

*Ask yourself or any student what was the best part of their dietetics education and they will tell you, “my internship rotations”*

**Marywood University's**

**PRECEPTORS' GUIDE**

**For**

**TEACHING**

**COORDINATED PROGRAM  
STUDENTS**

This guide is an adaptation of information presented at DEP Area Meetings and COE Workshops, *Developing Clinical Preceptors*. Bruce Rengers, Janice Gary, Kyle Kimbel, and Noreen Schvaneveldt developed the materials on which this guide is based.

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TEACHING  
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*Note to Preceptors:*

*We are grateful to you for the mentoring you provide our students. We recognize that skill-development in your role as preceptors require continuing support. This guide provides information that may be useful. We endeavor to assist you as you continue to work with our students and welcome your suggestions for this on-going process!  
Please read this document which is written for interns as appropriate for your students.*

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*Thank you, Preceptors!*

*Without you, the preceptors, there would be no dietetic practice programs! You are the unsung heroes of dietetic education! You have an enormous impact on the education of aspiring practitioners. We recognize that you perform your preceptor role in addition to your other duties without extra pay or tangible rewards. We applaud your professional commitment and support your efforts! Thank you!*

--Program Directors

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## ***Importance of Teaching by Preceptors***

The American Dietetic Association has affirmed the three-pronged approach to training dietetic professionals: Didactic knowledge, supervised practice, and examination.

The need for supervised practice experience in the training of dietetic professionals is recognized. It cannot be replaced by didactic training, nor can it adequately be tested by current examination techniques. The supervised practice experience is important in preparing students and in giving them the skills they need to be entry level practitioners. The preceptor's role is critical in preparing students to function as dietitians.

Most supervised practice programs (dietetic internships) rely heavily on preceptors to train and evaluate students in clinical, management and public health nutrition facilities. The author believes that preceptors may not always feel prepared for their role in educating and evaluating students. Most preceptors were educated to become nutrition and health care professionals. The skills for teaching and evaluating student interns were not likely to have been part of the curriculum. Therefore, this guide is an attempt to provide preceptors with appropriate tools for mentoring dietetic internship students.

## ***Supervised Practice***

What constitutes supervised practice? Practice is what you (preceptors) do on a day to day basis. The intent is to give students the necessary skills so that they could, if necessary, take over your job. Students should not be expected to perform your job at the same level as you, but students should be able to do the job satisfactorily (i.e., students should be trained well enough to have at least entry level competence by the end of their supervised practice experience rotations).

It might help to focus on the concept that what you do on a day-to-day basis is what you are trying to train students to do. Special projects are acceptable (and often desirable) as long as they teach the skills and experiences that would be ordinarily used by you in your work. (See DI Handbook: Supervised Practice Hours Breakdown)

It is desirable for students to reach a level of competence by the end of their rotations so that they could provide staff relief if needed. When students are allowed to substitute for you, it gives them a valuable opportunity to practice as a professional while they still have a safety net. It teaches them to manage their time and prioritize duties; it gives them confidence in their professional abilities. Naturally, you may feel reluctant to give students responsibility for staff relief, but if the student is properly prepared, both of you can benefit.

Two points should be remembered when allowing students to provide staff relief. First, in the beginning of a rotation, students should cover only a few of

your responsibilities. As the weeks progress, more tasks can be added. This process gives students a chance to try their wings without undue time restraints in the early stages of the rotation and then gradually incorporates the need for time management. Second, you need to continue to supervise students doing staff relief so that it remains a learning experience for them while insuring that quality services are maintained. At first, it takes extra time to train students, but the idea of the training is to develop students' skills so that they can substitute for you. During the last few weeks of students' supervised practice, while they are capable of relieving you of a good portion of your usual work, you will have extra time to focus on duties that may have been neglected.

***Benefits to Preceptors and Administrators of Providing Supervised Practice Experiences for Dietetic Internship Students***

1. Students can perform certain tasks for you such as conduct inservices or quality improvement which you may be having difficulty completing during your usual schedule (***See Appendix A: Foodsystems Management, Appendix B: Medical Nutrition Therapy***)
2. Students can help give better supervision of employees. They can act as an extension of the dietitian rather than as someone else to supervise.
3. Students can help define what you do. Students' questions and your explanations often result in clearer ways of doing things.
4. Students increase your learning since they bring new knowledge and perspectives to your institution

5. Students can assist with journal clubs to help update staff on the latest information in dietetic practice
6. Students can help employee morale. Staff members who play a role in teaching students will feel more important and valued.
7. Students break the routine of day-to-day practice and challenge the preceptor.
8. You can be given adjunct or affiliate faculty status in the program. This is an honor that many preceptors appreciate. If you are interested, just ask the Internship Director of the Dietetic Internship Program involved.

### ***Irby's Seven Dimensions of Effective Teaching***

Following is a summary of the classical research published by David M. Irby in 1978. Irby reviewed all papers that had been published to date on clinical and classroom teacher effectiveness. He then summarized the results as seven basic components of teaching that are regarded positively by students. The first four components are common to the classroom and the last three more directly relate to professional practice. They all interrelate. Put yourself in the roles of both teacher and learner. Recall the characteristics of your best teachers and worst teachers; and recall your own response as a student to a teacher's teaching techniques.

## **1. Organization and Clarity**

Effective classroom and professional practice teaching is based on the ability to present information clearly and in an organized manner. Clear and organized presentation of ideas is consistently identified as a characteristic of the best teachers. Students indicate that effective teachers:

- A. Present material in a clear and organized manner.
- B. State objectives
- C. Summarize main points
- D. Provide emphasis

## **2. Enthusiasm**

Preceptors who are dynamic, energetic, and enthusiastic about their topic, stimulate student interest and learning. Teachers with these characteristics are consistently rated highly by students. Enthusiastic teachers use vocal inflection, humor and movement, and are generally characterized as having charisma. Not all of us fit that mold. But it is critical that preceptors communicate their enthusiasm. This is incredibly important. Find ways to share your enthusiasm with your students. Tell students why you like your job and why you enjoy being a dietitian. Let your students know that you enjoy working with and supervising them—that you enjoy helping them acquire new knowledge. Enthusiasm is infectious and influences students dramatically. It increases their appreciation for dietetics and keeps morale high as well as stimulates learning.

### **3. Instructor Knowledge**

Instructors who are knowledgeable, up-to-date in their specialty, demonstrate logical thinking for students, and relate theory to practice are perceived to be excellent teachers. Students love to relate theory to practice.

Students also appreciate being exposed to preceptors' knowledge.

Preceptors may work in specialty areas that students have only touched on in their education. Exposure to tricks of the trade and the unique skills of preceptors are especially beneficial.

### **4. Group Instructional Skills**

Class participation is stimulated when students sense a climate of respect and sensitivity to their responses. Teachers and preceptors are most effective when they foster this kind of rapport.

### **5 Professional Practice**

The major role of preceptors is professional practice supervision [which includes teaching]. Students are assigned to work with experienced professionals to help them master skills and abilities. Teaching behaviors that are effective include:

- a. being accessible, approachable and willing to help when needed
- b. observing and giving feedback on student performance—keeping students apprised of progress, identifying strengths, and guiding development
- c. pacing students, providing practice opportunities, and promoting problem solving skill development

- d. giving case specific comments—relating theory and basic science to the case
- e. offering professional support and encouragement—students need encouragement and support. Professional support helps provide conditions for students to learn and develop professionally. The focus is kept on client-centered care rather than on students' inexperience.

## **6. Instructor and Professional Practice Competence**

The instructor must not only be knowledgeable but must also be professionally competent. Examples of specific skills include:

- A. objectively identifies and analyzes patient, management, or community nutrition problems
- B. effectively performs procedures
- C. establishes rapport with patients or employees
- D. works effectively with health care team members

## **7. Modeling Professional Characteristics**

Throughout the entire length of practice experience training, students observe experienced staff members making decisions, interacting with patients, and communicating with others. These observations allow students to learn through imitation. Modeling by preceptors is a very powerful teaching technique. Students learn to approach professional practice in the way their mentors model. Certainly, it is very important that preceptors demonstrate high professional standards.

Some identified professional behaviors that reflect professional standards include:

- A. accepting responsibility
- B. self-evaluation; acknowledging “I’m not perfect”
- C. being honest with data and one’s own limitations
- D. displaying self-confidence and demonstrating skills, attitudes and values to be developed by students
- E. not appearing arrogant
- F. showing respect for others
- G. lifelong learning

These seven components are what emerged as characteristics of effective educators. They distinguish the differences between the best and worst teachers. Practicing all seven components does not guarantee that all students will succeed. Cause and effect have not been demonstrated. As learners, students play a major role in their achievements and success.

The worst teachers not only lacked the seven skills, but were characterized by several negative personal attributes:

- A. Arrogant
- B. Demeaning
- C. Inaccessible
- D. Insecure
- E. Insensitive
- F. Authoritative

### *Successful Supervisors*

Irby also identified teacher behaviors included in successful supervision. They are:

- A. Being accessible
- B. Observing, giving feedback on, and evaluating student performance
- C. Guiding students, providing practice opportunities, and promoting problem-solving skills
- D. Offering professional support and encouragement

### *Positive Characteristics of Preceptors*

1. Present a positive attitude and commitment toward the profession
2. Participate in local nutrition organizations and continuing education
3. Use appropriate professional language
4. Demonstrate professional ethics in regard to patient care (or mgmt decisions)
5. Show respect for individual differences among patients or employees
6. Show enthusiasm and patience
7. Create an atmosphere for open communication
8. View students in a positive light—emphasize what students know and do correctly
9. Support students with appropriate, frequent feedback in a timely fashion
10. Use specifics with respect to praise or changes that need to occur
11. Allow students to be creative while still meeting expectations and performing professionally.
12. Challenge students to perform by giving them increasing responsibility

13. Remember students are preparing for entry level
14. Show respect for students and their work

### *Characteristics of Students*

Students vary in their cultural backgrounds, skills, knowledge, level of maturity, strengths, and weaknesses, etc. These differences dictate different needs among students.

1. Intelligent people with lots of book knowledge
2. Enthusiastic
3. Have different modes of learning: some are adult learners, some are not.
4. Limited experience with client/patient contact
5. Limited management and foodservice experience
6. Limited communication skills (staff, clients, groups and writing)
7. Limited team skills. As students, they usually have been in a competitive situation with other students.
8. Untested work ethic
9. May not know how to prioritize work or manage time
10. Unsure of their abilities
11. Idealistic. Often, they do not understand limitations imposed by reality
12. Master's or doctoral degree students entering practice settings are not necessarily more prepared or advanced in their clinical/administrative skill level than are bachelor's degree students.

## *Effective Teaching*

When preceptors teach, it is done in a work setting, not a classroom. While students are taught knowledge and reasoning skills in school, it is in the practice setting that students truly learn to apply their knowledge. The best thing about mentoring students is that you get to teach what you actually do. Preceptor teaching is really teaching at its finest. Ask former students (or yourself!) what was the best part of their dietetics education and they will tell you, “my internship rotations” [i.e., supervised practice experiences].

Teaching in work settings consists of helping students learn how to collect data, interpret and synthesize findings, formulate alternative management plans and evaluate the effect of the action taken. In other words, you are helping students develop analytical skills. Whenever possible, try to create an environment in which students are expected to solve problems and receive feedback for their efforts. Allow students to make mistakes without having to fear reprisal. Students learn by making mistakes; they flourish best in an environment which supports their learning in a way that helps them synthesize and apply the enormous amount of textbook knowledge previously learned.

### *What Do Preceptors Teach?*

Students learn competency skills from their preceptors. Competency is the ability to carry out a specific task within parameters of control. Summarize your own image of what your professional role is AND what it should be. Practice those tasks that provide that image. Separate the nice-to-know from the need-to-know tasks. The need-to-know tasks take priority and MUST be taught to students. The nice-to-know, which can also contribute important skills, can be taught later if time is available.

### *Before You Start...Teaching Hints*

1. Provide a clear orientation
2. Establish ground rules
3. Define expectations
4. Be purposeful and focused
5. Explain how the norm for work occurs
6. Explain what is expected of them as student interns
7. Solicit information from the students:
  - A. List and explain previous experiences
  - B. Explain your expectations and goals
  - C. Acknowledge the role or importance of your tasks

### *A Teaching Model for Preceptors*

DR FIRM (Pichert)

D: Demonstration, presentations and problem solving

R: Rehearsal of content

F: Feedback and correction

I: Independent practice

R: Review

M: Motivate to persevere

### *Application of the Teaching Model*

DEMONSTRATION. During an orientation period, you let students observe, then walk them through the steps, and show them the shortcuts. During this time, you explain the rationale for the various steps and the assumptions behind the shortcuts. You may have developed efficient ways of dealing with patients, or ways to increase the accuracy of information that is received from the patient. When you are out of earshot of the patient, you can explain your shortcuts to the student. Students shouldn't have to reinvent the wheel.

This is your first step in helping students to attain entry-level competence. Learning is not always easy for students. In the beginning, it is helpful if you stick to the important points and help students develop their problem solving skills.

REHEARSAL. Help students role-play your job. For example, you may want to have a student calculate a diabetic meal plan or give a diet instruction to you. The only way to know if the student has achieved the skills needed is for

you to observe the student directly so you can evaluate the student's performance. You may need to show a student the things that you do easily. You can explain how to dovetail two things at the same time because a student may be unaware of such "competent" techniques.

**FEEDBACK AND CORRECTION.** Feedback to students about their skills communicates your empathy and approval or disapproval. At this point, feedback should be open, corrective and specific. It is important for students to feel comfortable about having made mistakes during rehearsal. At this time, preceptors can give additional hints (e.g., hints for shortcuts, thoroughness, etc.). Subtleties frequently slip past students. You need to be specific.

Quiz students on what patients or staff may ask (open-ended questions). Emphasize thoroughness. For example, ask students how they assessed patient understanding after a diet instruction. Errors should be corrected and students should repeat the demonstration of their skills as often as you deem appropriate. Positive feedback should be given. You may need to analyze parts of the instruction to help isolate why students are having certain problems. For example, students may do a poor job explaining the operation of a piece of equipment because they do not know what it is used for.

**INDEPENDENT PRACTICE.** This is the time for you to "let go". Students should ask you questions as needed. You can place a time deadline for specific tasks and shorten the deadline as the students progress. You may want to take the "sink or swim" approach for some of the smaller tasks and have students report back. Be creative. Make it fun for yourself as well as for students.

REVIEW. Ask students to demonstrate their assigned tasks. Do not assume anything. Mention strengths and weaknesses. You may have to demonstrate again the learned shortcuts, etc. Have students rehearse again, if needed.

MOTIVATE. Tell students how their good work makes a difference. Suggest that students relate it to something that they feel is important (e.g., because of their screening, tube feeding was initiated, etc.). Make specific comments, not general ones.

### *Student Evaluation*

Successful supervision includes a strong emphasis on evaluation. Evaluation is an important part of the learning process and should be viewed in a positive light. Evaluation tells students what they do correctly and helps them to modify performance when needed.

Evaluation should occur in two ways during students' rotations—process evaluation and product evaluation. First, evaluation should be an ongoing process during a rotation to help students modify their skills and behaviors. It is part of the learning process and can help build the students' confidence. Second, evaluation at the end of an activity (product evaluation) is also important. It tells students how to strengthen or modify their skills in the future. This type of evaluation at the end of a rotation is also used by the program director to determine how to better strengthen students in other rotations.

PROCESS EVALUATION. Process evaluation or feedback should be viewed as good two-way communication between the preceptor and students. Webster defines feedback as “a process in which the factors that produce a result are themselves modified, corrected, strengthened, etc. by that result”. Generally, feedback is most productive when it is provided in a positive, constructive and timely manner.

Preceptors need to be very specific in their reinforcement and suggestions for improvement. Students may not “catch” or understand subtle suggestions or comments. For example, a preceptor may tell students “to be more careful when portioning meats for calorie controlled diets” because of concerns about unskilled knife-handling. Students may interpret the caution to mean they should be more careful to get the correct portion size. Feedback that is provided by students regarding the preceptor’s performance is also beneficial. By learning students’ views, the preceptor can determine if students truly understand what is required.

Evaluation should be based on reasonable and known performance criteria. Students cannot read the preceptors’ minds, nor do they have the same experienced perspective of what constitutes good dietetic practice. Preceptors need to listen to students to evaluate their own communication skills. Students may fail at performance because expectations were not clearly defined, assumptions were made without students’ knowledge of them, or because students had not observed a previous example. Remember that what is obvious to you as a seasoned professional is often not obvious to a student.

Evaluation should be continuous in everything students do. Often it is done informally. Positive reinforcement can build students' confidence and enthusiasm. It also helps to solidify good behaviors and practices in the early stages of rotation. Confronting poor performance as soon as possible after it occurs is also necessary. Delaying or ignoring evaluation of problem performance can lead students to believe their work is okay. They won't know they should change unless someone tells them. Students who are evaluated and corrected early on, generally, have fewer difficulties in performance later.

In making suggestions for improvements to students, make sure the students know which suggestions are recommendations and which ones are required. Criticism should be constructive and point out in very practical, specific terms the ways that performance can be improved.

**PRODUCT EVALUATION.** You may find that this is the most difficult type of evaluation. Final evaluation at the end of a project or rotation can be used to build students' confidence, to reinforce desirable performance, or to inform students about behaviors that need to be changed in the future. It is also used by the program director to evaluate future experience needs of students to successfully complete their program. Realistically, final evaluation may also be used to prevent unqualified students from progressing beyond their skill and knowledge level. This is one of the hurdles that students must successfully pass to qualify for writing the registration examination.

Criteria for the final evaluation of performance should be clear and known to students. Evaluation criteria should be given to students at the beginning of a

rotation so that they know what is expected. Often it is best to give students copies of all evaluation instruments at the beginning of the rotation. Preceptors need to be flexible in their evaluation of students to allow for individual differences that are compatible with quality practice. (See: Performance Evaluation forms on the web page)

The results of students' evaluations at the end of a rotation should NEVER come as a complete surprise. Continuous process evaluation should lead up to the final evaluation, and give students a good idea of how they will be evaluated in the end. Students should be evaluated in person by the preceptor and should be aware of any major comments that are made in a written evaluation before it leaves the preceptor. It is highly unethical for a preceptor to tell students very little and then send a highly critical evaluation to the program director.

### *Preceptor Self-Evaluation*

You may want to evaluate yourself at the end of students' rotations. This could be accomplished by asking yourself which parts of the rotation were the hardest to teach, or by asking students what parts of the rotation were most difficult. Continuous evaluation is helpful for all of us.

### *Handling Difficult Situations with Students*

Difficult situations may be the result of:

- A. Inadequate knowledge prior to the rotation

- B. Skill deficiencies (e.g., Inability to translate theories learned in class to the treatment of patients)
- C. Personality difficulties (manifested by poor interpersonal relationships or power struggles)
- D. Situation difficulties (e.g., a student has had a parent die of cancer recently and now cannot cope working with cancer patients. Or the discomfort many a student may feel in a dialysis unit for the first time).

The Internship Program selection process eliminates many potential problems with students. Letters of intent, transcripts, and letters of recommendation are used to try to identify problem students before they enter a program. Sometimes students develop problems when making the change from the academic environment to the clinical environment. Even with the best efforts of a preceptor, problems do occur.

#### *Suggestions for Dealing with Student Problems*

- A. Frequent, ongoing evaluation should be conducted so that students know exactly what skills, knowledge, or application processes need improvement.
- B. Problems should be identified and dealt with as early as possible.
- C. When discussing problems with students, you need to specify the issues of concern.

- D. While it may be uncomfortable to confront a student with a problem, it is less painful and more productive to do it in the beginning. Bad habits are easily reinforced through repetition—so it is important to correct them as early as possible.
- E. Students need to know the consequences of their actions or deficiencies.
- This could be with respect to the outcome for a patient, department, or staff.
  - Or this could be with respect to students' progress in the program.
- F. Rules and expectations need to be communicated clearly (sometimes in writing)
- G. Expectations need to be realistic for students.
- H. Try to find the positive in students on which to build improvement.
- I. For knowledge deficiencies, students can be given extra reading to do outside of the rotation. It is helpful to provide sources for students.
- J. For situational difficulties, talk to students about feelings that make them apprehensive or hesitant.
- K. Suggest that rotations may be adapted as long as they still provide the necessary competencies.

Be aware that significant problems should be discussed with the program director who placed the student. It is the internship director's responsibility to direct and resolve major student problems. Early and ongoing discussions with the director can often resolve problems that might otherwise become too complex to correct.