

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



8th Edition
January 2025

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 to give them the skills needed to be competent entry-level Registered Dietitian Nutritionist (RDN) practitioners.

Supervised practice programs (coordinated programs & dietetic internships) rely heavily on preceptors to train and evaluate students in foodservice, clinical, management and public health nutrition facilities. Skills for teaching and evaluating dietetic students and interns were not likely to have been part of the preceptor's training. This guide is an attempt to provide preceptors with appropriate tools for mentoring dietetic students.

Supervised Practice

Practice is what you (preceptors) do on a day-to-day basis. The main portion of the supervised practice experience should be focused on what you do on a day-to-day basis. Special projects are acceptable (and often desirable) if they teach the skills and experiences that would be ordinarily used in the profession. The intent is to give students the necessary skills so that they can work towards entry-level competence once the experience is completed. Students should not be expected to perform the job at the same levels as you but should be able to do the job satisfactorily (i.e., students should be trained well enough to have at a minimum, entry-level competence by the end of their coordinated program or dietetic internship).

In the beginning of a rotation, students will start by observing the day-to-day functions of the job. For most students, this is typically the first 1-2 weeks, but all students learn at a different pace. Once the student is ready for more responsibility, it's ideal to have the student perform the skill(s) while the preceptor directly observes. This phase is usually between weeks 3-4 of the rotation. Between weeks 4-8 of the rotation, the student should be able to perform the basic skills of an entry-level RDN. As the weeks progress, more tasks can be added. This process gives students a chance to build skills needed to perform the job successfully. The preceptor is expected to continue to supervise students throughout the rotation so that it remains a learning experience for them while ensuring that quality services are maintained. It takes time to train students, but the idea of the training is to develop students' skills so that they can provide staff relief. During the final weeks of supervised practice experience, students should be capable of providing staff relief for a good portion of the daily work activities

Benefits to Preceptors for Providing Supervised Practice Experiences for Dietetic Students

1. **Students can perform tasks.** Such as, conduct in-services/quality improvement, which may be difficult to complete during the workday.
2. **Students can provide additional supervision of employees.** Act as an extension of the dietitian, having another set of eyes on staff operations.
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.** Students come into the facility with a different set of eyes and often have creative ideas. (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.** It is difficult to keep up with technology, new research, etc. Students can share this information.
6. **Students can help employee morale.** Staff members who play a role in teaching students will feel more important and valued. Students bring excitement into the rotation, as they are enthusiastic about applying the knowledge gained from didactic courses.
7. **Students break the routine of day-to-day practice.** Students also challenge the preceptor to think differently.
8. **Preceptors receive 3 CEU credits for each semester they precept.**
9. **Preceptors can attend Viterbo University's annual preceptor trainings virtually for additional CEUs.**

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 relate to professional practice but are all interrelated. The preceptor is 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 materials 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. It is critical that preceptors communicate their enthusiasm. Find ways to share your enthusiasm with your students. Share why you like your job, as well as the challenges faced with the job. Students value transparency. 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 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 significant 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 on a daily basis—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.

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 supervised practice experience, 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. Some identified professional behaviors that reflect professional standards include:

- A. Accepting responsibility
- B. Self-evaluation
- 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. Lifelong learning

These seven components are what emerged as characteristics of effective educators. This helps to provide a framework of best practices. Practicing all seven components does not guarantee that all students will succeed. As learners, students play a key role in their achievements and success

Characteristics of Successful Students

Students vary in their cultural backgrounds, skills, knowledge, level of maturity, strengths, and areas of improvement, etc. These differences dictate unique needs among students. Below are general student characteristics that the students may have.

- 1. Lots of book knowledge
- 2. Enthusiastic
- 3. Different modes of learning: audible, visual, learn by doing, or a combination
- 4. Limited experience with client/patient contact. Supervised practice is the first experience with applying knowledge/skills learned in didactic courses
- 5. Limited communication skills (staff, clients, groups, and writing)
- 6. Limited team skills. As students, they have had limited experience working in groups/teams
- 7. Untested work ethic
- 8. Limited experience with time management
- 9. Idealistic. Often, 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 do. Preceptor teaching is really teaching at its finest. Ask former students (or yourself!) what was the best part of the 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.

Effective Teaching Guidelines

Onsite Rotations:

- Recommend having a morning meeting to outline the day and expectations
- Recommend recapping with the intern at the end of the day, what went well, what could be improved upon
- Based on preceptor discretion, but the first 2 weeks should be observational. The intern sits in on sessions with the preceptor.
- Based on preceptor discretion, the intern should lead sessions in the 3rd and 4th weeks with the preceptor by their side. Once the session has concluded, the preceptor and student should find a private area to discuss feedback & observations.
- Based on preceptor discretion, if appropriate at the site, the intern should lead the sessions starting week 4 and continue through the rotation.

Virtual Rotations:

- Recommend meeting with the intern at least twice a week, once at the beginning of the week to set expectations and again towards the end of the week to recap what has been accomplished.
- Recommend allowing the intern to sit in on telehealth counseling and education as appropriate.
- Based on preceptor discretion, but the first 2 weeks should be observational. The intern sits in on sessions with the preceptor. After this time period, the preceptor should be in the session with the intern if the intern is allowed to lead the counseling session.

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. The preceptor will evaluate the student on the competencies throughout the rotation using an automated evaluation form, which will be emailed to the preceptor for a mid-point and final review. The evaluations provide a nice framework for reviewing areas of improvement, as well as strengths the student has demonstrated during the rotation.

Before You Start...Teaching Hints

1. Have student review modules
2. Reading materials
3. What is the dress code? Do they need a lab coat?
4. Should they pack their lunch? Is there a cafeteria?
5. Provide an outline of the 1st day & typical day
6. Parking; Do they need a parking pass?
7. Where & when should the student/intern report?
8. If a larger facility, a map may be helpful.

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”. Feedback is most productive when it is provided in a positive, constructive, and timely manner. Ideally, feedback should be given on a daily basis, or minimally, on a weekly basis.

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 beneficial. By learning students’ views, the preceptor can determine if the student truly understands what is required.

Evaluation should be based on reasonable and well-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 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 to take 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 differences that are compatible with quality practice.

Professional evaluation forms are included in Appendix A of this handbook. The general evaluation plan and rating scale definitions are further discussed on page 21.

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. Survey Monkey is an effective survey tool to share with students. Continuous evaluation is helpful for all of us.

In addition, Viterbo University collects preceptor and site evaluations from interns at the end of each rotation. These evaluations will be shared with preceptors at the end of each academic year.

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 (daily/weekly) 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 clinical coordinator at Viterbo University.
3. When discussing problems with students, be specific with the issue(s) 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. Unpleasant 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 actions or deficiencies.
 - This could be with respect to the outcome for a patient, department, or staff
 - Or this could be with respect to students' progress in the program.
6. Rules and expectations need to be communicated clearly (in writing) and should outlined on the first day of rotations.
7. Expectations need to be realistic for students.
8. 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 shared with the clinical coordinator at Viterbo University, who will forward the concern to the course instructor. Working with the preceptor, the faculty member will 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.

Maria Morgan-Bathke MBA, PhD, RDN, CD, FAND
Department Chairperson/Director Dietetic Internship
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Coordinated Program Director
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Tess Kruser
Administrative Assistant
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tckruser@viterbo.edu

Opportunity to File Complaints with Viterbo University

Complaints should be first sent to the clinical placement coordinator. The clinical placement coordinator will share the concern with the course instructor to address. If the course instructor is unable to satisfactorily address the complaint it should be elevated to the Department Chair of Nutrition and Dietetics. If the Department Chair is unable to satisfactorily address the complaint it should be elevated to the Dean of the College of Nursing and Health.

Opportunity to File Complaints with the Accreditation Council for Education in Nutrition and Dietetics (ACEND)

The Accreditation Council for Education in Nutrition and Dietetics will review complaints that relate to a program's compliance with accreditation standards. ACEND is interested in the sustained quality and continued improvement of dietetics education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or students.

A copy of the accreditation standards and ACEND's policy and procedure for submission of complaints can be found on the Academy of Nutrition and Dietetics website (www.eatright.org/acend) under Accreditation/Dietetics Education.

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 significant 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, 2022 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 evidence 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 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 timecard, 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 [2021-2022 student handbook 9.12.213802.pdf \(viterbo.edu\)](https://www.viterbo.edu/student-handbook/2021-2022-student-handbook-9.12.213802.pdf). 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

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 of 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 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. 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 responsibility in the supervised practice setting. Professionalism will thus assume an increased importance and they will become increasingly 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:

1-3 Below Expectations:	Expectations for performance not met
4-6 Meets Expectations:	A "4" is a novice level, where a "6" is starting to apply and connect knowledge to real life situations.
7-9 Exceeds Expectations:	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 areas 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 NUTR481/681 (Nutrition Field Practicum-Foodservice)

Subject:
Evaluator:
Site:
Period:
Dates of Course:
Course: SP Foodservice CP NUTR481
Form: Professionalism Evaluation - Final

Directions: Please rate the student using this scale:

Below Expectations (1-3): Expectations for performance not met

Meets Expectations (4-5): Acceptable performance. Minimal knowledge, needs close supervision, simplistic view of situations

Meets Expectations (6): progress beyond novice level, but not to advanced beginner.

Exceeds Expectations (7-8): Connects knowledge to real life situations, completes straightforward tasks in an acceptable manner; uses own judgement in some situations, applies critical thinking

Exceeds Expectations-Entry-level competence (9): Good background knowledge of area of practice, fit for entry-level position, able to achieve most tasks using own judgement, can cope with complex situations.

(Question 1 of 3 - Mandatory)

	Below Expectation			Meets Expectation			Exceeds Expectation			Not Observed	
	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 1.3 Justify programs, products, services, and care using appropriate evidence or data	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 1.4 Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 1.5 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="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 2.7 Apply change management strategies 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 humility in interactions with colleagues, staff, clients, patients, and the public.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 2.12 Implement culturally sensitive strategies to address cultural biases and differences.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 3.11 Develop and deliver products, programs or services that promote consumer health, wellness, and lifestyle management.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.13 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.14 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. (Previously CRD 3.6)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.1 Apply management theories to the development of programs or services.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.2 Evaluate a budget/financial management plan and interpret financial data.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.4 Apply the principles of human resource management to different situations.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.5 Apply safety and sanitation principles related to food, personnel, and consumers.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.6 Explain the processes involved in delivering quality food and nutrition services.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 4.7 Evaluate data to be used in decision-making for continuous quality improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 4.1 Participate in management of human resources. (Such as training and scheduling)	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. (Such as quality improvement or quality assurance projects)	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 information technologies to develop, manage and disseminate nutrition information and data. (Previously CRD 4.5)	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 4.10 Analyze risk in nutrition and dietetics practice. (Such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness.)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 5.2 Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.1: Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.2: Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.3: Prepare a plan for professional development according to the Commission on Dietetic Registration guidelines.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.4: Advocate for opportunities in professional settings (such as asking for additional responsibility, practicing negotiating a salary or wage or asking for a promotion.)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.7: Mentor others.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.8 Identify and articulate the value of precepting others.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
Intern Strong Points (<i>Question 2 of 3</i>)											
<input type="text"/>											
Intern's Goals for Improvement (<i>Question 3 of 3</i>)											
<input type="text"/>											

EXAMPLE OF EVALUATION FOR NUTR670 (Community Capstone)

Subject:
Evaluator:
Site:
Period:
Dates of Course:
Course: SP Community CP NUTR670
Form: Professionalism Evaluation - Final

Directions: Please rate the student using this scale:

Below Expectations (1-3): Expectations for performance not met

Meets Expectations (4-5): Acceptable performance. Minimal knowledge, needs close supervision, simplistic view of situations

Meets Expectations (6): progress beyond novice level, but not to advanced beginner.

Exceeds Expectations (7-8): Connects knowledge to real life situations, completes straightforward tasks in an acceptable manner; uses own judgement in some situations, applies critical thinking

Exceeds Expectations-Entry-level competence (9): Good background knowledge of area of practice, fit for entry-level position, able to achieve most tasks using own judgement, can cope with complex situations.

(Question 1 of 3 - Mandatory)

	Below Expectation			Meets Expectation			Exceeds Expectation			Not Observed
	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	
KRDN 1.1 Demonstrate how to locate, interpret, evaluate, and use professional literature to make ethical, evidence-based practice decisions.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 1.3 Apply critical thinking skills.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
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
CRDN 1.5 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
KRDN 2.1 Demonstrate effective and professional oral and written communication and documentation.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 2.2 Describe the governance of nutrition and dietetics practice, such as Scope of Practice for the Registered Dietitian Nutritionist and the Code of Ethics for the Profession of Nutrition & Dietetics.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 2.5 Identify and describe the work of interprofessional teams and the roles of others with whom the registered dietitian nutritionist collaborates.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 2.7 Describe contributing factors to health inequity in nutrition and dietetics including structural bias, social inequities, health disparities and discrimination.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 2.8 Participate in a nutrition and dietetics professional organization and explain the significant role of the organization.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
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

CRDN 2.3 Demonstrate active participation, teamwork, and contributions in group settings.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
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
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
CRDN 2.9 Actively contribute to nutrition and dietetics professional and community organizations.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
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
CRDN 2.11 Show cultural humility in interactions with colleagues, staff, clients, patients, and the public.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 2.12 Implement culturally sensitive strategies to address cultural biases and differences.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 2.13 Advocate for local, state, or national legislative and regulatory issues or policies impacting the nutrition & dietetics profession.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 3.2 Develop an education session or program/educational strategy for a target population.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 3.3 Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 3.8 Design, implement and evaluate presentations to a target audience.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 3.9 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
CRDN 3.10 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
CRDN 3.11 Develop and deliver products, programs or services that promote consumer health, wellness, and lifestyle management.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 3.12 Deliver respectful, science-based answers to client/patient questions concerning emerging trends.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 5.2 Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
KRDN 5.3 Practice how to self-advocate for opportunities in a variety of settings (Such as asking for support, presenting an elevator pitch)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 5.2 Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

CRDN 5.3 Prepare a plan for professional development according to the Commission on Dietetic Registration guidelines.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 5.4 Advocate for opportunities in professional settings (Such as asking for additional responsibility, practicing negotiating a salary or wage or asking for a promotion)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 5.7 Mentor others	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0
CRDN 5.8 Identify and articulate the value of precepting others.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0

Intern Strong Points (*Question 2 of 3*)

Intern's Goals for Improvement (*Question 3 of 3*)

EXAMPLE OF EVALUATION FOR NUTR671 (MNT Capstone)

Subject:
Evaluator:
Site:
Period:
Dates of Course:
Course: SP MNT CP NUTR671
Form: Professionalism Evaluation - Final

Directions: Please rate the student using this scale:

Below Expectations (1-3): Expectations for performance not met

Meets Expectations (4-5): Acceptable performance. Minimal knowledge, needs close supervision, simplistic view of situations

Meets Expectations (6): progress beyond novice level, but not to advanced beginner.

Exceeds Expectations (7-8): Connects knowledge to real life situations, completes straightforward tasks in an acceptable manner; uses own judgement in some situations, applies critical thinking

Exceeds Expectations-Entry-level competence (9): Good background knowledge of area of practice, fit for entry-level position, able to achieve most tasks using own judgement, can cope with complex situations.

(Question 1 of 3 - Mandatory)

	Below Expectation			Meets Expectation			Exceeds Expectation			Not Observed	
	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0		
KRDN 1.1 Demonstrate how to locate, interpret, evaluate, and use professional literature to make ethical, evidence-based practice decisions.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 1.2 Select and use appropriate current information technologies to locate and apply evidence-based practice decisions.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 1.3 Apply critical thinking skills.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 1.4 Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 1.5 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	
KRDN 2.1 Demonstrate effective and professional oral and written communication and documentation.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 2.2 Describe the governance of nutrition and dietetics practice, such as Scope of Practice for the Registered Dietitian Nutritionist and the Code of Ethics for the Profession of Nutrition & Dietetics.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	

KRDN 2.5 Identify and describe the work of interprofessional teams and the roles of others with whom the registered dietitian nutritionist collaborates.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 2.7 Describe contributing factors to health inequity in nutrition and dietetics including structural bias, social inequities, health disparities and discrimination.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
KRDN 2.8 Participate in a nutrition and dietetics professional organization and explain the significant role of the organization.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
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 Practice for the Registered Dietitian Nutritionist Standards of Practice, Standards of Professional Performance, 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 2.3 Demonstrate active participation, teamwork, and contributions in group settings.	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 Work collaboratively with NDTRs and/or support personnel in other disciplines.	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 2.8 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 2.9 Actively contribute to nutrition and dietetics professional and community organizations.	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 humility in interactions with colleagues, staff, clients, patients, and the public.	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 Implement culturally sensitive strategies to address cultural biases and differences.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN 3.1 Use the Nutrition Care Process and clinical workflow elements to assess parameters, diagnose nutrition related problems, determine appropriate nutrition interventions, and develop plans to monitor the effectiveness of these interventions.	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 Medical Nutrition Therapy by utilizing the Nutrition Care Process including use of standardized nutrition terminology as a part of the clinical workflow elements 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 3.2 Conduct nutrition focused physical exams.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.3 Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (Such as blood glucose or cholesterol), recommending and/or initiating nutrition-related pharmacotherapy plans (Such as modifications to bowel regimens, carbohydrate to insulin ratio, B12 or iron supplementation).	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.4 Provide instruction to clients/patients for self-monitoring blood glucose considering diabetes medication and medical nutrition therapy plan.	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 Explain the steps involved and observe the placement of nasogastric or nasoenteric feeding tubes, if available, assist in the process of placing nasogastric or nasoenteric feeding tubes.	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 Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.7 Demonstrate effective communication and documentation skills for clinical and client services in a variety of formats and settings, which include telehealth and other information technologies and digital media.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
CRDN 3.12 Deliver respectful, science -based answers to client/patient 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"/>
KRDN 4.3 Demonstrate an understanding of the regulation system related to billing and coding, what services are reimbursable by third party payers and how reimbursement may be obtained.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN4.6 Explain the processes involved in delivering quality food and nutrition services.	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 Engage in 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. (Such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN 5.1 Perform self-assessment that includes awareness in terms and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN 5.2 Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>
KRDN 5.3 Practice how to self-advocate for opportunities in a variety of settings (Such as asking for support, presenting an elevator pitch)	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	<input type="checkbox"/>

CRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.2 Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.3 Prepare a plan for professional development according to the Commission on Dietetic Registration guidelines.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.4 Advocate for opportunities in professional settings (such as asking for additional responsibility, practicing negotiating a salary or wage or asking for a promotion).	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.5 Demonstrate the ability to resolve conflict.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.7 Mentor others.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
CRDN 5.8 Identify and articulate the ability to resolve conflict.	1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	0	
Intern Strong Points (<i>Question 2 of 3</i>)											
<input type="text"/>											
Intern's Goals for Improvement (<i>Question 3 of 3</i>)											
<input type="text"/>											

Additional Preceptor Resources

The Viterbo University Department of Nutrition and Dietetics hosts a website at

[Nutrition and Dietetics Department | Viterbo University](#) On the right side of the page, you will find a link called [Information for Preceptors](#). That page has a link to this Preceptor's Guide, as well as the recorded "Best Practices for Preceptors." 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. CEUs are typically awarded for attending the virtual training.