

PRECEPTORS' GUIDE For TEACHING DIETETIC INTERNS

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

Provided to you by the University of North Carolina at Greensboro Dietetic Internship Program. This guide is an adaptation of materials and information presented at DEP Area Meetings and ADA Workshop for "Developing Clinical Preceptors" and was prepared by Sylvia Escott-Stump, East Carolina University Dietetic Internship Program. Bruce Rengers, Janice Gary, Kyle Kimbel, Janet Sundberg and Noreen Schvaneveldt developed the materials on which this guide is based.

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!

--Dietetic Internship Faculty and Interns

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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. Preceptors often state that they 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 often part of the curriculum. Therefore, this guide is an attempt to provide preceptors with appropriate tools for mentoring dietetic internship students.

Benefits to Preceptors and Administrators of Providing Supervised Practice Experiences for Dietetic Interns

1. Students can perform certain tasks for you such as conduct in-services or quality improvement which you may be having difficulty completing during your usual schedule
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 and how you do it. Students' questions and your explanations often result in clearer ways of doing things.
4. Students can solve problems creatively (e.g., assign students to a particular problem that they will research and resolve.)
5. Students increase your learning since they bring new knowledge and perspectives to your institution
6. Students can assist with journal clubs to help update staff on the latest information in dietetic practice
7. Students can help employee morale. Staff members selected to play a role in teaching students will feel more important and valued.
8. Students break the routine of day-to-day practice and challenge the preceptor.

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 helps 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.

Irby's 7 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:

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

- giving case specific comments—relating theory and basic science to the case
- 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.

Professional Behaviors

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.

Worst Teachers

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

- | | | |
|-------------|---------------|--------------|
| Arrogant | Demeaning | Inaccessible |
| Insensitive | Authoritarian | Insecure |

Successful Preceptor Supervisors

Irby also identified teacher behaviors included in successful supervision as:

- 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 and management 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 positively—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, eager learners
3. Some are adult learners, some are not and prefer more direction
4. Some have limited experience with client/patient contact
5. Some have limited management and foodservice experience
6. Some have limited communication skills with staff, clients, groups, or writing
7. Some have limited team skills. As students, they usually have been in a competitive situation with other students.
8. Some have untested work ethic
9. Some may not know how to prioritize work or manage time
10. Some are unsure of their abilities
11. Some will be idealistic and 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 (to the facility, the unit, etc.)
2. Establish ground rules -- dress code, timing, reporting
3. Define expectations -- clarify, clarify, clarify!
4. Be purposeful and focused
5. Explain how the norm for work occurs
6. Explain what is expected of them as 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. See the section on criteria for feedback and examples in Appendix A.

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 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. Observe the rules for Interpersonal and Technical Skills needed for motivating.

Interpersonal Skills

1. Never belittle students' personality or personal characteristics.
2. Give student the benefit of the doubt, that he/she is not trying to get away with something.
3. If you make a mistake with a student, acknowledge the error.
4. Ask for students' evaluation of their own work before evaluating, to determine if student can perceive errors.
5. Say positive things about the student to the patient.
6. Avoid showing excessive anger or frustration. Get yourself under control. Then express the emotions verbally.
7. Start with praise when making a correction.
8. Act in a way consistent with professional values and ethics.
9. Indicate what has been done correctly as well as any errors.
10. Use the mildest aversive effect that works.
11. Indicate how you had a similar difficulty.
12. Can students do the prerequisite act?
13. Encourage students to present alternatives and new ideas about care.
14. Attend to the students' questions and concerns so that he/she feels respected.
15. Show concern for a student who is having trouble and appears anxious.

Technical Skills

1. Specifically indicate how the student has improved.
2. Direct students' attention to the cues.
3. If demonstrating, leave part for the student to do.
4. Clarify why acceptable work is not perfect.
5. Praise specific aspects rather than generalities.

6. Direct students' attention to relevant cues and make sure he/she can detect them.
7. Prompt students to help them give answers to your questions.
8. Determine if student needs directions on what to do.
9. Set clear (operationally defined expectations) criteria for performance.
10. Ask questions during demonstrations to direct attention to various components.
11. Describe contingencies to influence behavior.

Student Evaluation

Clear expectations lead to improved outcomes and evaluations. 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.

FINAL EVALUATION. 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.

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. One of the handouts included is a faculty evaluation form that some facilities find useful. Continuous evaluation is helpful for all of us.

Interns complete an overall evaluation of the rotation. Some suggestions are often written here to help with the next class of interns.

Handling Difficult Situations with Students

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. 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).

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. When discussing problems with students, you need to specify the issues of concern. Try to find the positive in students on which to build improvement.
- C. Problems should be identified and dealt with as early as possible. 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. Students need to know the consequences of their actions or deficiencies with respect to the outcome for a patient, department, staff, or even their own progress in the program.
- D. Rules and expectations need to be communicated clearly (preferably in writing) Use the Expectations Form at the beginning of the program. Expectations need to be realistic for students.
- E. For knowledge deficiencies, students can be given extra reading to do outside of the rotation. It is helpful to provide sources for students.
- F. For situational difficulties, talk to students about feelings that make them apprehensive or hesitant.
- G. Suggest that rotations may be adapted as long as they still provide the necessary competencies.

Internship Director Involvement

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.

Staff Relief:

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.

Ways to Make Your Role as Preceptor More Efficient

The Preceptor Guide Workshop leaders can be used to facilitate group discussion among preceptors. Preceptors will share their ideas about how to use the least amount of effort while providing quality supervised practice experiences for students. Interns can be inspirational and can share new ideas with you. Most of all, enjoy the opportunities!!

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 requires 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!

APPENDIX A: CRITERIA FOR FEEDBACK

- Purpose: To help the individual to consider changing behavior by providing information about how s/he affects others.
- Descriptive rather than evaluative
- Specific rather than general
- Concerned with the needs of both the giver and receiver
- Directed toward behavior which the receiver can change
- Solicited rather than imposed (optimal but few students ask)
- Well-timed
- Checked to insure clear communication (note the effect of climate on behaviors)

- Feedback Should:
 - be undertaken with the preceptor and student working as allies, with common goals.
 - be well-timed and expected.
 - be based on first-hand data.
 - be regulated in quantity and limited to behaviors that are remediable.
 - be phrased in descriptive nonevaluative language.
 - deal with specific performances, not generalizations.
 - offer subjective data, labeled as such.
 - deal with decisions and actions, rather than assumed intentions or interpretations.

CRITERIA FOR FEEDBACK

Examples

Purpose: to help the intern consider changing behavior by providing information about how s/he affects others.

1. DESCRIBE the student's behavior RATHER THAN JUDGE the student.
 - "I saw you using the elevator. Remember to take the stairs when possible to keep the elevators uncongested."
 - **Not**, "Don't be so lazy by taking the elevator".
2. PROVIDE SPECIFIC FEEDBACK, NOT GENERAL.
 - "You need to wear a hairnet when you are in the kitchen."
 - **Not** "You're not prepared to work with your hair that way".
3. PROVIDE CONCERN FOR the NEEDS OF both YOURSELF AND the INTERN.
 - "I NEED TO TAKE A BREAK FROM THIS SITUATION—I'M FEELING REALLY STRESSED RIGHT NOW. Please meet me in 30 minutes in my office and we will discuss the language you used with the cook."
 - **Not**, "I don't have time for this nonsense. Don't be rude to the cook any more!"
4. DIRECT FEEDBACK TO SPECIFIC BEHAVIOR which the INTERN CAN actually CHANGE.
 - "The last time we met to evaluate your progress, I felt frightened when you interrupted me and stood up and leaned toward me. Today when I review your progress, I will appreciate your staying seated and not interrupting. You will be given time to tell me things you believe I do not know."
5. The INTERN SOLICITS FEEDBACK.
 - This is an ideal situation—but not usually what occurs.
6. TIME your FEEDBACK APPROPRIATELY.
 - It should be as immediate as possible so that clarity is not lost.

7. CHECK YOUR UNDERSTANDING with the Intern TO INSURE CLEAR COMMUNICATION.

- “I want to check that we have both arrived at the same conclusions about how you will fulfill this competency. Please reiterate for me the steps you will take to complete this objective.”

APPENDIX B: MENTORING--ROLE OF THE PRECEPTOR

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Most preceptors admit that they have had a mentor at some point in their careers. Stepping up to the plate as a dietetic internship preceptor and a mentor requires a deep sense of oneself. Having a mentor who can guide and encourage growth and change often make the difference when a student is choosing a career path. This article was printed in the Clinical Nutrition Management DPG newsletter, Future Dimensions, a few years ago.

According to Levinson and Wenburg, a mentor may serve one of several roles: **teacher** to enhance skills and knowledge; **sponsor** to use influences to facilitate entry and advancement in a field; **host and guide** to welcome the initiate into the occupational world; **exemplar** to serve as a role model worthy of admiration and imitation; **counselor** for advice and moral support; and **dream supporter**. To this list, add **coach** and **facilitator** to support the importance of these qualities. Most anyone can learn to “manage” things; some are even good “leaders,” but not everyone knows how to be a good “mentor.” The relationship works best when selected naturally--two persons drawn to each other by values, common visions, and mutual goals.

Two key questions when learning more about mentoring are: What makes a good mentor, and what qualities define an effective mentoring relationship? According to Stephen Covey’s principles, one might suspect that eventual “empowerment” of the mentee is the goal in a mentoring relationship. To do this effectively, one needs **integrity** (habits that are congruent with values, words, deeds, expressions and feelings), **maturity** (courage balanced with consideration), and an **abundance mentality** (there’s plenty out there for everyone). A person with these character traits can be genuinely happy for the success and accomplishments of others.

In addition, Covey proposes that “valuing the differences” between ourselves and others is an important asset--all people see the world not as “it is”, but as “they are”. We must start by understanding the perceptions of that person to clarify values and to empower accordingly. Respect for differing views, an "inclusive" personality, support and training can all help to enhance relationships and to increase performance-related energy. Whether the mentoring relationship occurs between the dietitian and a dietetic intern, or between management and a staff member, it is helpful to understand the merits and responsibilities of a mentoring connection.

It is important for the mentor to maintain a **positive outlook** personally. It is hard to *encourage* others while low in spirit. Maintaining a “can-do” attitude generally makes others feel optimistic and motivated. Some of our negative self-talk must be corrected to keep a cheerful profile when changes surround us. Instead of saying “we’ve never done that before,” it is more encouraging to others to say “we have the opportunity to be first in this area.” Turning the words “it’s not my job” into the phrase “I’ll be glad to take on the responsibility” serves well when modeling desired behaviors for others, especially students.

A **supportive cheerleader** attitude goes far where there is a mentoring relationship. Often, the role is not formal, but the mentee seeks the counsel of the mentor when important decisions must be made. Wisdom and practical advice that are shared may save time and prevent embarrassing results in any situation. Just as a good parent leads the way and guides the child, so does a mentor reveal shortcuts and effective methods without “mandating” that there is only one right way. The mentor suggests ideas and concepts, which the mentee considers privately before taking action. Thoughtful time spent pondering an idea or a suggestion may save time and embarrassment later.

In our field, we have many role models of the mentoring process. Our first personal mentors may have included our college professors, faculty, and dietetic internship preceptors, gently but firmly nudging us to identify our personal strengths and to highlight our “areas for further development.” Later, a new boss or role model may have entered the scene, offering new ways to approach a situation or insights that could only come from experience. Inexperience often leads to conclusions which may not achieve desired outcomes. Support, honesty, and kindness often are the elements that make a difference between being Ordinary and being Successful.

Many ADA Presidents have been good mentors by their coaching and encouraging the best in each dietitian. Sara Parks, a Past President, describes that “one cannot mentor in all aspects of an individual’s career. There must be a way to identify other key contacts when you’re asked something beyond your scope.” Sara suggests that we keep our minds active to remain effective and to share cutting edge information; and when we mentor others, we must view it as a “seed planting process,” nurturing others to grow fully and completely. Women, in particular, must learn to understand the innuendos of “politics”. We are not always socialized to “compete,” and we must be mentored successfully to play the games that are necessary in a win:win manner.

Caring about people is another critical part of the mentoring process, according to Sara. One must really take the time to listen well, and to hear all of the underlying concerns, to mentor properly. A basic premise of our profession, serving others first, facilitates mentoring at its very best. Finally, “building a network of resources and friends is essential. Nobody gets to a leadership position without unselfish mentoring from others in the field” stresses Sara.

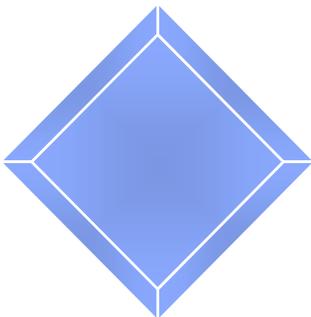
According to Judy Dodd, another ADA Past President, "Mentoring is an ever-changing mix of coaching, advising, listening, sharing and counseling. To be effective, mentoring requires a strong communication link and an atmosphere of trust and sensitivity. When mentoring is effective, it is a growing experience for both parties; both gain insights into the opinions, viewpoints, and concerns of another person. Growth can be both personal and professional when the two share a common career link. To be mentored is like receiving a personal gift; to be acknowledged as a mentor is an honor."

Past ADA President, Polly Fitz states that "Mentoring provides recognition for both parties. A mentor can model professional values as well as help others with career issues. The relationship is built on trust as well as on some mutual interests. Mentoring benefits an institution by creating job satisfaction, increased performance, new ideas, ways to improve problem solving, expansion of team and leadership resources. Mentoring is an important responsibility for women because we create networks and avenues to help other women; we must create our own women's system to build career supports. Mentoring helps both parties keep goals and the future in mind."

We need to mentor our aspiring dietetic professionals for future viability in our field (Wenburg,1992.) With the opportunity coming your way, welcome it with an open mind and heart. Remember that Champions have big dreams...they are fired up to do their best...they bounce back after failure...they aim high...they plan for trouble...they never quit...and they make their own luck. Mentoring makes YOU a champion.

References

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APPENDIX C: COMPETENCY-BASED EDUCATION

