

PRECEPTOR'S GUIDE  
To  
TEACHING  
DIETETIC INTERNS AND  
COORDINATED PROGRAM STUDENTS



6th Edition  
August 2020

## 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!

Faculty  
Nutrition & Dietetics Department  
Viterbo University

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## **Importance of Teaching by Preceptors**

The Academy of Nutrition and Dietetics 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 (coordinated programs & dietetic internships) rely heavily on preceptors to train and evaluate students in clinical, management and public health nutrition facilities. Preceptors may not always feel prepared for their role in educating and evaluating students. Most preceptors were educated to become nutrition and health care practitioners, and the skills for teaching and evaluating dietetic student and 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 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 levels as you, but students should be able to do the job satisfactorily (i.e., students should be trained well enough to have at least an entry level competence by the end of their coordinated program or dietetic internship.

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.

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 student's clinical experience 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 courses of students' supervised practice, they are capable of relieving you of a good portion of your usual work.

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

1. Students can perform certain tasks for you such as conduct in-services or quality improvement, which you may have 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. 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 you with evidence analysis sessions to help update staff on the latest information in dietetic practice.
7. Students can help employee morale. Staff members who 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.

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

Following is a summary of the classical research published by David M. Irby. Irby reviewed published data 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. 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 procedure
- C. established 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 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. 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

### **What Makes a Successful Supervisor**

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 management
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 professional work
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. Below are general student characteristics that the students may have.

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

### **Effective Teaching**

When preceptors teach, it is done in a work setting, not a classroom. While students are taught knowledge and reasoning skills in classroom experiences, 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 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**

A useful teaching model for preceptors to use is Pichert's DR FIRM model. It is a framework that identifies how the preceptor and student can effectively interact in the skills for the teaching/learning process. DR FIRM is an acronym for:

- D: Demonstration, presentations and problem solving
- R: Rehearsal of content
- F: Feedback and correction
- I: Independent practice
- R: Review
- M: Motivate to persevere

## **Some General Information on 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 student truly understand what its 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 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 exam.

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 difference that are compatible with quality practice.

Professional evaluation forms are included in the Appendices of this handbook. The general evaluation plan and rating scale definitions are further discussed on page 18.

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 intrapersonal 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 students may feel in a dialysis unit for the first time).

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

1. Frequent, ongoing evaluation should be conducted so that students know exactly what skills, knowledge, or application processes need improvement.
2. Problems should be identified and dealt with as early as possible by contacting the Viterbo faculty member in charge of the clinical experience.
3. When discussing problems with students, you need to specify the issues of concern.
4. 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.
5. Students need to know the consequences of their action 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.
6. Rules and expectations need to be communicated clearly (sometimes in writing)
7. Expectations need to be realistic for students.
8. Try to find the positive in students on which to build improvement.
9. For knowledge deficiencies, students can be given extra reading to do outside of the rotation. It is helpful to provide sources for students.
10. For situational difficulties, talk to students about feelings that make them apprehensive or hesitant.

11. 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 Viterbo faculty who placed the student. It is the faculty member's responsibility to direct and resolve major student problems. Early and ongoing discussions with faculty can often resolve problems that might otherwise become too complex to correct.

### **How to Contact Viterbo Faculty**

Listed below is the e-mail address and office phone number for each of the Viterbo University Nutrition and Dietetics Department Faculty and Staff.

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### **Goals & Philosophy of Dietetic Education at Viterbo**

#### **A. Philosophy of Viterbo University's Community-Medical Dietetics**

Health care is a dynamic, changing part of our society, and dietetics, as an integral component of the health care system, is a changing profession. One of the important changes that have taken place in the last few years is the growing importance of prevention and not just treatment of disease. The hospital is now viewed by the government and public alike as providing not only acute, but preventive health care as well. There is an amazing growth of outpatient clinics, public health agencies, and health education programs aimed at prevention of problem and promotion of general "good health."

There is, therefore, a growing need to provide comprehensive nutritional care that the community lacks. Nutritional care that continues over time, after a patient has been released from the hospital; nutritional care that is close at hand; nutritional care of a general nature aimed at large population groups; and nutritional care provided by a dietitian who can bring personal support and science-based expertise to bear on nutritional problems.

The curriculum of community-medical dietetics combines knowledge and skills of both the hospital and community dietitian to meet societal demands for comprehensive nutritional care. A graduate of the program is a professional member of the health care team, and as a professional person has been trained to make decisions based upon a body of current scientific knowledge and acquired skills.

## **B. Definition of the Community-Medical Dietitian**

The Community-Medical Dietitian, RDN, is a member of the health care team and promotes health through nutrition. The community-medical dietitian assesses nutritional needs, applies management skills in control and prevention of illness, and utilizes communication and education skills to assist individuals and groups to assume responsibility for their own health care.

## **C. Mission of Department of Nutrition & Dietetics**

The mission of the Viterbo University Dietetics Program is to prepare students who use critical thinking and effective communication to promote health, manage disease through nutrition, and serve as leaders in community and medical settings.

## **D. Current Program Mission Statement for the Coordinated Program and the Dietetic Internship Program**

The Coordinated Program mission statement is “*The Viterbo University Coordinated Program provides didactic and supervised practice experiences aligned with the Accreditation Council for Education in Nutrition and Dietetics, ’ 2017 Accreditation Standards. It prepares entry level Registered Dietitian Nutritionists for faithful services and ethical leadership.*”

The Dietetic Internship Program mission statement is “*The Viterbo University Dietetic Internship provides supervised practice experiences aligned with the Accreditation Council for Education in Nutrition and Dietetics’ Standards of Education to those who have completed didactic program requirements. The Program prepares students to be registered dietitians who serve as faithful and ethical leaders in the community.*”

## E. Current Dietetic Coordinated Program Goals and Objectives

**Goal 1. The Program will provide quality education to a diverse student body in order to prepare competent entry-level dietitians.**

### Outcome measures:

At least 80% of program students complete program/degree requirements within 1 year of the first attempt (150% of the program length)".
Of graduates who seek employment, 80 percent are employed in nutrition and dietetics or related fields within 12 months of graduation.
Eighty percent of program graduates take the CDR credentialing exam for dietitian nutritionists within 12 months of program completion.
The program's one-year pass rate (graduates who pass the registration exam within one year of first attempt) on the CDR credentialing exam for dietitian nutritionists is at least 80%".
Within one year of graduation, 90% of employers will rate graduates as "good" or higher for performance of the Nutrition Care Process, use of evidence-based practice.
Within one year of graduation, at least 75% of graduates will rate themselves as "prepared" or above, for an entry-level position in the dietetics profession.
At one year post graduation, at least 75% of graduates will provide nutrition specific health promotion in their job or as a volunteer.

**Goal 2. The Program will prepare graduates who will engage in nutrition specific health promotion activities in their first jobs**

### Outcome measures:

- At one year post program completion, at least 75% of graduates will be involved in providing nutrition specific health promotion services as evidences by at least one of the following:
- The graduate provides nutrition services for an employee wellness program
- The graduate will routinely provide nutrition specific preventative services to individual clients or patients as part of their regular job duties
- The graduate will work with professional and/or volunteer agencies to provide sound nutritional information, especially related to disease prevention and health promotion to the public.

**Goal 3. The Program will prepare entry-level dietitians who are able to work with individuals from diverse economic, ethnic, or educational backgrounds**

### Outcome measures:

- At one year post program completion, at least 80% of graduates will mark they are prepared or well-prepared on the graduate survey in the area of working with diverse population

## General Policies & Procedures for Viterbo Dietetic Students

### Attendance Policy

If you are going to be late for or miss a supervised practice due to illness or for another acceptable reason, you must notify your instructor by phone and email in advance: leave a message on the voice mail if the instructor does not answer. The same rule holds true for any meeting you have set up with a clinical preceptor: call and email the preceptor in advance. The clinical instructor reserves the right to request and receive documentation from a third party (e.g., physician or University Health Service nurse) to verify the reason you were absent. If students miss a presentation or other supervised practice activity, and are not excused, the consequences may be: 1) they fail the course, 2) they fail the assignment.

All missed clinical time must be made up *before* progressing to the next clinical unit: you cannot pass a clinical course until successfully completing all units. Generally, the supervised practice time missed must be made up *within* one week. It is *your responsibility* to contact the instructor to initiate the make-up *and* rearrange your personal schedule as needed to complete the supervised practice experience. The regular clinical class hours cannot be used for the make-up. For some clinical units, you may be asked to keep a time card and have it signed by a clinical preceptor as verification that missed clinical time was completed satisfactorily. Based on the discretion of the faculty, if you are *late* and the quality of a presentation is impaired, you fail the assignment. Supervised practice sites do not carry injury insurance for dietetic students who are injured while on clinical rotations. You may be treated at the site at your own cost or with your own insurance.

### Professional Code of Ethics

Students are expected to perform in a manner consistent with the Code of Ethics for the Profession of Dietetics which follows. This is the code which has been established for the profession.

Faculty require that students aspiring to become professional dietetic practitioners demonstrate behavior based upon values such as honesty, dependability, accurate, etc. It is therefore the policy of the Nutrition & Dietetics Department that any act which constitutes a breach of ethical conduct as outlined in the ADA (now Academy of Nutrition and Dietetics) Code of Ethics will result in disciplinary action. Disciplining action will commensurate with seriousness of the act and may result in failure of the course or withdrawal from the program.

Some of the examples of acts that constitute a breach of ethical conduct include, but are not limited to:

- Falsifying records, Code of Ethics Principle #1, #6
- Breaking confidentiality, Code of Ethics Principle #2,#10
- Plagiarizing assignments, Code of Ethics Principle #1, #6

Additional examples include behaving in a way that is disruptive toward a positive learning environment or positive clinical environment. This includes rude, biased, or inappropriate behavior toward teachers, fellow students, clinical staff, patients/clients and their families. Viterbo academic honesty policies and Viterbo student conduct codes also apply to dietetic students. These policies are included in the Viterbo Student Handbook. Students are required to act to protect patient privacy in accordance with each institution's HIPPA privacy policy.

AMERICAN DIETETIC ASSOCIATION/COMMISSION ON DIETETIC REGISTRATION  
CODE OF ETHICS FOR THE PROFESSION OF DIETETICS AND PROCESS FOR  
CONSIDERATION OF ETHICS ISSUES

**PREAMBLE**

The American Dietetic Association (ADA) and its credentialing agency, the Commission on Dietetic Registration (CDR), believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to dietetics practitioners in their professional practice and conduct. Dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values (Figure) and ethical principles guiding the dietetics profession and to set forth commitments and obligations of the dietetics practitioner to the public, clients, the profession, colleagues, and other professionals. The current Code of Ethics was approved on June 2, 2009, by the ADA Board of Directors, House of Delegates, and the Commission on Dietetic Registration.

**APPLICATION**

The Code of Ethics applies to the following practitioners:

- (a) In its entirety to members of ADA who are Registered Dietitians (RDs) or Dietetic Technicians, Registered (DTRs);
- (b) Except for sections dealing solely with the credential, to all members of ADA who are not RDs or DTRs; and
- (c) Except for aspects dealing solely with membership, to all RDs and DTRs who are not members of ADA.

All individuals to whom the Code applies are referred to as “dietetics practitioners,” and all such individuals who are RDs and DTRs shall be known as “credentialed practitioners.” By accepting membership in ADA and/or accepting and maintaining CDR credentials, all members of ADA and credentialed dietetics practitioners agree to abide by the Code.

**PRINCIPLES**

Fundamental Principles

- 1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.
- 2. The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting perceived violations of the Code through the processes established by ADA and its credentialing agency, CDR.

**Responsibilities to the Public**

- 0. The dietetics practitioner considers the health, safety, and welfare of the public at all times. The dietetics practitioner will report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.
- 3. The dietetics practitioner complies with all laws and regulations applicable or related to the profession or to the practitioner’s ethical obligations as described in this Code.



- a. The dietetics practitioner must not be convicted of a crime under the laws of the United States, whether a felony or a misdemeanor, an essential element of which is dishonesty.
  - b. The dietetics practitioner must not be disciplined by a state for conduct that would violate one or more of these principles.
  - c. The dietetics practitioner must not commit an act of misfeasance or malfeasance that is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
5. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
- a. The dietetics practitioner does not, in professional practice, discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, gender identity, sexual orientation, national origin, economic status, or any other legally protected category.
  - b. The dietetics practitioner provides services in a manner that is sensitive to cultural differences.
  - c. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
6. The dietetics practitioner does not engage in false or misleading practices or communications.
- a. The dietetics practitioner does not engage in false or deceptive advertising of his or her services.
  - b. The dietetics practitioner promotes or endorses specific goods or products only in a manner that is not false and misleading.
  - c. The dietetics practitioner provides accurate and truthful information in communicating with the public.
7. The dietetics practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others.
- a. The dietetics practitioner withdraws from practice when he/ she has engaged in abuse of a substance such that it could affect his or her practice.
  - b. The dietetics practitioner ceases practice when he or she has been adjudged by a court to be mentally incompetent.
  - c. The dietetics practitioner will not engage in practice when he or she has a condition that substantially impairs his or her ability to provide effective service to others.

### **Responsibilities to Clients**

8. The dietetics practitioner recognizes and exercises professional judgment within the limits of his or her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.
9. The dietetics practitioner treats clients and patients with respect and consideration.
  - a. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
  - b. The dietetics practitioner respects the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

10. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.
11. The dietetics practitioner, in dealing with and providing services to clients and others, complies with the same principles set forth above in “Responsibilities to the Public” (Principles #3-7).

### **Responsibilities to the Profession**

12. The dietetics practitioner practices dietetics based on evidence-based principles and current information.
13. The dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
14. The dietetics practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.
15. The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.
  - a. The dietetics practitioner makes full disclosure of any real or perceived conflict of interest.
  - b. When a conflict of interest cannot be resolved by disclosure, the dietetics practitioner takes such other action as may be necessary to eliminate the conflict, including recusal from an office, position, or practice situation.
16. The dietetics practitioner permits the use of his or her name for the purpose of certifying that dietetics services have been rendered only if he or she has provided or supervised the provision of those services.
17. The dietetics practitioner accurately presents professional qualifications and credentials.
  - a. The dietetics practitioner, in seeking, maintaining, and using credentials provided by CDR, provides accurate information and complies with all requirements imposed by CDR. The dietetics practitioner uses CDR-awarded credentials (“RD” or “Registered Dietitian”; “DTR” or “Dietetic Technician, Registered”; “CS” or “Certified Specialist”; and “FADA” or “Fellow of the American Dietetic Association”) only when the credential is current and authorized by CDR.
  - b. The dietetics practitioner does not aid any other person in violating any CDR requirements, or in representing himself or herself as CDR-credentialed when he or she is not.
18. The dietetics practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgment.

*Clarification of Principle:*

- a. Whether a gift, incentive, or other item of consideration shall be viewed to affect, or give the appearance of affecting, a dietetics practitioner's professional judgment is dependent on all factors relating to the transaction, including the amount or value of the consideration, the likelihood that the practitioner's judgment will or is intended to be affected, the position held by the practitioner, and whether the consideration is offered or generally available to persons other than the practitioner.
- b. It shall not be a violation of this principle for a dietetics practitioner to accept compensation as a consultant or employee or as part of a research grant or corporate sponsorship program, provided the relationship is openly disclosed and the practitioner acts with integrity in performing the services or responsibilities.
- c. This principle shall not preclude a dietetics practitioner from accepting gifts of nominal value, attendance at educational programs, meals in connection with educational exchanges of information, free samples of products, or similar items, as long as such items are not offered in exchange for or with the expectation of, and do not result in, conduct or services that are contrary to the practitioner's professional judgment.
- d. The test for appearance of impropriety is whether the conduct would create in reasonable minds a perception that the dietetics practitioner's ability to carry out professional responsibilities with integrity, impartiality, and competence is impaired.

**Responsibilities to Colleagues and Other Professionals**

19. The dietetics practitioner demonstrates respect for the values, rights, knowledge, and skills of colleagues and other professionals.
  - a. The dietetics practitioner does not engage in dishonest, misleading, or inappropriate business practices that demonstrate a disregard for the rights or interests of others.
  - b. The dietetics practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

From *Journal of the American Dietetic Association* 2009; 109: 1461-1467

**Evaluation & Philosophy of Competency Based Education**

The goal of any professional education program is to prepare students to a certain level of expertise or competence so that they may perform professional roles upon graduation. Prior to institution of competency-based education, the movement toward this final level of performance was measured in hours of instructional time or some other arbitrary standard. Obviously, all students do not complete any given course with the same amount of competence. Therefore, in competency-based instruction, the faculty in conference with individual students determines and informs the student of what he must be able to do to be considered competent. The student then works at his own pace until he reaches this predetermined goal. When finished, he can move on to another task. Upon completion of all competencies and learning experiences for a particular phase, the student has completed that phase, and moves on to other learning experiences.

Some students may complete all of the learning experiences in a particular competency, but have not completed them up to the predetermined level of performance. When this occurs, after a conference with the instructor, the student must repeat the competency until the level of performance is achieved. If a student does not achieve all competencies by the end of a course, he must take a grade of incomplete.

General comments on evaluation are included in coordinated program and intern handbooks. There are, however, some general comments that can be made regarding the caliber of work that is expected of all Community-Medical Dietetic students and interns. All written papers, abstracts, and reports must be typed with correct spelling, punctuation, and grammar. One of the most important competencies to acquire is the ability to represent thought on paper in a clear, concise, and professional style. Therefore, all written work will be judged not only on content but also on neatness, grammar, and style of writing. It is departmental policy that any written materials produced for public distribution at clinical sites (newsletters, brochures, etc.) clearly state the student/intern's name and position as a Viterbo University dietetic intern or student.

During supervised practice experiences students/interns are judged by clients and other members of the health care team not only by knowledge and clinical skills, but also by the manner in which the student/intern presents himself as a professional. This professional manner becomes another part of the evaluation of competence, and is reflected in attitude, appearance and accountability.

Professional attitude is a difficult concept to define, but some ways in which it can be measured are through confidence and poise exhibited during supervised practice assignments, reliability and promptness in carrying out tasks, and respect for instructors, fellow students, other professionals and for the client or patient. Professional appearance is also vital. Simplicity in hairstyle, makeup, jewelry and dress and general cleanliness and neatness are also important. Specific codes of dress and appearance will be required at certain supervised practice settings. The students/interns should be informed of these at the beginning of each supervised practice rotation. Professional accountability means that the students/interns are accountable to the client, patient, or other health professionals with whom they are working. In order to accomplish objectives, students/interns will be expected to spend extra time if necessary, and are responsible for adjusting schedules accordingly.

As skills increase and the students/interns move toward more complex competencies, they will be given more and more responsibility in the supervised practice setting. Professionalism will thus assume more and more importance and they will become more and more competent in this area. No one is expected to be a polished professional in the first clinical experience but they are expected to move consistently toward that goal throughout the program.

Professional skills will be evaluated using the "Professionalism Evaluation" forms, Appendices A - C at the end of this guide. The forms are on the Viterbo website on the Information for Preceptors page, which can be accessed from the Dietetics webpage.

## Viterbo University Nutrition and Dietetics Department Preceptor Guidance for Evaluating Dietetic Students and Interns

Throughout the supervised practice experience, the preceptor's responsibility is to supervise the student's work and to provide professional feedback and evaluation. At the end of each supervised practice course, preceptors are expected to provide a formal, written, cumulative evaluation of the student, and an assessment of their competency levels. This guidance is meant to assist you when providing feedback and evaluation for students for whom you are a preceptor.

### Evaluation Form

The Viterbo dietetic programs use pre-established professional evaluation forms. (See Appendix A)

The format of the evaluation forms presents four columns-***below expectations, meets expectations, exceeds expectations and not observed***. The numbers in the measurement scale relate to the following general descriptors:

<b>1-3 Below Expectations:</b>	Expectations for performance not met
<b>4-6 Meets Expectations:</b>	A "4" is a novice level, where a "6" is starting to apply and connect knowledge to real life situations.
<b>7-9 Exceeds Expectations:</b>	Similar to a "6" but completes straightforward tasks in an acceptable manner; uses own judgement in some situations, applies critical thinking skills. Whereas, a score of a "9" the student is exhibiting skills of an entry-level RDN. Good background knowledge of area of practice and can cope with complex situations.

### Instructor Assistance

To facilitate the student evaluation process, the instructor of the course, will inform the preceptor of the specific form that should be used. Additionally, the instructor will highlight the competencies listed on the form that the preceptor should address. The highlighted competencies are those stated on the course syllabus and are an integral part of the Program's curriculum assessment.

### Evaluation Process

Students will be instructed to use the same evaluation form to conduct a self-evaluation. Their completed self-evaluation form should be presented to you prior to your formal evaluation of the

student. The student's written documentation of the "activities performed" should provide evidence that they worked on specific competencies and to what level. Subsequently, the preceptor would use the student's self-evaluation as a starting point for their professional cumulative evaluation of the student's work.

### **Timeline**

All of the dietetic program supervised practice courses require that the students receive a formal, cumulative, written, evaluation at the end of the course. Most of the supervised practice courses use a face-to-face conference setting for the instructor, student and preceptor to meet and discuss the student's coursework and their competency progress and level. If distance or time prevents a face-to-face meeting, a conference call may be scheduled instead. The completed evaluation forms are the basis of the conference discussion. These conferences are usually scheduled during the last week of the course.

Feel free, at any time, to contact the course instructor or either of the Viterbo dietetic program directors for further information or assistance regarding student supervised practice concerns or issues.

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**Appendix A**

**EXAMPLE OF EVALUATION FOR NUTR471 & NUTR470**

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course:**  
**Course:** NUTR471 or NUTR470  
**Form:** Professionalism Evaluation - Final

**Directions: Please rate the student using this scale:**  
*1 - 3 Below Expectations: 4 - 6 Met Expectations: 7 - 9 Exceeded Expectations:*  
*(Question 1 of 2 - Mandatory )*

	Below Expectations			Met Expectations			Exceeds Expectations			Not Observed	Comments
	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0		
CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.										0	<input type="text"/>
CRDN 1.2 Apply evidence-based guidelines, systematic reviews, and scientific literature.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="text"/>
CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="text"/>
CRDN 1.6 Incorporate critical thinking skills in overall practice.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="text"/>

CRDN 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 Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.4 Function as a member of interprofessional teams.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.5 Assign duties to NDTRs and/or support personnel as appropriate.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.6 Refer clients and patients to other health professionals and services when needs are beyond individual scope of practice.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.7 Apply leadership skills to achieve desired outcomes.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.8 Demonstrate negotiation skills.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.10 Demonstrate professional attributes in all areas of practice.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>



CRDN 2.11 Show cultural competence / sensitivity in interactions with clients, colleagues, and staff.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.12 Perform self-assessment and develop goals for self-improvement throughout the program.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups, and populations of differing ages and health status, in a variety of settings.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>

CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.10 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.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.1 Participate in management of human resources.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.3 Conduct clinical and customer service quality management activities.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.4 Apply current nutrition informatics to develop, store, retrieve, and disseminate information and data.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>

CRDN 4.5 Analyze quality, financial and productivity data for use in planning.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.8 Develop a plan to provide or develop a product, program or service than includes a budget, staffing needs, equipment and supplies.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.9 Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 4.10 Analyze risk in nutrition and dietetics practice.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>

CO 1 Provide nutrition education to community groups for health promotion and disease prevention utilizing a variety of technology.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="text"/>
CO 2 Develop and conduct community nutrition research.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="text"/>

(Question 2 of 2)

Student's Strengths	<input type="text"/>
Goals for Improvement	

### **Additional Preceptor Resources**

The Viterbo University Department of Nutrition and Dietetics hosts a website at [https://www.viterbo.edu/academics/nursing/dietetics/Nutrition\\_and\\_Dietetics.aspx](https://www.viterbo.edu/academics/nursing/dietetics/Nutrition_and_Dietetics.aspx). On the right side of the page you will find a link called Information for Preceptors. That page has a link to the Commission on Dietetics Registration's Preceptor's Training Course. This is an online course that takes about 8-10 hours to complete. Once started, you can leave the site as often as you like and re-access it at the part of the test that you last finished. After the online training course is completed, a certificate is awarded for ten continuing professional hours.

Annually, in the fall, the Department of Nutrition and Dietetics conducts a Preceptor Training meeting. The intended audience is both new and veteran preceptors. Specific information about that meeting is sent out in early September.

