



Georgia Department of Public Health Dietetic Internship Preceptor Handbook

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I. ACCREDITATION PROCESS AND INTENT OF STANDARDS

The Eligibility Requirements and Accreditation Standards (ERAS) are the threshold criteria that higher education programs preparing graduates to be RDs and DTRs must meet to be accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). The ERAS state the organizational requirements and resources the program must have to provide quality education, and the expectations for knowledge, skills and competencies students must have attained upon graduation.

The Academy of Nutrition and Dietetics Bylaws establish ACEND as the organization unit to serve the public by establishing and enforcing standards for the educational preparation of dietetics practitioners and by recognizing dietetics education programs that meet these standards. According to the Academy Bylaws, "ACEND has sole and independent authority in all matters pertaining to accreditation of entry-level education programs, including but not limited to standard setting, establishment of fees, finances, and administration." ACEND is recognized by the United States Department of Education. Recognition by USDE affirms that ACEND meets national standards and is a reliable authority on the quality of nutrition/dietetics education programs. (Source ACEND FAQ)

II. EDUCATIONAL PURPOSE

Supervised practice is for educational purposes only and is not intended to replace facility employees, except as planned to demonstrate competence/planned learning experiences. Dietetic intern supervised practice experiences will adhere to competency attainment as described in the curriculum and work assignments for the purpose of education, i.e., mastery of techniques and reinforcing knowledge.

III. CORE COMPETENCIES FOR THE REGISTERED DIETITIAN

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice
CRD 1.1: Select indicators of program quality and/or customer service and measure achievement of objectives
CRD 1.2: Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetics practice
CRD 1.3: Justify programs, products, services and care using appropriate evidence or data
CRD 1.4: Evaluate emerging research for application in dietetics practice
CRD 1.5: Conduct projects using appropriate research methods, ethical procedures

and data analysis
2. Professional Practice Expectations: beliefs, values, attitudes, and behaviors for the professional dietitian level of practice
CRD 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics
CRD 2.2: Demonstrate professional writing skills in preparing professional communications
CRD 2.3: Design, implement and evaluate presentations to a target audience
CRD 2.4: Use effective education and counseling skills to facilitate behavior change
CRD 2.5: Demonstrate active participation, teamwork and contributions in group settings
CRD 2.6: Assign patient care activities to DTRs and/or support personnel as appropriate
CRD 2.7: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice
CRD 2.8: Apply leadership skills to achieve desired outcomes
CRD 2.9: Participate in professional and community organizations
CRD 2.10: Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services
CRD 2.11: Demonstrated professional attributes within various organizational cultures.
CRD 2.12: Perform self-assessment, develop goals, and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetic Registration
CRD 2.13: Demonstrate negotiation skills
3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations
CRD 3.1 Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups, and populations of differing ages and health status, in a variety of settings
<ul style="list-style-type: none"> • CRD 3.1.a: Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered
<ul style="list-style-type: none"> • CRD 3.1.b: Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements
<ul style="list-style-type: none"> • CRD 3.1.c: Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention
<ul style="list-style-type: none"> • CRD 3.1.d: Monitor and evaluate problems, etiologies, signs, symptoms, and the impact of interventions on the nutrition diagnosis
<ul style="list-style-type: none"> • CRD 3.1.e: Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
CRD 3.2: Demonstrate effective communication skills for clinical and customer services in a variety of formats
CRD 3.3: Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management
CRD 3.4: Deliver respectful, science-based answers to consumer questions concerning emerging trends

CRD 3.5: Coordinate procurement, production, distribution and service of goods and services
CRD 3.6: 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
4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations
CRD 4.1: Participate in the management of human resources
CRD 4.2: Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food
CRD 4.3: Participate in public policy activities, including both legislative and regulatory initiatives
CRD 4.4: Conduct clinical and customer service quality management activities
CRD 4.5: Use current informatics technology to develop, store, retrieve and disseminate information and data
CRD 4.6: Analyze quality, financial or productivity data and develop a plan for intervention
CRD 4.7: Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment
CRD 4.8: Conduct feasibility studies for products, programs or services with consideration of costs and benefits
CRD 4.9: Analyze financial data to assess utilization of resources
CRD 4.10: Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies
CRD 4.11: Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers
5. CC Concentration: Public Health Nutrition
CC 5.1 Apply principles learned in core public health and DI courses to the multidisciplinary application of public health nutrition
CC 5.2 Evaluate emerging public health research and develop evidence based solutions to current public health issues

IV. POTENTIAL BENEFITS OF INTERNS TO A FACILITY

Interns often possess many qualities that allow them to be beneficial to preceptors and facilities that provide supervised practice experiences. They can be:

- a. Assistants – interns can perform tasks that are important but may not normally be feasible given the limited amount of time available.
- b. Leaders – interns may serve in a supervisory role to other employees at the facility.
- c. Communicators – interns are there to learn and by asking questions. They may help encourage more efficient communication throughout the facility.

- d. Problem Solvers – interns can be helpful in solving problems because they are able to offer a fresh perspective that may not have been considered.
- e. Teachers – interns are recent graduates of programs designed to teach the most-to-date information regarding dietetics. Therefore, interns can be a valuable for teaching and sharing new information.
- f. Motivators – interns are eager to learn and thereby serve to motivate others to learn more and take an active interest in doing their jobs well.

V. BENEFITS OF PRECEPTORSHIP

- 1. Contribution to the dietetics profession
- 2. Opportunity for to learn from interns
- 3. Personal satisfaction
- 4. Keep current in the dietetics profession
- 5. Recognition as a mentor and role model
- 6. Facilitate contributions to your organization through intern projects and assignments

VI. ROTATION SITE VISITS

Members of the Dietetic Internship staff are interested in visiting the various rotations sites throughout the year. However, because of differing schedules, visits to the actual physical rotation sites are not always possible. Therefore, site visits may include a visit by the director and/or coordinator to actual physical rotation site or via conference call/phone call. If preceptor and/or intern desire a visit from internship staff to the actual physical rotation site, every effort will be made to accommodate the request.

VII. STANDARDS OF PROFESSIONAL BEHAVIOR FOR INTERNS

Interns are expected to adhere to the following guidelines:

- 1. Interns will not disrupt the operation of the cooperating facility.
- 2. Interns are expected to dress and conduct themselves in a **professional manner** for each facility. Standards are set by the facility and/or preceptor and should be communicated to the intern at the beginning the rotation.
- 3. The institution reserves the right to adjust intern's experience if conduct and/or dress do not meet standards.

4. The number of interns assigned to a facility, intern schedules, and objectives will be determined in cooperation with the cooperating department supervisor.
5. Interns will be provided an orientation to the cooperating facility.
6. Interns will function within the organizational framework of the cooperating facility. Facility policies and procedures should be available to interns.
7. The cooperating facility has the right to withhold use of the facility for failure to follow its policies and procedures as well as accepted standards for health and behavior.
8. Transportation to cooperating facilities is the responsibility of the individual intern.
9. Work hours may vary from rotation to rotation and within rotations so it is important for interns to be flexible. Preceptors should communicate expectations to the intern at the beginning of the rotation and provide updates as necessary.

VIII. ROLES OF ROTATION SITE PRECEPTORS

1. The intern assigned to each rotation site is responsible for contacting the primary Preceptor to arrange the time and location for the first day of the rotation. Preceptors are asked to be as detailed as possible when providing directions and instructions to interns.
2. On the first day of the rotation, preceptors are asked to complete the *Rotation Facility Orientation Checklist*. This can be found on the preceptor link in the GDPH DI web page. This checklist details the information that should be reviewed with each intern upon arrival at a rotation site. It includes information about facility access, workspace, parking, dress code, scheduling, general work hours, rules regarding rest breaks and meal periods, attendance expectations (i.e. sick policy, procedures for advanced notice of absence, making up missed work), and any other relevant policies and procedures. In addition, preceptors are asked to provide interns with a tour of the facility, discuss proper channels of communication (i.e. who to contact with questions, grievances, etc.). Please make sure to provide the intern with appropriate contact information and review the curriculum with them.
3. If there are any concerns or questions, preceptors and interns are asked to contact internship staff immediately. Names and contact information for internship staff members are listed below.

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Dietetic Internship Director
Office of Program Operations and Nutrition
Georgia WIC Program
Department of Public Health
2 Peachtree ST., NW
10-283
Atlanta, GA 30303
(404)463-0742
(404) 657-2886 (fax)
Rhonda.Tankersley@dph.ga.gov

IX. RESPONSIBILITIES OF THE DI DIRECTOR AND STAFF

The Dietetic Internship Director is responsible for the planning, administration and evaluation of the GDPH Dietetic Internship Program.

1. Develop and update recruitment and application information for prospective interns.
2. Provide program information and meet with prospective interns.
3. Orient the intern to the program.
4. Coordinate with the preceptors to plan the objectives, learning experiences and projects for supervised practice rotations.
5. Monitor the intern's progress in each rotation throughout the program.
6. Provide ongoing support and advice for all interns throughout the program.
7. Maintain consistent and timely communication with preceptors and interns via telephone, email, scheduled site visits, to provide support, guidance, counseling, and advice, etc.
8. Develop the interns' rotation schedules.
9. Plan and schedule didactic hours via training sessions and CourseSites.com.
10. Maintain records pertaining to the maintenance of the program including intern complaints and resolutions.
11. Serve as a role model and mentor to the intern.
12. Act as a liaison between the preceptor and intern as needed.

13. Serve as an advocate for the intern when appropriate and justified.
14. Enforce policies and procedures.
15. Direct the selection and procession of new dietetic interns.
16. Recruit quality preceptors.
17. Facilitate the negotiation of all contracts between the program and the supervised practice sites.
18. Recruit members of the Dietetic Internship Advisory Board.
19. Complete all official forms, studies, reports, RD exam registration, etc., necessary for maintenance of DI program.
20. Conduct continuous internal and external program evaluations to guide future goals and program plans.
21. Develop new and/or modify current curriculum based on the ongoing achievement of intern learning outcomes, expected competence of the interns, program goals, and changes impacting dietetic practice.

X. PRECEPTOR EXPECTATIONS

It is the expectation that the preceptor will:

1. Assess the educational needs of the intern (this may be done by providing a pre-rotation module which can be used to introduce the intern to the subject matter and create a baseline for the supervised practice, or the preceptor may give a quiz, question/answer, or case study to assess knowledge and level analysis/synthesis performed by the intern at the rotation start).
2. Focus on entry level concepts that you apply in your daily work and assist the intern in developing the knowledge and skills needed for entry level practice competence.
3. Allow interns adequate opportunities to practice what they have learned.
4. Provide one- on-one guidance for the intern that supplements and enhances information interns receive from their didactic training.

5. Evaluate the intern both formally (i.e., at midpoint and final using the GDPH DI intern evaluation tools) and informally (i.e. provide daily feedback on progress and praise the intern for achieving competency where applicable or highlight areas of needed improvement).
6. Assist the intern in addressing noted deficiencies with a plan (i.e., readings, case studies, more practice time, etc.).
7. Solicit feedback from the intern throughout the rotation to gain insight on how they feel they are doing and if they feel they are getting the direction and practice opportunities needed for them to achieve competence.
8. Respect and treat the intern as an individual and unique adult learner.
9. Provide clear guidelines on rotation rules, policies, and procedures as well as your expectations of the intern.
10. Yield to another dietetics professional when needed (i.e., if you are asked to evaluate an intern project that you are not or do not feel competent to evaluate, ask for help).

XI. POSITIVE CHARACTERISTICS OF PRECEPTORS

- a. Present a positive attitude and commitment toward the dietetics profession.
- b. Participate in local nutrition organizations and continuing education.
- c. Use appropriate professional language.
- d. Demonstrate professional ethics in regard to patient care and management decisions.
- e. Show respect for the individual differences among patients, clients, or employees.
- f. Show enthusiasm and patience.
- g. Create an atmosphere which fosters open communications.
- h. View interns in a positive light and emphasize what they know and do correctly.
- i. Support interns with appropriate, frequent feedback in a timely fashion.
- j. Use specifics with respect to praise or changes that need to occur.

- k. Allow interns to be creative while still meeting expectations and maintaining professionalism.
- l. Remember that interns are preparing for an entry level.

XII. COMPETENCY BASED EDUCATION

Competency based education has been defined as “an institutional process that moves education from focusing on what academics believe graduates need to know (teacher-focused) to what students need to know and be able to do in varying and complex situations (student and/or workplace focused)” (Council on Education for Public Health, 2006). Core elements to a competency based training program are said to be:

“Careful identification, verification, and publication of competencies”

“Criteria for assessing achievement are explicit”

“Program provides for individual development and evaluation of each specified competency”

“Competency assessment takes into account knowledge and attitude of the participant but also requires actual performance of the competency as the primary source of the evidence”

“Progression of participants to attainment of specified competencies is individual” (Sullivan, 1995).

The beginning step to the development of a competency based training program, as stated above is to identify or define the competencies to be achieved. Five characteristics to consider in the definition process are proposed by Albanese et al and cited by Gruppen et al, 2010 which include performance focus, external expectations, measurable, competent performance judgment is individual, and explicit expectations.

Performance Focus – Traditional education tends to be more process oriented, i.e., what and how learners are taught (what they know) versus the results oriented nature of competency based instruction which focuses on skill demonstration and performance.

External Expectations – The expectations of instruction based on competency differ from expectations of learners in traditional education. Traditional education expectations are predicated on successful performance measured through standardized examination which again primarily focuses on teacher oriented curriculum. Success in competency based education, however, is achieved when the learner performs to a standard that meets expectations outside of the educational program.

Measurable – Traditional education programs do provide metrics for success, however, these metrics again, typically focus on what the learner knows and this is often expressed through performance on a standardized test. Competency based education relies on learner performance not only in knowledge application but also through skill demonstration.

Performance Judgment – Traditional education programs typically use standardized testing and comparison of grade achievement to judge performance. In competency based education, competency achievement is assessed by expert practitioners and based on explicit criteria.

Explicit Expectations – Through results based orientation, competency based education must take into account what the learner must be able to do and at what level the learner must be able to perform to achieve competence. As such, an inherent part of competency identification is communication of priority, goal, and values driven expectations to the learner and other stakeholders as well.

XIII. ADULT LEARNING THEORY

Competency based education seeks to address skills and performance required of the workforce to function effectively in a given competency domain. While competencies needed of a workforce may be identified based on a given area of practice such as education, public health, clinical care, etc., it is ultimately adult individuals who comprise that workforce. Because of this, competency based educational programs can employ adult learning theory to guide development of educational curricula and activities. According to Speck (1996), adult learning theory outlines a number of considerations must be made in the design of learning activities for adults

“Adults will commit to learning when the goals and objectives are considered realistic and important to them”.

“Adults want to be the origin of their own learning and will resist learning activities they believe are an attack on their competence”.

“Adult learners need to see that the professional development learning and their day to day activities are related and relevant”.

“Adult learners need direct, concrete experiences in which they apply the learning in real work”.

“Adult learning has ego involved. Professional development must be structured to provide support from peers and to reduce the fear of judgment during learning”.

“Adults need to receive feedback on how they are doing and the results of their efforts. Opportunities must be built into professional development activities that allow the learner to practice the learning and receive structured, helpful feedback”.

“Adults need to participate in small-group activities during the learning to move them beyond understanding to application, analysis, synthesis, and evaluation. Small group activities provide an opportunity to share, reflect, and generalize their learning experiences”.

“Adult learners come to learning with a wide range of previous experiences, knowledge, self-direction, interests, and competencies. This diversity must be accommodated in professional development planning”.

“Transfer of learning for adults is not automatic and must be facilitated. Coaching and support are required to help adult learners transfer learning into practice”.

XIV. METHODS FOR PROVIDING FEEDBACK/STUDENT EVALUATION

1. Rotation Goals and Reflection Form
 - a. This form is completed and reviewed by the intern and preceptor at the beginning of each rotation.
 - b. The completed and signed Rotation Goals and Reflection form should be included in the rotation portfolio for each intern.
2. Each set of competencies has an assigned activity for the intern to complete in order to complete a particular set of competencies. Assigned activities may be modified by the site preceptor to better meet the needs of the facility and/or to provide a better experience for the Dietetic Intern.
3. The grading scale is 1-4. In order to pass a particular activity, interns must achieve a ‘3’ or higher. Competencies will be covered in multiple activities and multiple rotation curriculums. It is recommended that an activity receiving a grade of 2 or less, be revised or supplemented in order for the intern to obtain a passing score on the activity. In order to pass a rotation, interns must achieve >75% or an average of ‘3’ on all activities. This is determined by adding up the scores for all activities and dividing by the number of activities listed for that particular rotation.
4. Mid-Point Evaluation – the preceptor will evaluate the performance of the intern at the mid-point of the rotation.

- a. The preceptor and intern should meet in person to discuss the mid-point rotation evaluation.
 - b. Immediately following the meeting, both preceptor and intern should sign and date the evaluation form and electronically submit it to the Dietetic Internship Director and/or Internship Coordinator.
 - c. If adequate progress is not being made, steps needed to correct the deficiencies will be established as part of the mid-point evaluation documentation. Early feedback and preceptor suggestions for improvement are strongly encouraged before problems develop.
 - d. Mid-point evaluations are not required for rotations less than six weeks.
5. Supervised Practice and Didactic Hours must be logged by the intern and verified by the preceptor on a weekly basis.
 - a. Completed time logs which have been verified by the preceptor are to be turned in at the completion of the rotation.
6. Final Evaluation - The Preceptor will evaluate the performance of the intern. Professional behavior, knowledge/skills, and core competencies comprise the three components of the evaluation.
 - a. The final evaluation form includes all the project grades from the rotation, and the Professional Behavior Evaluation from the rotation.
 - b. A rotation specific final evaluation form will be provided to the preceptor at the beginning of the rotation.
 - c. The intern will send the signed final evaluation paperwork electronically to the Internship Director within one week of the end of the rotation.
7. All forms used in evaluation can be found on the GDPH DI website or requested from the DI Director.

XV. PRECEPTOR PREPARATION

Preceptors are provided with the preceptor handbook, appropriate curriculums and evaluation tools ahead of intern supervised practice. All preceptors are encouraged to complete the 8 hour training provided online by the Academy of Nutrition and Dietetics. Preceptors have the option of scheduling a phone or in-person orientation conference with the Dietetic Internship Director.

XVI. EVALUATION OF PRECEPTORS

Preceptors are evaluated by each intern at the end of the rotation using the Dietetic Internship Preceptor/Rotation Evaluation Form (located in the appendices). Interns are to send the completed evaluation form the Dietetic Internship Director. The evaluations are treated as confidential and will not

be shared with the preceptor. Feedback from the evaluations will be used to coach preceptors, revise practice experiences, and to prepare future interns for supervised practice.

XVII. FACILITATING STUDENT LEARNING

- a. Provide a complete orientation – provide the intern with basic housekeeping rules (where to park, where to access the building/office, what to wear, meal times and breaks and what resources the intern needs to bring with them each day). Provide the intern with the appropriate introductions to other staff using the intern's name. Give the intern a guided tour of the facility and show the intern the workspace they will be using for the rotation. Review facility policies and procedures, set clear rules and expectations and give the intern time for questions and feedback.
- b. Be aware and accepting that each intern has a unique personality and different levels of strengths and weaknesses. Recognize how an intern's personality and culture can positively contribute to his/her performance; identify an intern's strengths and weaknesses, knowledge, level of maturity, etc.
- c. Identify any barriers the intern may have to learning and problem solve strategies to overcome these issues. Some common barriers interns may have:
 - Inadequate knowledge; poor time management; fatigue; inefficient work habits; stress; low self-esteem; negative attitude; lack of experience in application of theory to practice; disorganized.
 - Provide intern's with strategies to overcome barriers.
- d. Use effective teaching strategies.
 - One minute preceptor technique.
 - Get commitment from the student about what he/she thinks is going on.
 - Probe for reasoning and/or supporting evidence.
 - Teach important principles.
 - Provide positive, constructive feedback.
 - Correct mistakes in reasoning.
 - Treat adults as adult learners.
- e. Use effective feedback - effective feedback can help interns change undesired behavior or it can reinforce desired behavior. Feedback provides information about how the intern affects others (motivation).
 - i. Describe the behavior versus a judging statement.
 - ii. Specific versus general.

- iii. Provide concern for your needs as the preceptor but also provide concern for the needs of the intern (i.e. the preceptor may be busy but needs to make supervising the practice and providing feedback a priority and needs to let the intern know when they will get focused preceptor time).
 - iv. Balance positive feedback with constructive criticism that includes direction or change and direct feedback to specific behavior which the intern can change.
 - v. Time your feedback to be as immediate as possible and in a somewhat private setting.
 - vi. Check understanding with the intern to ensure clear communication.
- f. Give encouragement – genuine interest and concern from a preceptor can create a willingness from the intern to perform at a higher level.
- g. Provide direction – make sure the intern understands the intent of the supervised experience which is to achieve competency in a given skill set. Show the intern what competence looks like (i.e. demonstrate the skill/competence you wish to see from the intern).
- h. Encourage self-reflection – this allows assimilation of concepts, skills, knowledge, and/or values into pre-existing knowledge and can lead to moral, personal, and emotional growth during training

XVIII. GRIEVANCES

When an intern has a grievance it should first be reported to the rotation preceptor. The second course of action is to bring it to the attention of the GA DPH Internship Director. If the director deems it appropriate a meeting will be arranged with the preceptor, the intern and the Dietetic Internship Director. If the grievance cannot be resolved the intern can meet with the GA DPH DI Advisory Committee.

If a preceptor needs to file a grievance regarding the GA DPH DI staff, they should first bring it to the attention of the Internship Director. The second course of action is to bring the grievance to the attention of the GA DPH Nutrition Operations/Education Manager. If the Nutrition Operations/Education Manager deems it appropriate, a meeting will be arranged with the preceptor, the Dietetic Internship Director and the Nutrition Operations/Education Manager. If the grievance cannot be resolved, the preceptor can meet with the Deputy Director of Program Operations and Nutrition Services.

References

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