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

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

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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 (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 inservices 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 dietetic 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 appraised 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.

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.

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

A. Frequent, ongoing evaluation should be conducted so that students know exactly what skills, knowledge, or application processes need improvement.
B. Problems should be identified and dealt with as early as possible by contacting the Viterbo faculty member in charge of the clinical experience.
C. When discussing problems with students, you need to specify the issues of concern.
D. While it may be uncomfortable to confront a student with a problem, it is less painful and more productive to do it in the beginning. Bad habits are easily reinforced through repetition—so it is important to correct them as early as possible.
E. Students need to know the consequences of their 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.
F. Rules and expectations need to be communicated clearly (sometimes in writing)
G. Expectations need to be realistic for students.
H. Try to find the positive in students on which to build improvement.
I. For knowledge deficiencies, students can be given extra reading to do outside of the rotation. It is helpful to provide sources for students.
J. For situational difficulties, talk to students about feelings that make them apprehensive or hesitant.
K. Suggest that rotations may be adapted as long as they still provide the necessary competencies.

Be aware that significant problems should be discussed with the 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, RD, 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 Goals and Outcomes

Viterbo’s dietetic program monitors quality of its educational experiences through a system of continuous improvement.

The Dietetic Program at Viterbo will:

a. Provide professional education to a diverse student body in order to prepare competent entry-level dietitians

b. 80% of Viterbo graduates will pass the RD exam as first time examinees.

c. 80% of graduates will be employed at a professional level within 6 months of graduation.

d. Graduates will rate themselves as "prepared" in 80% of entry level competencies which are related to their present jobs.

e. Employers will rate graduates as "acceptable" or "outstanding" in the areas of critical thinking and communication skills. At least 75% of employers will rank graduates as 3 or above as sharing leadership potential.

f. Prepare graduates who engage in nutrition specific health promotion activities on their first job.

g. At least 75% of graduates will provide nutrition specific health promotion in their job or as volunteers.
h. At least 75% of graduates will show evidence of leadership.

i. Recruit and retain diverse students.

j. At least 75% of graduates will rank themselves competent in cultural interaction.

k. 90% of students beginning the junior year will successfully complete the coordinated program.

**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 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 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 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 honest 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.
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

3. 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.
4. 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 comply 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” form Appendix A at the end of this guide. You may request an electronic template of the Professional Evaluation form by contacting the department administrative assistant at bmhundt@viterbo.edu.
General Evaluation Plan

The core skill areas that are evaluated include oral and written communication, critical thinking, management (problem solving), and leadership (collaboration) at the base. These core skills then become part of evaluation forms in both the basic skills, which are used in multiple settings, and course specific skills, which apply to only one area or course. Section VI also includes a copy of each of the basic skill evaluation forms. Evaluation scales of 1 to 5 are used in each form to rate performance. The definitions of the rating scale are as follows:

**Beginner (rating of 1 or 2):** The student has mastered knowledge in an area, but has no practical experience upon which to base decisions. The student can be described as hesitant, tentative, or uncertain how to proceed. The student has many questions that relate to the application of knowledge in a particular situation. He will know isolated facts, but lacks the experience necessary to relate those facts to a larger problem (task), or to determine the significance of those facts.

**Advanced beginner (rating of 3 or 4):** The student has enough experience in similar situations so that he can proceed with confidence in parts, but not in all aspects of an assignment. The student will ask questions that relate to the unique parts of an assignment or clinical situation. The student can relate facts to the larger problem (task), but may miss details that are important in a specific instance. The student has difficulty interpreting subjective, but not objective, information.

**Competent (rating of 5):** The student has gained experience so that he can proceed in confidence in most situations. The student can manage multiple aspects of a problem (task). Questions are related to only specific policies or procedures that the student has not yet encountered. The student can relate important facts and details in most instances, and can interpret both subjective and objective information to make rational decisions.
Appendix A

Professionalism Evaluation
Nutrition & Dietetics Department
Viterbo University

Student Name _____________________

Clinical Site _____________________

Evaluator ________________________

Date ___________________________

Written Communication
- Writing is original and communicates effectively with the target audience
- Utilizes correct grammar, punctuation, and spelling
- Organization is logical
- Ideas are adequately supported throughout
- Content is accurate

Oral Communication
- Oral presentation is original and communicates effectively with the target audience
- Content is accurate
- Presentation is logically organized and includes an evaluation of audience learning
- Presentation is interactive and stimulates interest and enthusiasm
- Delivery skills are polished

Critical Thinking/Research
- Clearly defines the problem(s) or issue(s)
- Can give accurate rationale for decision
- Obtains all the information needed in order to take action
- Can interpret subjective and objective information
- Can identify associations, patterns, and parallels
- Conclusions are creative and tailored to the problem at hand
- Can separate and classify information
- Can draw inferences from the details presented
- Can make generalizations
- Can relate knowledge from several areas
- Interprets/presents information in a logical way
- Draws appropriate conclusions

Management
- Identifies & prioritizes problems accurately
- Follows through on plans
- Accurately and completely evaluates impact of plans
- Completes thorough & honest self evaluation and peer evaluations
- Takes action & gives direction with confidence
- Completes supervised practice activities efficiently & on time
**Leadership**
- Exhibits initiative; is willing to take on difficult tasks
- Has vision & enables others to understand and follow the vision
- Seeks input from the team
- Produces results through team effort & cooperation
- Is self-assured under pressure
- Adapts to change
- Is flexible
- Uses creativity & imagination

**Professional Attributes**
- Assumes an active role in clinical activities
- Always prepared for class and clinical activities
- Always shows respect for faculty, preceptors, staff and clients
- Maintains confidentiality
- Is honest
- Deals with conflicts so that performance is not affected
- Behavior shows poise and confidence
- Shows desire to improve skills

**Student's Strong Points**

**Goals for Improvement**

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<th>Student Signature</th>
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<th>Evaluator Signature</th>
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