeking students to receive graduate degree credit.

It is the policy of the Pasco County Health Department Dietetic Internship to comply with applicable federal, state, and local laws and regulations regarding equal opportunity and non-discrimination. Admission and access to programs shall be made in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. This institution is an equal opportunity provider.

The Pasco County Health Department Dietetic Internship is accredited by the Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, USA. (312) 899-0040 ext. 5400. http://www.eatright.org/ACEND.

Funding for the Pasco County Health Department Dietetic Internship is provided by the Florida Department of Health Bureau of WIC Program Services.

Pasco County Dietetic Internship Track Descriptions	Florida Department of Health (FDOH) Women, Infants and Children (WIC) Full Time Track without PAL	Part Time Track with Prior Assessed Learning (PAL)
Program Concentration	Community/Public Health Nutrition	Community/Public Health Nutrition
Program Location	Florida Regions: Duval County, Palm Beach County, Pasco County , Miami-Dade County	Locations within Florida preferably Duval County, Palm Beach County, Pasco County , Miami-Dade County
Estimated Time Frame	Late August to mid-June (full time WIC track). Not to exceed 24 months (part-time WIC track)	Not to exceed 24 months.
Number of Interns Accepted	16 Full-time; 2 Part-time	3 Part-time
Eligible Applicants	Graduate of an accredited DPD program, requirements verified. Pre-selection candidates will have worked 2,080 continuous hours in a contracted Florida DOH Nutrition/WIC Local Agency prior to the internship application due date and has sponsoring agency approval. A work service obligation of 3,120 continuous, paid hours post-graduation is required. Additional candidates may apply through computer matching if seats are available after the pre-selection period. A work service obligation of 4,160 continuous, paid hours in a contracted Florida DOH Nutrition/WIC Local Agency post-graduation is required.	Graduates of an accredited DPD program, requirements verified. Florida licensed dietitian/nutritionist internship candidate. Non-traditional internship candidates have extensive work and long term volunteer experience.

Program Completion Requirements: Supervised Practice Hours and Didactic Education Hours* Conducted in New Port Richey, Florida. Typically Monday through Thursday.	**Supervised Practice Hours** Total Supervised Practice Hours: 1200 <u>All Interns</u> Public Health Nutrition – 440 Hrs • 200 Community Nutrition • 200 WIC • 40 Public Policy/Field Trips Clinical Nutrition – 400 Hrs • General & Specialty Food Service Management – 360 Hrs • General & Specialty **Didactic Education** Total Didactic Hours: 168 • Advanced Clinical Nutrition: 47 Hrs • Advanced Public Health Nutrition: 47 Hrs • Advanced Administrative Food & Nutrition Management: 43 Hrs • Additional Integrated Didactic Education and Activities: 31 Hrs	**Supervised Practice Hours** Total Supervised Practice Hours: 1200 <u>Interns with Florida licensure (LD/N):</u> Prior learning assessment not to exceed 900 practice hours as follows: • Community Nutrition not to exceed 300 hours. • Clinical nutrition not to exceed 300 hours. • Food Service Management not to exceed 300 hours. <u>Non-traditional Interns</u>: Prior learning assessment not to exceed 560 practice hours as follows: • Community Nutrition not to exceed 280 hours • Clinical Nutrition not to exceed 120 hours. • Food Service Management not to exceed 160 hours. **Didactic Education** To be determined by Program Director based on assessment of prior learning and entrance exam score.
Registration Exam Review Course: required to be in Pasco County	Required	Required for non-traditional interns.
Upon Completion student receives:	ACEND Verification Statement of Dietetic Internship completion	ACEND Verification Statement of Dietetic Internship completion

About Accreditation Council for Education in Nutrition and Dietetics (ACEND®)

The Accreditation Council for Education in Nutrition and Dietetics (ACEND®) is an autonomous accrediting agency for education programs preparing students to begin careers as registered dietitians or dietetic technicians, registered. Programs meeting the accreditation standards are accredited by ACEND®.

Mission

ACEND® serves the public by establishing and enforcing eligibility requirements and accreditation standards that ensure the quality and continued improvement of nutrition and dietetics education programs that reflect the evolving practice of dietetics. ACEND® defines educational quality as the ability to prepare graduates with the foundation knowledge, skills and/or competencies for current dietetics practice and lifelong learning.

Vision

ACEND®- accredited programs will be valued and respected for preparing competent professionals for entry-level and beyond.

Goals

To achieve its mission and vision, ACEND® established strategic goals. ACEND® will:

- Demonstrate accountability to the public through the establishment and application of market responsive, rigorous standards that require programs to document academic quality and student achievement.
- Communicate clear ACEND® expectations to assist programs in meeting quality accreditation standards.
- Enhance preparation for entry-level practice by requiring program self-examination to ensure quality improvement and planning for purposeful change.
- Encourage educational innovation and diversity in order to address evolving dietetics practice.
- Continually evaluate accreditation practices in order to maintain appropriate policies and procedures that ensure fair and consistent accreditation decisions.
- Provide opportunities for professional development and educational leadership.

Source: ACEND website: http://www.eatrightacend.org/

Core Competencies for the RD (CRD) & Community Emphasis Competencies (CEC)

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice

Upon completion of the program, graduates are able to:

- **CRD 1.1** Select indicators of program quality and/or customer service and measure achievement of objectives.
- **CRD 1.2** Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetics practice
- **CRD 1.3** Justify programs, products, services and care using appropriate evidence or data
- **CRD 1.4** Evaluate emerging research for application in dietetics practice
- **CRD 1.5** Conduct projects using appropriate research methods, ethical procedures and data analysis

2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

Upon completion of the program, graduates are able to:

- **CRD 2.1** Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics
- **CRD 2.2** Demonstrate professional writing skills in preparing professional communications
- **CRD 2.3** Design, implement and evaluate presentations to a target audience
- **CRD 2.4** Use effective education and counseling skills to facilitate behavior change
- **CRD 2.5** Demonstrate active participation, teamwork and contributions in group settings
- **CRD 2.6** Assign patient care activities to DTRs and/or support personnel as appropriate.
- **CRD 2.7** Refer clients and patients to other professionals and services when needs are beyond individual scope of practice
- **CRD 2.8** Apply leadership skills to achieve desired outcomes

Source: ACEND Accreditation Standards for Nutrition & Dietetic Internship Programs (May 2015), pages 54-57

- **CRD 2.9** Participate in professional and community organizations (see tip, below)
- **CRD 2.10** Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services.
- **CRD 2.11** Demonstrate professional attributes within various organizational cultures
- **CRD 2.12** Perform self-assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetics Registration
- **CRD 2.13** Demonstrate negotiation skills

3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

Upon completion of the program, graduates are able to:

- **CRD 3.1** Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings
    a. Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered
    b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements
    c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention
    d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis
    e. Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
- **CRD 3.2** Demonstrate effective communications skills for clinical and customer services in a variety of formats.
- **CRD 3.3** Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management
- **CRD 3.4** Deliver respectful, science-based answers to consumer questions concerning emerging trends
- **CRD 3.5** Coordinate procurement, production, distribution and service of goods and services.
- **CRD 3.6** Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals

4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations

Upon completion of the program, graduates are able to:

- **CRD 4.1** Participate in management of human resources

Source: ACEND Accreditation Standards for Nutrition & Dietetic Internship Programs (May 2015), pages 54-57

- **CRD 4.2** Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food
- **CRD 4.3** Participate in public policy activities, including both legislative and regulatory initiatives
- **CRD 4.4** Conduct clinical and customer service quality management activities
- **CRD 4.5** Use current informatics technology to develop, store, retrieve and disseminate information and data
- **CRD 4.6** Analyze quality, financial or productivity data and develop a plan for intervention
- **CRD 4.7** Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment
- **CRD 4.8** Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
- **CRD 4.9** Analyze financial data to assess utilization of resources
- **CRD 4.10** Develop a plan to provide or develop a product, program or service that includes a budget, staffing
- needs, equipment and supplies
- **CRD 4.11** Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers.

The Core Knowledge and Community Emphasis Competencies (CEC) are:

- CEC 1. Manage nutrition care for diverse population groups across the lifespan
- CEC 2. Conduct community-based food and nutrition program outcome assessment/evaluation
- CEC 3. Develop community-based food and nutrition programs (perform)
- CEC 4. Participate in nutrition surveillance and monitoring of communities
- CEC 5. Participate in community-based research
- CEC 6. Participate in food and nutrition policy development and evaluation based on community needs and resources
- CEC 7. Consult with organizations regarding food access for target populations
- CEC 8. Develop a health promotion/disease prevention intervention project (perform)
- CEC 9. Participate in waived point-of-care testing, such as hematocrit and cholesterol levels
- CEC 10. Conduct general health assessment, e.g., blood pressure and vital signs

Source: ACEND Accreditation Standards for Nutrition & Dietetic Internship Programs (May 2015), pages 54-57

Policy 16: Faculty and Preceptors

Purpose: The Pasco County Health Department Dietetic Internship (PCHD DI) will have a sufficient number of qualified faculty and preceptors to provide the depth and breadth of learning activities required in the curriculum and the exposure to the diversity of practice.

Rationale: In order to keep supervised practice for the interns current, effective, and consistent across the regions, it is necessary to periodically review the credentials and performance of all faculty and preceptors.

Procedure:

1. The PCHD DI Administration will ensure sufficient and qualified Regional Coordinator Faculty (RCF) and Preceptors within its program to provide the depth and breadth of learning activities as required in the curriculum.
    A. The PCHD DI administrative staff provides new faculty (RCF and practitioners teaching profession-specific didactic content) an orientation to the mission, goals, objectives and expectations of the PCHD DI.
    B. The PCHD DI administrative staff will maintain a copy of a resume and license (if applicable) for all RCFs.
    C. The PCHD DI administrative staff will maintain a copy of a resume and/or documentation of credentials for RCFs and preceptors as documentation of evidence of continued competence as dietetic professionals and as educators within the DI program calendar year.

2. In addition to the Program Director, the PCHD DI program includes Regional Coordinator Faculty (RCF) in designated regions throughout the state of Florida to recruit qualified preceptors and coordinate learning experiences for interns in regional locations.

    A. The RCF recruits qualified preceptors, serves as a conduit for the region, and performs the following activities:
        1. Submits to the PCHD DI administrative office a resume and/or documentation of credentials and copy of license (if applicable) for each primary preceptor.
        2. Maintains a list of current practicing preceptors with a summary of each preceptor's name, qualifying experiences and/or credentials, area of expertise, facility, rotation precepted, and date of orientation.
        3. Provides each preceptor with a Preceptor Orientation Handbook before assuming responsibilities. The preceptor will date and sign the Preceptor Orientation Handbook Form upon completion. The signed orientation form shall be housed on SharePoint.
        4. Develops Supervised Practice Objectives with each preceptor detailing the professional competencies that the intern will attain during the rotation before assuming responsibilities.
        5. Maintains a list of regular training updates with preceptors, to include date and summary of dialogue, on an annual basis.
        6. Reports any intern's complaints about a preceptor to the program director to determine an

appropriate course of investigation.

7. The RCF will conduct a minimum of seven coaching sessions using the Intern Coaching Form with their regional interns throughout the year and communicates expectations for an action plan (if necessary) with intern. The documentation is stored with intern program data on regional SharePoint site until administrative staff store it as part of the students' permanent record.
8. The RCF endeavors to schedule meaningful and quality field trips during Public Policy Week in an effort to expose students to diverse and novel areas of practice in their region.
9. The RCF will complete all presentations/lectures to be given to students in a timely manner so that PCHD DI administrative staff may review content.
10. The RCF completes test grading/assignment evaluations in accordance with *Policy 13: Learning Assessment of Assignments & Exams* (source: ACEND Accreditation Standards for Internship Programs in Nutrition & Dietetics, 2015)
11. RCF participates in monthly planning meetings held via teleconference hosted by the PCDI administrative staff, and annual year end planning meeting in Pasco County to address program updates and issues.

B. RCF and preceptors are evaluated by interns annually. Interns document that the evaluation was completed for each rotation on the Intern Evaluation Form during coaching meetings with the RCF. The RCF shares results of supervised-practice facility evaluations with preceptors/faculty for their review and response as needed.

Revisions: June 2012
April 2015
September 2015
September 2016

Pasco County Health Department Dietetic Internship
Supervised Practice Curriculum/Work Plan

For RC use only:

Year:
Grade Book Code:

FACILITY LOCATION:_____ **PRECEPTOR:** _____ **TOTAL HOURS:** __200__

WORK PLAN FOR ROTATION: The following objectives are the minimum requirements for the rotation. Interns may be asked to participate in additional assignments as required by the preceptor. Evaluation must be completed by Preceptor and reviewed with intern prior to end of rotation, and given to Regional Coordinator upon completion.

READINGS & SUPPORT KNOWLEDGE FOR ROTATION		**Reading & Resources:** Academy of Nutrition and Dietetics Code of Ethics, Standards of Professional Performance, and Scope of Dietetics Practice Academy of Nutrition and Dietetics Evidence Analysis Library International Dietetics and Nutrition Terminology **Krause, Food & Nutrition Therapy, Chapters 13-20, 26-38**	
SUPERVISED PRACTICE ACTIVITY	**LEARNING OUTCOMES (#)**	**ASSIGNMENTS**	**DUE DATE** EOR – End of Rotation
Professional Expectations	2.1 2.5 2.10 2.11 2.12 3.1e 4.5	1. Practice in accordance with professional standards. [2.1] 2. Attend and participate in on-site meetings (staff, management, professional, etc). [2.5] 3. Work collaboratively with stakeholders and staff. [2.10] 4. Exhibit professional work ethic, time management, critical thinking and customer focus. [2.11] 5. Attend on-site training (if appropriate) and enter documentation into PDP. [2.12] 6. Complete all documentation according to requirements of the facility. [3.1e] 7. Uses electronic methods for material management and charting, as appropriate. [4.5]	Throughout Rotation
Quality Assurance Activities and Monitoring	1.1 1.3 3.2 4.2 4.4 4.6	1. Review Quality Improvement process used by clinical nutrition services and its rationale. [4.2] 2. Develop a clinical quality monitor. [1.1] Collect and analyze data. Work with Chief Clinical Dietitian to develop an intervention based on the results. Implement intervention strategies. [4.4] 3. Review patient charting system used by the hospital/facility. Perform chart audit(s) as assigned by the preceptor. Evaluate results, develop intervention plan with preceptor. Prepare a justification for program or process audited. [1.3] 4. Conduct test trays and taste tests as appropriate. Monitor meal rounds. [4.6] 5. Work with preceptor to develop an in-service training class for staff on a modified diet or other clinical topic. Conduct audience evaluation to monitor for meeting stated objectives, content & delivery. [3.2]	As scheduled by preceptor

Sample

For RC use only:
Grade book Code: _____
Entered into Grade book:_____
Date sent to Pasco: _____

Pasco County Health Department Dietetic Internship

Intern Evaluation

Intern: _Ima Intern _____ **Regional Site**: _Pasco _____ **Rotation Dates:** _____

Rotation Type: _Clinical_____ **Facility**: _ Regional Hospital _____ **Preceptor**: __ Ima Preceptor _____

Evaluation Rating Scores
5- Outstanding: significantly exceeds all expectations on a regular basis and is not generally equaled by others in the same position **REQUIRES COMMENT BY PRECEPTOR**
4- Exceeds Expectations: consistently meets and sometimes exceeds expectations
3-Meets expectations: produces competent and consistent quality of work expected
2-Needs improvement: requires more supervisory direction than expected; performance still needs improvement **REQUIRES COMMENT BY PRECEPTOR**
1-Below expectations: performance inadequate, below minimum acceptable standards **REQUIRES COMMENT BY PRECEPTOR**
N/A: – Not observed or Not Applicable REQUIRES COMMENT BY PRECEPTOR

Supervised Practice: Competencies/Learning Outcomes	Experience & Examples: Cite examples that support the rating	Rating	COMMENT REQUIRED:
1: Scientific and Evidence Base of Practice: integration of scientific information and research into practice			
Upon completion of supervised practice, graduates are able to: 1.1 Select indicators of program quality and/or customer service and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes in wellness, management, sports, clinical settings etc.	**Evaluation:** Observation by preceptor or designee. **Learning Experience:** Observe PEG, NG or PPFT tube placement; observe diagnostic scans, or procedures such as a video swallow study, EGD or colonoscopy as appropriate; discuss with preceptor indications/contraindications for procedures.	**1 2 3 4 5 N/A**	**COMMENT REQUIRED: (for ratings 1, 2, 5, NA)** **Ima Intern was unable to observe procedures identified during time period of rotation hours.**
1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence Analysis Library, and Evidence-Based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the	**Evaluation:** Observation by preceptor or designee. Review written materials and documentation. **Learning Experience:** Complete case studies relevant to complex medical conditions, as assigned. Incorporate evidence-based	**1 2 3 4 5 N/A**	**COMMENT REQUIRED: (for ratings 1, 2, 5, NA)** **Ima Intern performed exceptionally well in her case study on the patient with Ulcerative Colitis. She was prepared, poised, and presented information about the case to the**

Sample

nutrition care process and model and other areas of dietetics practice	guidelines into your review. Present findings to the clinical staff. Conduct evaluation to monitor for meeting stated objectives, content and delivery.		**preceptor and clinical staff in a professional manner. She demonstrated knowledge through use of evidenced based interventions in which was clearly referenced in her report and presentation.**
1.3 Justify programs, products, services and care using appropriate evidence or data	**Evaluation:** Observation and discussion with preceptor or designee. **Learning Experience:** Review patient charting system used by the hospital/facility. Perform chart audit(s) as assigned by the preceptor. Evaluate results, develop intervention plan with preceptor. Prepare a justification for program or process audited.	**1 2 3 4 5 N/A**	**COMMENT REQUIRED:** **(for ratings 1, 2, 5, NA)** **Ima Intern demonstrated problems in understanding how to perform a chart audit. Ima Intern made errors on each audit question and relied on preceptor to address questions where answers were provided in the instructions. Ima Intern was also unable to give more than 1 justification on how to improve chart documentation without prompt by preceptor.**

SUMMARY & RECOMMENDATIONS: **Comments Completed by Preceptor (Required)**
PLAN: **Comments Completed by Intern (Required)**
RC REVIEW: Comments (Required)

Preceptor Signature _____ **Date** _____ **Supervised Practice Site** _____

Dietetic Intern Signature _____ **Date** _____ **Regional Coordinator Signature** _____ **Date** _____

I have completed the facility survey for this rotation _____ (intern initials)

This certifies that the intern completed hours _____ (preceptor initials)

Sample

Dietetic Intern Responsibilities

It is the intern's responsibility to:

1) **Be respectful, on time, prepared, participate fully and complete all supervised practice curriculums, classes, and events.**

   - Have a positive attitude, that is, be prepared and eager to learn what the curriculum prescribes – even if the value of the experiences may not be immediately evident.
   - Expect that completing a supervised practice experience will be time-consuming and challenging.
   - Be patient – with patients, clients, employees, preceptors, and oneself.
   - Professional skill development takes time, effort, practice, and patience.
   - Upon completion, demonstrate entry-level competence for all of the ACEND competencies. If not achieved, additional time may need to be completed.

2) **Communicate regularly and appropriately with preceptors and others so that expectations, arrangements, responsibilities etc. are understood and agreed upon.**

   - Be open to new information, ideas, experiences, approaches, ways of accomplishing things, and opportunities – even if these may be in conflict with one's personal beliefs or prior experience.
   - Expect feedback and evaluation may include opportunity for improvement.

3) **Plan carefully and thoroughly as asked. Follow through with all learning activities and prepare for the unexpected**.

   - Be organized, willing and flexible to assume responsibility for their learning.
   - Remember that providing high-quality food and nutrition services is a priority.

4) **Learn when to ask for guidance and when to be appropriately self-directed.**

   - Learn when to ask questions and when to research the answers.
   - Integrate new information and concepts with those that they learned previously.
   - Spend time in reflection and self-assessment.

5) **Look for relationships:**

   - Between theory, practice and what is being learned.

Checklist of Talking Points with Interns

___Site contact information

___Dress Code

___Schedule

___Preceptor availability, role

___Who may act on preceptor's behalf

___Intern's expectations and goals

___Goals for the rotation

___How intern will progress

___Work plan, work expectations, assignments, protocols, prior approval, observation

___Establishment of deadlines for submitting plans, information, assignments

___How will performance assessment be communicated

___How is the Intern Evaluation completed

___Interaction with patients/clients/customers/staff

___What to do when a problem arises

___Grounds for removing intern from the practice site

Setting Expectations for Interns: Questions to Consider

- Do you expect your students to review their completed plans for interacting with patients with you before approaching the patients?

- What are your established deadlines for submitting plans, information, assignments, and/or communications?

- Do you expect to see and approve a draft of what the student will say and/or plans to do in a certain situation beforehand? For example, do you want to see the marketing campaign for the 'heart-healthy' cafeteria options before it appears in the cafeteria?

- Do you want them to make a decision and take action and then inform you or do you want them to consult with you first? Does this apply to any and all decisions or just certain ones?

- Do you expect that all work will be spell-checked, grammatically correct, carefully organized, concise etc. before they submit it to you?

- When a student has a problem, what do you want them to do? Solve it themselves and then tell you what they did, come to you right away at the first sign that there is or may be an issue, or something in between? Do you want the student to come prepared with a solution in mind?

- How and when should students contact you? Will you respond to pages? Will you read e-mail daily? Are there certain days you will or will not be able to do planning or discuss problems with students? Are schedules flexible or firm once posted?

- What will happen if the student submits an unsatisfactory chart note, assignment, project, etc. or hasn't developed the expected knowledge and/or skill in the time allotted. Will the student will be required/expected to redo work and/or to spend additional time in any rotation where they can't demonstrate the required competence?

- How will you approach problems related to the student's behavior or performance? Will warnings be issued? Under what circumstances? What are the grounds for removing the student from the practice site?
    - What are your expectations regarding learning and performance?
    - Will you discuss why you do what you do as well as how you do it?
    - How many opportunities will students have to observe someone before they are expected to accomplish a task?
    - Who will decide when the student is ready to progress?
    - How will you assess student performance?
    - Will time be set aside specifically for providing students with information about how they are doing and how to improve?
    - Will their evaluations also include the input of people other than you?
    - Will they have the opportunity to respond, question, or disagree with your assessment?

Provision of Effective Feedback Skills for a Preceptor in a Dietetic Internship

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Training students in a supervised practice is a fundamental part of the educational process of dietitians that allows students to spend a period of time in an actual practice setting under the supervision of a professional in the field.[1] A preceptor is a professional in a practice site who guides a student's learning experience and provides direction and evaluation aimed at specific performances, to prepare students for entry-level practice upon graduation. [2] An effective preceptor can be described as an individual who is able to provide a learning experience that assists students in meeting the required competencies for a supervised practice, in order to produce a well-prepared entry-level practitioner. [3]

Creating an environment that facilitates learning in a supervised practice is the core of being an effective preceptor. An integral aspect of a preceptor's role in creating an environment that facilitates learning is to elevate a student's level of thinking and performance by challenging them through communication and feedback, to help students get to a higher level of performance. Preceptors who effectively evaluate and provide frequent, specific feedback on students' knowledge, skills, and abilities that constructively outlines their strengths and limitations, and directs students on how they can improve their performance, appeared to be the most highlighted area of an effective learning environment for a supervised practice. [3-17]

Hattie and Timperley[18(p81)] stated, "Feedback is conceptualized as information provided by a teacher or other regarding aspects of one's performance or understanding." Although feedback has been described as one of the most powerful influences on learning and achievement, the mode of delivery may or may not have an effective impact.[18] Students who received information feedback about a task and how to do it more effectively had the highest effect size, with lower effect sizes related to praise, rewards, and punishment.[19] When feedback is personal such as, "You did a great job!" or "You are a smart student!" it is ineffective in enhancing learning.[19] When feedback draws attention to the self or personal level, students may fear failing and avoid the risk of undertaking a challenging task and therefore minimize their effort. [20] In a meta-analysis of various types of feedback, it appeared that feedback had the most impact when goals were specific and challenging for the student. [21] Students were more likely to increase their effort when the intended goal was clear; the student had a high commitment toward it and believed in eventual success. [21] An example of feedback that is task specific and provides direction is, "You will be more efficient if you review relevant areas of the patient's medical record without reading everything" versus "You need to work on your speed!" which is not directed at the process needed to perform the task more effectively and only serves to demoralize the student.

The mnemonic: feedback, encouragement and direction (FED) can be an effective tool for a preceptor-learner interaction.[22] Feedback helps the student change or reinforces a behavior/performance. Encouragement can reveal

a preceptor's interest and concern for the student and can also promote a student to perform slightly above his/her ability, bringing the student to a higher level of competence. Using encouragement with feedback intends to create a situation where the student's willingness to acquire new knowledge and skill is slightly greater than the student's ability; therefore, increasing a student's motivation to learn.[22] Direction usually follows feedback, as it is the intended result of teaching that the learner achieves the competencies. By providing direction, the preceptor explains to the student the best way to accomplish tasks. The method of delivering feedback that is positive and corrective, and provides direction with encouragement has been coined a "Feedback Sandwich." An example of this method in a clinical setting could be: "Your assessment included all of the appropriate information, but I think your nutrition diagnosis could be more specific to the patient's food intake. Why don't you review some of the other diagnoses and then choose one that will tie in more closely with your intervention strategies."

Feedback aims to close the gap between where the student is and their pursuit in becoming competent at various tasks in the supervised practice. Effective feedback answers three questions: "Where am I going?" (learning goals), "How am I going?" (self-assessment), and "Where to next?" (progression, new goals) and works at four levels:

1. Task level which is how well tasks are understood and performed;
2. Process level which is the procedure needed to understand and perform tasks;
3. Self-regulation level where the students self-monitor and are directed to regulate his/her own actions;
4. Self-level which includes personal evaluations.[19 (p176)]

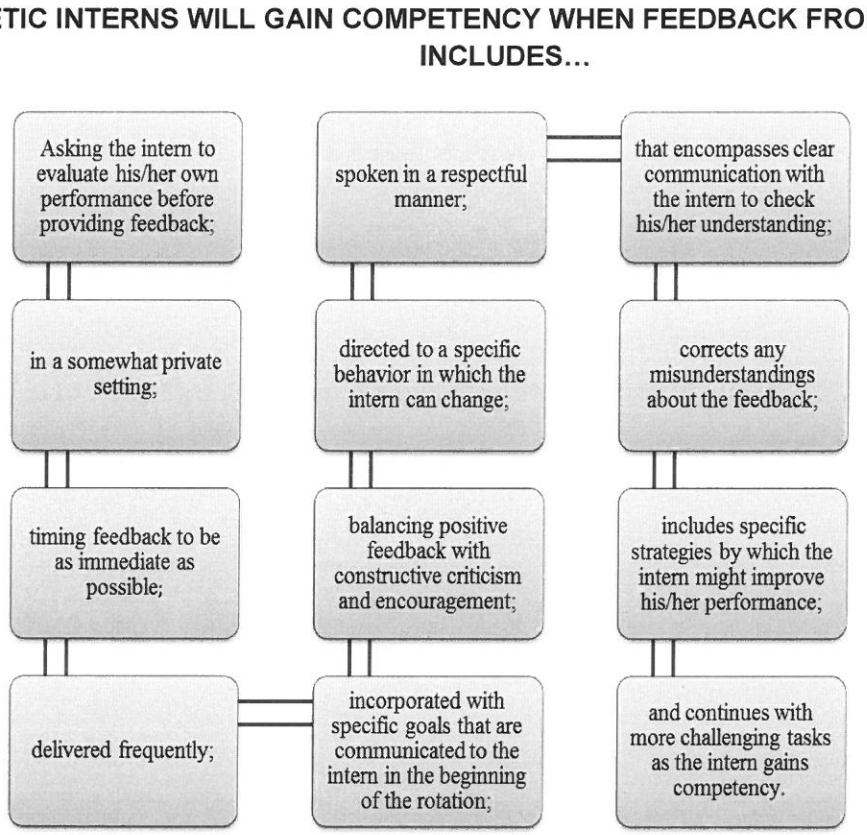
Using the task, process and self-regulation levels results in more effort by the student and better self-confidence and continues as the student gains more competence.[19]

If a preceptor is not trained to provide effective feedback and uses a judgmental approach, a student can feel inadequate and more stressed.[23] A study that included 284 dietetic students revealed that one major theme that contributed to student stress was a hierarchical learning environment, where the preceptor saw her role as having "power over" the student. This environment was demonstrated in ways such as, withholding information, undermining confidence and providing inappropriate feedback that inaccurately assessed the students' competence.[24] Preceptors who lacked skills in providing feedback, was a common theme of ineffective preceptor traits.[3,11,15,17] A preceptor who was condescending in communicating to students, such as publically criticizing them, providing more negative than positive feedback, and belittling them, hindered the clinical learning environment.[17-25]

Part of providing effective feedback is encouraging preceptors to understand students' fears and stresses, and to become more empathetic and tolerant of students' inadequacies.[15] Preceptor training needs to focus on enabling practitioners who are teaching in an experiential program how to effectively communicate with students, especially in the area of providing appropriate feedback as outlined in Figure 1.

Preceptors need to foster an open learning environment in which students can establish rapport, take risks, and make mistakes,[17] and because students are supervised the preceptor can assure that mistakes are not threatening to clients or patients. Preceptors, who use the FED approach, can enable students to be more motivated to learn and help them to obtain a level of professional competency.[23]

Figure 1: Effective Feedback Between a Preceptor and a Dietetic Intern



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Questions – email *ndep@eatright.org*

For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor's Note: The "One-minute Preceptor" is a widely accepted teaching model that summarizes important tasks or "microskills." In this month's column, Jon Neher, MD, and Nancy Stevens, MD, MPH, explain the five microskills in the model and give specific suggestions on how office-based teachers can use them in their interactions with learners.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 5510 Greenbriar, Houston, TX 77005-2638. 713-798-6271. Fax: 713-798-8472. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

The One-minute Preceptor: Shaping the Teaching Conversation

Jon O. Neher, MD; Nancy G. Stevens, MD, MPH

In 1992, the five-step "microskills" model of clinical teaching—commonly known as the One-minute Preceptor—first appeared in the family medicine literature.[1] The method is used in medical training settings where a learner initially assesses a patient and then seeks help from a preceptor. The One-minute Preceptor is a framework around which teacher-student conversations can be built and is particularly helpful for newer teaching clinicians. It is quite brief, easy to learn, and has been shown to improve key teaching behaviors.[2,3] In the decade since it was first described, it has been widely adopted in fellowship and teaching programs. This article reviews the method and includes some tips on its application.

(Fam Med 2003;35(6):391-3.)

From the Valley Medical Center Family Practice Residency, Renton, Wash (Dr Neher); and the Department of Family Medicine, University of Washington (Dr Stevens).

The One-minute Preceptor consists of five tasks or microskills that you try to accomplish when discussing a clinical case that a learner has just presented. The microskills are (1) Get a commitment, (2) Probe for supporting evidence, (3) Teach general rules, (4) Reinforce what was done right, and (5) Correct mistakes.

This sequence fosters learner ownership of the clinical problem and allows you to both identify gaps in the learner's knowledge base and focus teaching appropriately to learner needs. Once familiar with the steps, you may want to modify the order, or use only selected microskills as they fit the situation. In learning the skills, it helps to focus on one skill at a time in a given clinical teaching session. Taking a few minutes at the end of the teaching day to reflect on your microskill use hastens acquisition of the skills and comfort with the method.

Get a Commitment

The first microskill is used immediately after the learner has presented a patient to you and asks a specific question or remains silent—asking, in effect, "What do I do now?" To get a commitment, you simply ask in a nonthreatening way,

"What do you think is going on?" or "What do you want to do?" Your objective is to get the learner to process the information he or she has just collected concerning the patient.

Occasionally, you will need to ask one or two clarifying questions about the presentation before you ask for a commitment. Questions such as "Does the child have a fever?" are reasonable, but avoid the temptation to ask so many questions that you take over the case.

Often, you can teach learners to begin with a commitment. This saves time in precepting, helps learners identify their own areas of weakness, and allows you to attend to key clinical details during the case presentation.

Making a commitment can be difficult for some learners because of the risk of being wrong and concerns about being evaluated. The question, "What if I weren't available, what would you do for this patient?" will often get around this impasse. A general statement to the learner before you start—"I am particularly interested in what you are thinking because it helps me be a better teacher"—may encourage them to share their thinking more openly.

For more-advanced learners, remember that commitments may focus on any aspect of clinical care, including diagnosis, diagnostic trees, treatment plans, follow-up, etc. Learners should be constantly challenged to make intellectual commitments just beyond their level of comfort. In very complex cases, commitment requests may take the form of "How do you plan to find the diagnosis?" or "What do you plan to write for admission orders?" or "How are you going to chip away at this situation?"

Probe for Supporting Evidence

Next, you ask the learner what underlies his/her commitment. This has been described as exploring the learner's "mind map," pieces of information (basic science or clinical) that may be loosely connected to each other.[4] To explore the learner's fund of knowledge and ability to connect different pieces of information on his or her mind map, you can ask questions such as, "What factors did you consider in making that decision?" or "Were there other options you considered and discarded?" Listening carefully allows you to understand the learner's clinical reasoning and to find deficits in his or her knowledge base. For a reluctant or resistant learner, you may find further elaborations helpful.[5] Questions like, "If this patient was pregnant, would it alter your management?" or "What are your thoughts on the risks and benefits of empirical treatment as opposed to obtaining a definitive diagnosis first?" can bring out the learner's thinking and knowledge.

Teach General Rules

Every case has teaching value, and your goal is to target your teaching appropriately. Once you understand what the learner knows, you are in a position to teach one or more general rules, which are targeted to the current case but also generalize to other, similar cases. For example, "It is well established that ACE inhibitors reduce morbidity and prolong life in patients with dilated cardiomyopathy" is more appropriate than "This patient needs captopril." Your general rules might summarize anything from the key features of a particular diagnosis, the management of a demanding patient, or effective use of phone consultation.

A common problem for new teachers is trying to teach everything on one case. Learners cannot integrate more than a few general rules per case, so focus on the important areas for them and the patient. Avoid the temptation to focus primarily on what you know best. Also, learners with little knowledge in an important clinical area, where their commitment is a blind guess and they offer no supporting evidence, may need more than a quick "sound bite." If time allows, a mini-lecture may be useful, or you may need to assign reading or plan a review session with the learner in the future. In a busy clinic, the most helpful general rules may be just how to get through the day.

Reinforce What Was Done Right/Correct Mistakes

The final two steps of the teaching conversation are verbally reinforcing those behaviors that were highly effective and suggesting new behaviors that may be helpful in the future. As with all feedback, it should be well timed, expected, case specific, and behavior focused and utilize descriptive rather than evaluative language.[6]

Since we all learn most from the mistakes we identify ourselves, one strategy is to ask the learners to identify what they did right and what they would like to do better. Another is to ask learners in advance how they like to get feedback. This lets them know they will be getting feedback and invites their participation in the process.

Another variation is to give some positive feedback early in the teaching conversation, before probing for supporting evidence, to reduce learner performance anxiety. If you find you are never getting to the feedback steps as you work together, try setting aside a specific time for feedback (for example, after all observed encounters or observed procedures), allowing teacher and learner to sit down and discuss "how it went in there."

In summary, the One-minute Preceptor model continues to provide a reliable framework on which good teaching conversations can be built. The model is most helpful when it is not viewed as static and rigid but as a pliable set of guidelines that can

be shuffled and altered as the ever-changing teaching situation warrants. You can acquire these microskills yourself with practice and reflection on your own teaching encounters.

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Take 5 *Takeaways*

The One Minute Preceptor

1 Get a Commitment

"What do you think is going on?"

"What would you do next?"

Use responses to assess knowledge, skills and attitudes, and guide learning needs

Committing may be difficult for some learners who fear being wrong or ridiculed

Beginning with simple questions and migrating to more complex inquiries sets the stage for an interactive learning environment and engages the learner

2 Probe for Supporting Evidence

Before giving advice ask the learner:

"Why do you think this?"

"What else did you consider?"

Identify the learning gap, what is it that the learner doesn't know, what do you need to teach them

3 Teach General Rules

"When this happens, do this…"

Teaching a general principle or approach is more effective than teaching isolated facts. It allows the learner to organize their knowledge and generalize it for future situations.

Choose 1 or 2 things to focus on - don't try to cover it all

4 Reinforce what was Right

"Nice job on the…"

"I really liked that you…"

Provide specific information regarding knowledge, skills and attitudes that were appropriately utilized and valuable in this case

Positive praise encourages repeated behavior

5 Correct Mistakes

Allow learner to critique his/her performance first

Provide **specific** examples of errors that could impact the patient's care, team functioning or learner's own effectiveness

Find time as soon as possible to discuss ways for the learner to improve

Additional resources on this and other topics can be found on the OASES website

Based on The One-Minute Preceptor: Microskills of Clinical Teaching by Kay Gordon and Barbara Meyer

Characteristics of Effective Preceptors Self-Assessment

A suggested tool for those new to being a Preceptor

Instructions: First, read and rate yourself on each characteristic listed below (place an "x" in one of the four rating boxes). Then, for each characteristic rated at sometimes or never, develop an action plan for how you will practice in these areas.

Characteristic	Always	Usually	Sometimes	Never
Is Organized and Focused				
I pre-plan precepting learning activities				
I am prepared for precepting activities				
I am on time for precepting activities				
I take the time to explain concepts fully and clearly				
I am careful and precise in answering questions				
I summarize major learning points				
I focus on the identified learning objectives				
I identify what I consider most important				
Values Student-Preceptor Interactions				
I encourage discussion				
I invite students to share knowledge, experiences, and opinions				
I welcome and encourage questions				
I use eye-contact with my students				
I clarify thinking by identifying my reasons for questions				
I can tell if the student understands me or not				
I have interest and concern in the quality of my precepting				
I encourage active learning, that is, the students are involved and engaged rather than simply observing				

Characteristic	Always	Usually	Sometimes	Never
Is Dynamic and Enthusiastic				
I am enthusiastic about my professional responsibilities, including precepting				
I vary the speed and tone of my voice				
I use humor appropriately with students				
I have an interesting style of presentation / teaching				
Relates Well to Students				
I have a genuine interest in students				
I respect students as persons				
I attempt to relate to students as individuals				
I adapt to the differences in individual students				
I am valued for advice beyond that directly related to the supervised practice experience				
I am accessible to students				
I am approachable and friendly				
Uses an Analytical Approach				
I discuss recent developments in the field				
I discuss points of view other than my own				
I share the origins of my ideas and concepts				
I provide references for interesting and involved points				
I explain why the student's work is correct or incorrect				
I have students apply concepts to demonstrate understanding				
I provide constructive and timely feedback				

Characteristic	Always	Usually	Sometimes	Never
Is Competent and Confident				
I demonstrate mastery in the area in which I am precepting				
I keep up-to-date in the area in which I am precepting				
I am confident in my expertise in the area in which I am precepting				
I am confident in my skill as preceptor				
Models Professional Behavior				
I show respect for others				
I demonstrate empathy for others				
I take responsibility for my actions				
I recognize my own limitations				

Sources:

- MH Oermann, *A Study of Preceptor Roles in Clinical Teaching, Nursing Connections 1996 Winter; 9(4):57-64.*
- 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)
- Irby, David M. Clinical Teacher Effectiveness in Medicine. Journal of Medication Education 53:(October 1978):18-24.
- From the Academy of Nutrition and Dietetics Commission on Dietetic Registration Online Preceptor Training Program. Available at: http://www.cdrcampus.com/

Dietetic Intern Orientation to Supervised Practice Facility Checklist (Sample)

Activity	Person Responsible	Date, Time, and Place Scheduled	When Completion is Expected (or Initial and Date When Completed)
Safety, Sanitation, and Security			
Drug, background screens			
Emergency procedures – fire, accident, injury, weather, illness, intruders, evacuations etc.			
Equal opportunity			
First aid, CPR			
Food safety, sanitation, and risk reduction			
(Non-food) Safety, sanitation, and risk reduction			
HIPAA			
IDs/keys			
Immunizations			
Interpersonal interactions – supervisors, subordinates			
Isolation and other precautions			
Personal emergencies			
Personal illness			
Using and communicating confidential information			
Finding people and places			
Facility map			
Internal communications – pagers etc.			
Parking – permits and locations			
Transportation to, from, and within			
Where to go for (non-emergency) help			
Who's who			
About the Facility			
Mission and philosophy			
Policies			
Procedures			
Laws and regulations			
Acceptable terminology/abbreviations			
Accessing & using client/patient information			
Documentation, charting, and other record keeping			

Dietetic Intern Orientation to Supervised Practice Facility Checklist (Sample)

Activity	Person Responsible	Date, Time, and Place Scheduled	When Completion is Expected (or Initial and Date When Completed)
Basic Information for Interns			
Hygiene and dress standards			
Duty schedules			
"Employee" or "Student" benefits, discounts			
Meals and Breaks			
Use of phones, cell phones			
Vacations, holidays			
Intern Responsibilities			
Appropriate use of on-duty time			
Attending classes, rounds, conferences, meetings			
Completing assignments			
Delivering food and nutrition services			
Goals, objectives, and schedule for supervised practice rotations			
Interacting with clients/patients			
Interacting with professional staff			
Interacting with support staff			
Meeting Preceptor's expectations			
Monitoring learning & self assessments			
Preceptor assessments			
Providing contact information			
When and how to ask for help			
When there is a problem			
Resources for Materials as appropriate			
Client education materials			
Computers, pagers, and other technology			
Duplication, faxes			
Library, other references materials			
Locker			
Office/work space			
Office supplies			
Phones			
Resources to support learning[1]			
Uniforms			

Pasco County Health Department Dietetic Internship
Facility Application Form

SUPERVISED PRACTICE FACILITY: For DT, CP, DI

Type of Affiliation (please check): ☐Foodservice ☐Clinical ☐Community
☐Business/Entrepreneur ☐Other _____

Name of Facility: _____

Address: _____

Facility accredited/licensed by: _____

Name of Facility Administrator	
Signature of Facility Administrator[1]	
Name of Internship Preceptor Employed at Facility	
Signature of Internship Preceptor	
Facility Phone Number (including area code)	
Facility Fax Number (including area code)	
Facility E-mail Address	

Type of facility (Please check all that apply)			
Hospital	Longterm Care	Public Health Agency	Community Agency

Other (please describe)_____

Primary Internship facility? (employs full-time at least two RDs who will serve as preceptors for the intern)	____ Yes ____ No	Secondary Internship facility? (employs at least one professional staff member who will serve as the preceptor for the intern)	___ Yes ___ No

Used as a practice site for the following courses/rotations:

Course	Rotation/Practicum Experience
Community Nutrition in Health Care	
Applied Medical Nutritional Therapy	
Applied Foodservice Systems Management	
Nutrition in the Community	

[1]Note that the Academy of Nutrition and Dietetics has established that "Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences." Accreditation/Approval Manual for Dietetic education Programs, Fourth Edition, Standards of Education - Criterion 4.7 Your signature on this form indicates that you agree to abide by this policy.

SOURCE: COMMISSION ON ACCREDITATION/APPROVAL FOR DIETETICS EDUCATION

Name(s) of Prospective Dietetic Interns that will be in this facility

Number of Dietitians: Total _____ RD _____ Advanced degree _____

Number of Dietetic Technicians: Total _____ DTR _____

Maximum number of students from this program in this facility at one time: _____

Length of time students from this program assigned to this facility: _____

Maximum number of dietetics students from this and other programs in this facility at one time: _____

Brief description of facility/agency/institution (mission, population served):
If this facility will be used for clinical/community experiences, describe types and numbers of patients seen and the types of services provided.

Preventative/education services	Treatment services	Rehabilitative services	Special services	Foodservices

If this facility will be used for foodservices, is it self-operated? ____yes ____no

If managed by a contract company, please identify the company_____

If this facility will be used for foodservice experiences, please identify:

Name of Foodservice Director	

Title of Foodservice Director	

Credentials of Foodservice Director	

Basic type of operation (i.e. cook-chill, conventional etc.)	

SOURCE: COMMISSION ON ACCREDITATION/APPROVAL FOR DIETETICS EDUCATION

Check the following foodservices that are provided in this facility:

Cafeteria	
Meals on wheels/delivery off site	
Restaurant style	
Catering	
Employee meals	
Patient/resident tray	
Patient/client dining room	
Snack-bar/vending	

Brief description of department, including services performed, number of employees, and number of individuals served:

Brief summary of experiences provided for students:

Check items/services that intern will have use of in this facility:

	Available	Not available
Internet		
Word Processing MS Word		
Spreadsheets MS Excel		
Foodservice Management		
Teleconferencing		
E-mail		
Computerized Diet analysis		
Other technology (please describe)		
Reference manuals/books		
Professional journals		
Office space		
Medical library		
Other resources (please describe)		

Pasco County Health Department Dietetic Internship
Preceptor Application Form

PROFESSIONAL STAFF IN FACILITIES PROVIDING SUPERVISED PRACTICE:[1] FORM 2

For DT, CP, DI

Please complete a separate Form 2 for each individual, including department head, dietitians, and other professionals who are responsible for teaching, supervising, and evaluating students.

Name of Facility/Affiliation:

Address of Facility			
Name of Facility CEO			
Preceptor's Name		Title	
Preceptor's Role	Primary[2]	Secondary[3]	Additional
Preceptor's Employment status at facility	Full-time	Part-time	
Preceptor's Phone number including area code	( )		
Preceptor's e-mail address [4]			
Preceptor has the required regular access to the internet[4]	Yes No		
Preceptor's fax number	( )		
Preceptor's Signature[5]		Date	

Degrees, Dates Awarded, Credentials (if applicable)

Role in Program: Specify role in the program; for example, the practicum experience or rotation.

Summary of Professional Work Experience: List most recent experience first

[1] *For all facilities where students are placed for two weeks or more.*

[2] *Primary preceptors must assure that the intern can meet all of the required experiences, take responsibility for scheduling all learning experiences for the intern as submitted on the rotation schedule, serve as the primary communication link between PCHD's DI Coordinator, the facilities and other preceptors, and provide overall evaluation of student performance.*

[3] *Secondary preceptors must agree to assume the responsibility of the primary preceptor in the event that the primary preceptor cannot complete his/her responsibilities for the intern.*

[4] *Preceptors must have the ability to communicate electronically with program faculty and regular access to the internet.*

[5] *Note that the American Dietetic Association has established that "Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences." Accreditation/Approval Manual for Dietetic education Programs, Fourth Edition, Standards of Education - Criterion 4.7 Your signature on this form indicates that you agree to abide by this policy.*

SOURCE: COMMISSION ON ACCREDITATION/APPROVAL FOR DIETETICS EDUCATION

*Preceptor's Name:*_____

Summary of Relevant Continuing Education in the past two years (List most recent experiences first).
Summary of Professional Activities in the past three years - include membership and offices held in professional organizations, dietetic related volunteer activities, etc. (List most recent experiences first).

SOURCE: COMMISSION ON ACCREDITATION/APPROVAL FOR DIETETICS EDUCATION

Please visit the Pasco County Health Department Dietetic Internship Website Page:

http://pasco.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/dietetic-internship/index.html