

1-1-2007

Perceptions of Preceptor Training in the Dietetic Supervised Practice Experience

Mary Kathryn Gould

Follow this and additional works at: <http://mds.marshall.edu/etd>



Part of the [Dietetics and Clinical Nutrition Commons](#), and the [Educational Methods Commons](#)

Recommended Citation

Gould, Mary Kathryn, "Perceptions of Preceptor Training in the Dietetic Supervised Practice Experience" (2007). *Theses, Dissertations and Capstones*. Paper 609.

**PERCEPTIONS OF PRECEPTOR TRAINING IN THE DIETETIC SUPERVISED
PRACTICE EXPERIENCE**

Mary Kathryn Gould, EdD
Marshall University
College of Education and Human Services

Dissertation submitted to the Faculty of the
Marshall University Graduate College
in partial fulfillment of the
requirements for the degree of

Doctor of Education
In
Educational Leadership

Committee Chair, Linda Spatig, EdD
Teresa R. Eagle, EdD
Lynne B. Welch, EdD

Huntington, West Virginia, 2007

Keywords: Preceptor training, dietetics, internship

Copyright 2007 by Mary Kathryn Gould

ABSTRACT

Perceptions of Preceptor Training in the Dietetic Supervised Practice Experience

Preceptors are critical in the education of dietetic students and over the years, interest in preceptor training has grown. As a result, the American Dietetic Association recently established a task force to develop and implement a Preceptor Training Certificate Program. There is, however, limited information with regard to formal preceptor training currently being offered by dietetic internships and the affect it may have on programs. Because of the lack of knowledge concerning this topic, a qualitative collective case study was conducted at three university-based dietetic internships with the intent of adding to the body of knowledge regarding formal preceptor training in supervised practice experiences. The data collected included observations of preceptor training, reviews of pertinent documents, and interviews with program directors, preceptors, and interns. Findings indicated the content of formal training varied significantly. While the goal of one training program was to distinguish the unique role of the preceptor and offer suggestions for appropriate learning experiences, another focused on personality types and motivational techniques, and the goal of the third training workshop was to simply convey the expectations of the internship. The degree of priority given to training was largely influenced by the program directors, and although the motives for formal preceptor training varied, across cases, training was viewed as a benefit by both directors and preceptors. Through content analysis, three themes emerged from the data. Preceptor training helped express the personality or philosophy of internships, helped diminish role confusion amongst internship stakeholders, and lead to a greater degree of commitment in two of the respective programs. Additionally, the leadership approach of program directors was reflected in training programs and also influenced the personalities of the supervised practice programs. Participants from each internship found value in formal preceptor training and supported continued training for their respective programs.

DEDICATION

This dissertation is dedicated to the memory of my father Ezra A. Midkiff Jr. He devoted his life to loving and supporting his family and would have been so proud to see me accomplish this goal. Dad, you are loved and dearly missed. I also dedicate this work to my beautiful daughters Mary Madeline and Elizabeth. You bring so much joy to my life and I hope that one day you will both discover you can do anything you put your minds to. I love my girls!

ACKNOWLEDGEMENTS

I would first like to thank the members of my committee for their input and guidance over this six year endeavor. I feel so lucky to have had a committee that worked so well together and had expertise in so many pertinent areas. Dr. Spatig, you have been so patient and I truly have learned from you, both in and out of the classroom. What a huge commitment it is to serve as the chair of a dissertation committee; I appreciate all that you have done. You are an inspiration to me!

Dr. Eagle, you have kept me motivated and on track and were so gracious to suggest changing roles when I decided to conduct a qualitative study. Although our design interests differed on this project, I feel very fortunate to have you on my committee. And Dr. Welch, I value your knowledge of healthcare and administration and cannot thank you enough for continuing as a committee member even after retirement. Thank you as well for hiring me in the position that lead me to this point; I'm so happy to be here.

Thank you all for putting forth the effort to help me complete this monumental task. Very few people understand the time and commitment necessary to fulfill your roles, but I do, and am humbled by your efforts.

I would also like to express my gratitude to the program directors from the sites I visited. Thank you for scheduling training workshops and interviews with preceptors and interns, and most of all for being so hospitable. I thoroughly enjoyed the time I spent in each location. You all made data collection a wonderful experience.

Finally, I would not have been able to complete this project had it not been for the support I received from my friends and family. A big thank you goes to my mother, my in-laws, and my husband for watching the children when I needed time to collect data and write. Thank you for your patience and understanding when I was grouchy and difficult to live with. And thank you to Kelli Williams; dietetics and Marshall University brought us together and I could not ask for a better friend. Thank you for listening to me and giving me the encouragement I needed to finish. You are a blessing in disguise!

TABLE OF CONTENTS

ABSTRACT.....	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
CHAPTER ONE: INTRODUCTION.....	1
DIETETICS EDUCATION.....	2
<i>Preceptors Defined</i>	2
<i>Effective Preceptor Practices</i>	4
<i>Preceptor Selection and Retention</i>	5
<i>Need for Preceptor Training</i>	7
STATEMENT OF THE PROBLEM.....	9
<i>Purpose of the Study</i>	9
<i>Methods</i>	10
SIGNIFICANCE OF THE STUDY.....	11
CHAPTER TWO: REVIEW OF THE LITERATURE.....	14
HISTORICAL OVERVIEW OF THE DIETETIC INTERNSHIP.....	15
STUDENT BENEFITS FROM SUPERVISED PRACTICE.....	15
ADDITIONAL BENEFITS OF PRECEPTOR PROGRAMS.....	18
<i>University Benefits</i>	18
<i>Employer Benefits</i>	19
<i>Preceptor Benefits</i>	21
A CLOSER LOOK AT THE PRECEPTOR.....	24
<i>Roles and Responsibilities</i>	24
<i>Effective Preceptor Behavior</i>	26
<i>Preceptor Commitment</i>	28
PROFESSIONAL REWARDS AND SUPPORT FOR THE PRECEPTOR.....	30
<i>Rewards</i>	30
PRECEPTOR TRAINING.....	35
<i>Training Content</i>	36
<i>Need for Preceptor Training</i>	37
<i>Preceptor Perceptions of Training in Nursing</i>	38
<i>Preceptor Training in Dietetics</i>	40
CHAPTER THREE: METHODS.....	43
<i>Case Study Design</i>	44
<i>Sampling</i>	46
<i>Data Collection</i>	50
Interviews.....	50
Focus Groups.....	53

Participant Observation.....	55
Documents	55
Triangulation.....	56
<i>Data Analysis</i>	56
VALIDITY AND RELIABILITY	58
CHAPTER FOUR: DESCRIPTION OF SITES.....	61
MIDWEST UNIVERSITY	61
<i>Dietetic Internship</i>	62
<i>Communication</i>	65
<i>Preceptor Training</i>	68
SOUTHERN UNIVERSITY	72
<i>Dietetic Internship</i>	72
<i>Communication</i>	75
<i>Preceptor Training</i>	77
SOUTHEAST UNIVERSITY.....	79
<i>Dietetic Internship</i>	79
<i>Communication</i>	82
CHAPTER FIVE: SINGLE CASE ANALYSES	87
MIDWEST UNIVERSITY	87
<i>Program Directors' Perceptions</i>	88
<i>Preceptors' Perceptions</i>	91
<i>Students' Perceptions</i>	94
SOUTHERN UNIVERSITY	98
<i>Program Director's Perceptions</i>	98
<i>Students' Perceptions</i>	103
SOUTHEAST UNIVERSITY.....	106
<i>Program Director's Perceptions</i>	107
<i>Student Perceptions</i>	112
CHAPTER SIX: CROSS CASE ANALYSIS	115
EXPRESSING PERSONALITIES.....	116
<i>Hands-On Leadership</i>	117
<i>Hands-Off Leadership</i>	123
CLARIFYING ROLES	126
<i>Preceptor Training: Conceptual Approach</i>	127
<i>Preceptor Training: Housekeeping Approach</i>	128
<i>Preceptor Training: Feel Good Approach</i>	130
CULTIVATING COMMITMENT	132
CHAPTER SEVEN: INTERPRETATIONS AND CONCLUSION.....	136
COMPARISON OF FINDINGS TO EXISTING LITERATURE	138
<i>Effective Preceptor Behavior</i>	140
<i>Preceptor Commitment</i>	141
<i>Preceptor Support</i>	143

PRECEPTOR TRAINING	145
<i>Preceptor Training in Nursing</i>	146
<i>Preceptor Training in Dietetics</i>	147
DIRECTIONS FOR FUTURE RESEARCH.....	150
IMPLICATIONS FOR PRACTICE.....	151
REFERENCES	153
APPENDICES	159
APPENDIX A: SAMPLE ACCESS LETTER	160
APPENDIX B: INTERVIEW GUIDES	163
APPENDIX C: FOCUS GROUP AGENDAS.....	167
CURRICULUM VITAE.....	170

PERCEPTIONS OF PRECEPTOR TRAINING IN THE DIETETIC SUPERVISED PRACTICE EXPERINCE

CHAPTER ONE: INTRODUCTION

Preceptors play an integral role in the education of dietetic professionals by volunteering their time to help dietetic interns become competent in the skills they need for entry level practice. Although a universal description of preceptors is difficult to pinpoint, terms such as educator, mentor, role model, and evaluator have been used to describe their roles (Baltimore, 2004; Conklin & Simko, 1995; Wilson, 2002). While Registered Dietitians have been used as preceptors for years, the idea is not specific to dietetics. Other health professions such as those in medicine, nursing, and physical therapy utilize preceptors in their clinical experiences as well. In fact, much of the literature on precepting comes from nursing. This literature, in addition to that found in dietetics, indicates the need for formal preceptor training (Kaviani & Stillwell, 2000; Marincic & Francfort, 2002; Stevenson, Doorley, Moddelman, & Benson-Landau, 2005; Wilson, 2002). What is lacking in the dietetics literature, however, is information on specific formal preceptor training programs and the extent to which they are effective. Administrators of dietetic internships must decide whether or not establishing formal training would be beneficial for their programs. Because preceptor training requires the additional resources of time, money, and personnel, program directors would benefit from knowing how formal training is perceived by preceptors, before making this decision.

Dietetics Education

Prior to becoming practitioners, dietetic students are educated in two phases. First is the didactic experience where students gain knowledge in the areas of food science and food service management, in addition to normal, clinical, and community nutrition. The second phase involves a supervised practice experience, which is either completed as a component of a coordinated program before the baccalaureate degree is awarded, or following the baccalaureate degree as an internship. This experience is practice-based and is completed in the work setting rather than within the classroom. The supervised practice component of the educational process has existed since the early 1900s and requires a minimum six months, or 900 hours, experience as determined by the Commission on Accreditation for Dietetics Education (Skipper & Lewis, 2005). In this phase, students have the opportunity to apply their knowledge of dietetics under the watchful guidance of preceptors.

Preceptors Defined

Preceptors are practitioner trainers and are used as an alternative to academic faculty in the role of clinical instructors. While preceptors' roles may vary from site to site, they primarily act as teachers, supervisors, and professional role models for future dietitians (Conklin & Simko, 1995). Preceptors help bridge the gap between theory and practice by allowing students to apply what they have learned in the academic setting to the "real world" where situations are not as ideal as they generally are in textbooks. Students are oriented to the working environment and are taught routine practices in the clinical setting (Kaviani & Stillwell, 2000). According to Gates and Cutts (1995),

“Preceptors help students learn appropriate skills, behaviors, and attitudes for future professional practice” (p. 225).

Baltimore (2004) described the primary responsibilities of the nurse preceptor as being a role model, socializer, and educator. As role models, preceptors lead by example and should both demonstrate and personify competent professionalism. Faugier (2005) described professional role models as individuals who adhere to the values of the profession and because of this are admired and emulated. Students have the opportunity to observe preceptors in the work environment and witness professional behavior in action. When asked about their primary responsibilities, many preceptors themselves identify serving as role models to be one of their main priorities (Coates & Gormley, 1997).

With regard to socialization, preceptors are responsible for acclimating students to their new professional environment. They should orient students to their surroundings, introduce them to others, and help them become familiar with the “written and unwritten norms” of the respective facility (Baltimore, 2004, p. 134). In addition, preceptors are responsible for planning learning experiences; they teach, demonstrate, observe, and evaluate the preceptee. This clinical education enables the student to move from theoretical learning to learning and making decisions in a real life setting (O’Connor, 2001). Experiencing the work environment and having the opportunity to practice with supervision are invaluable in the preparation of competent practitioners. Equally important is the evaluation component of educating the preceptee. Evaluation is necessary in order to gauge the progress of students in the program. “Preceptors should provide frequent, specific feedback on students’ knowledge, skills, and abilities and

identify their strengths and weaknesses so students will know what they can do to improve” (Gates & Cutts, 1995, p. 225).

Effective Preceptor Practices

Because preceptors play such an integral role in the education of dietetic students, program directors coordinating supervised practice experiences want to use preceptors who are effective. Several studies have identified characteristics that appear to enhance the effectiveness of the preceptor. Myrick and Yonge (2004) identified key factors that nurture critical thinking in nursing students. These factors include respect, flexibility, openness, trust, and skepticism. Students felt more comfortable and were better able to learn in environments where preceptors were interested in what the students were thinking, sought the students’ opinions, and created an environment in which opposing views were discussed, not ignored. Likewise, Nehls, Rather, and Guyette (1997) noted that learning was facilitated when students felt they were being treated as colleagues and had the full support of their preceptors.

In a study of dietetic students participating in a supervised practice setting, Wolf and Dunlevy (1996) found patience, kindness, a sense of humor, willingness to share knowledge, and an ability to give both positive and negative feedback to be characteristics students attribute to helpful preceptors. While knowing what characteristics may improve the effectiveness of a preceptor, it is also helpful to know what preceptor characteristics do not enhance student learning. In this same study, students responded that the learning process was hindered by preceptors who communicate a desire not to have students, act too busy for students, ask intimidating

questions, correct students in front of patients, give primarily negative feedback, and show negativity toward the dietetics profession in general (Wolf & Dunlevy, 1996).

Preceptor Selection and Retention

Ideally, dietetic internship directors would be able to select preceptors from a long list of interested candidates. In nursing, preceptors are often selected based on their knowledge and clinical competence (Bain, 1996). However, because there are fewer dietitians than nurses, just having a job in the field of dietetics may qualify an individual as a preceptor. Warren-Mears and Hagan (2004) noted, “Finding adequate numbers of dietetic professionals willing to serve as mentors/preceptors is an ongoing challenge” (p. 1). Downsizing has limited the number of dietitians in some facilities, which in turn has reduced the number of preceptors available for supervised practice programs (Kruzich, Anderson, Litchfield, Wohnsdorf-Arendt, & Oakland, 2003). In addition, the time commitment required of a preceptor may be a hindrance as it adds to the already existing demands of the position.

On the other hand, the benefits of being a preceptor may outweigh the drawbacks. For some preceptors, having students has enhanced their own learning by keeping them current and enabling them to reflect on their own practices (Gates & Cutts, 1995; Kruzich et al., 2003). Furthermore, “Providing supervised experiences can increase preceptors’ visibility in their institution, bring new ideas to their practice, attract potential employees, and increase productivity within the department” (Gates & Cutts, 1995, p. 225). In some instances, serving as a preceptor may help advance the careers of those who volunteer as well.

Finding preceptors for supervised practice experiences may be only half the battle, as keeping dietetic preceptors may be equally challenging. If a supervised practice experience is university-based, preceptors are generally not in the same location as program directors; as a result, some preceptors have expressed feelings of detachment from programs (Kruzich et al., 2003). According to Marincic and Francfort (2002), dietetic internship programs put forth a great deal of effort to find preceptors willing to take students, but unless adequate support is given to the preceptors, this effort is fruitless. There is a great deal of burnout when preceptors continue to assume responsibility without appropriate reward, support, or recognition (Marincic & Francfort, 2002). With regard to reward and recognition, preceptors are often given the opportunity to have adjunct faculty status, which may afford library and computer privileges, as well as continuing education courses. In addition, having interns may prove to be beneficial in several ways. Among other things, interns can complete department projects, provide in-services for staff, develop education material, participate in quality improvement projects, and perform staff relief, thus freeing up time from a preceptor's busy day. Also, interns are often hired to fill open departmental positions, decreasing the cost of advertising and orienting new hires (Caldwell-Freeman & Mitchell, 2000).

As a means of support from internship programs, preceptors can be offered training for their various roles in order to make them more successful and effective in their positions. Kaviani and Stillwell (2000) noted the importance of preceptor training in the field of nursing and stated, "It is important to train preceptors in teaching and learning strategies and theories, principles of adult education, communication skills, values and role clarification, conflict resolution, assessment of individual learning needs, and

evaluation of novice performance” (p. 220). Because of the limited number of studies on the implementation and evaluation of preceptor training, Kaviani and Stillwell (2000) conducted their own study to evaluate the outcomes of nurse preceptor training in New Zealand. They utilized focus groups and individual interviews for data collection and concluded that,

Clinical teaching and supervision is a skill and it cannot be assumed that, by virtue of their knowledge and expertise, practitioners can automatically function as preceptors. The need for preceptor preparation and ongoing support emerged from both focus groups and individual interviews. (Kaviani & Stillwell, 2000, p. 221)

Need for Preceptor Training

Dietetic preceptors have acknowledged their lack of formal training for the role and believe it would be beneficial to participate in some type of training. Marincic and Francfort (2002) surveyed 116 dietetic preceptors and found that 58% of the respondents received no training for their roles as preceptor, 32% received informal training, and only 10% received formal training. Wilson (2002) completed a study to identify role perceptions among dietetic preceptors. Her research revealed that preceptors found their roles to be “broad and somewhat undefined,” and while 84.2% of the dietetic preceptors in the study stated they had a good to excellent understanding of what was expected of them, only 30% had ever participated in a formal preceptor training program, and an overwhelming 87.9% said they thought training material would be beneficial (Wilson, 2002). Wilson (2002) did note, however, that in order for preceptor training to be

successful, preceptors must perceive a discrepancy “between what is and what should be regarding their role in the dietetics education sequence” (p. 974).

Widespread support for preceptor training exists in both nursing and dietetics (Ferguson, 1995; Kaviani & Stillwell, 2000; Marincic & Francfort, 2002; Stevenson, Doorley, Moddeman, & Benson-Landau, 1995; Wilson, 2002). In addition, there are studies from nursing that express the perceptions of training preceptors have experienced. Ferguson (1995) conducted a qualitative study in which she interviewed 30 preceptors who had all completed a preceptor orientation either on-site or by telephone. Orientation materials included a curriculum outline, goals and objectives of the course, as well as a description of the roles and responsibilities of the preceptor, student, and faculty. Preceptors expressed a desire for continuing orientation or training as they did not realize the importance of some of the information covered until they had situations arise during the preceptorship. McKnight et al. (1993) described a half-day workshop for preceptors participating in two distinct programs. Participants found the collaboration and networking with other preceptors to be most helpful and expressed a desire for future workshops covering the topics of teaching and learning theories and teaching methods. Furthermore, participants in a preceptor training workshop described by Payette and Porter (1989) acknowledged that they had a better understanding of how to work with students and had made changes in practice accordingly.

Although there are a limited number of studies addressing preceptor perceptions of training programs or workshops in nursing, it is evident that preceptors find benefit to these programs and apply some of the knowledge gained in the work setting. However,

there is a lack of information with regard to formal preceptor training programs in dietetics and the extent to which they are effective.

Statement of the Problem

Although dietetic students are required to participate in a supervised practice program in order to sit for the registration exam, practitioners are not required to go through any formal training to be preceptors. As noted above, preceptors play a crucial role in the development of well-prepared and competent entry-level dietitians. Because of this, Wilson (2001) developed a training manual for the Commission on Dietetic Registration to help preceptors differentiate between academic instruction and supervised practice for better role clarification. In addition, the American Dietetic Association has recently assembled a task force to develop a certificate program for preceptor training; thus the concept of preceptor training is a topic of interest in the dietetics profession.

Some internship directors have implemented formal training for their preceptors, and although it is known that preceptor training is occurring in dietetics, there is no information on preceptors' perceptions of the training and the effect it may have on the internship in general. The lack of knowledge regarding perceptions of preceptor training in dietetic internships was addressed in this study.

Purpose of the Study

The purpose of this study was to add to the body of knowledge concerning formal dietetic preceptor training. This study addressed the following research questions:

1. Why and how are preceptor training programs initiated by university-based dietetic internships?

2. How is the role and value of preceptor training perceived by program directors and preceptors?
3. How do preceptors who receive training experience and perceive the training program?
4. How do students in programs with preceptor training perceive their internship experience, especially in terms of the roles played by their preceptors?

Methods

The research design selected for this qualitative study was a multi-site, collective case study of preceptor training in three dietetic internships. According to Johnson and Christensen (2004), “The case study is often used in exploratory research in which the researcher attempts to learn about a little known phenomenon by studying a case in depth” (p. 377). The three internships selected as case studies were similar with regard to size and nature of the programs, and each provided formal training for preceptors. Sampling of this type is known as purposeful sampling and is described by Patton (2002) as “selecting a location and individuals to participate in the study because they are information rich and provide insight about the phenomenon” (p. 40).

While some raise concerns about studies with small sample sizes, “The trustworthiness of the findings of a study with a small n (sample) and no random sampling are dependent upon the internal validity, reliability, and external validity of the study” (Merriam, 1995, p. 59). Internal validity is generally a strength of qualitative research because of the descriptive detail provided in a field study. Triangulation, which refers to gathering information from multiple sources to confirm emerging findings, is one way to improve a study’s internal validity (Merriam, 1995). The multiple sources of

information used in my study included interviews, both individual and focus groups, with preceptors, students, and program directors in three dietetic internships, as well as observations of the internship settings and preceptor training programs. To further strengthen the internal validity of this study, group participants were provided a stamped envelope with my address so they could send additional comments that surfaced after the interviews or comments they did not want to express in front of the group. Furthermore, the use of triangulation was beneficial in strengthening the reliability of the study as well (Merriam, 1995).

The interviews and observations were transcribed and data were analyzed from a phenomenological perspective by inductive content analysis, first within each individual case and then across all three cases. Content analysis is a technique in which recurring concepts or themes are identified to give structure to the data. In the pages that follow, the uniqueness of each case will be described and commonalities among the three cases illustrated; or, from a phenomenological viewpoint, the essence of preceptor training in the three dietetic internships will be identified. With the knowledge gained from this study, dietetic educators will have detailed information on why preceptor training was established and how it is perceived in the three programs studied.

Significance of the Study

To provide an effective supervised practice experience, higher education administrators must ensure that participants of the program are getting what they need. In the case of supervised practice programs for dietetics education, the participants include both students and preceptors; though for this study, the concentration was on preceptors. Preceptor needs identified in the literature include adequate preparation for

their role, support from administration and peers, and appreciation for their participation in preceptorship programs. These identified needs must be met because preceptors are essential for the continuation of supervised practice experiences.

According to Warren-Mears and Hagan (2004) from Oregon Health and Science University (OHSU), to achieve the mission of the OHSU Dietetic Internship, which is essentially to prepare competent dietetic practitioners, the program must “recruit and retain mentor/preceptors who maintain a commitment to the education of future practitioners” (p. 6). If unhappy, a preceptor could refuse to take students. This, in turn, would limit placement possibilities and could ultimately affect the number of students a program would be able to accept. Moreover, if a preceptor is disillusioned with his or her role but continues to take students, the students’ experiences could be severely compromised.

When students have unpleasant experiences as a result of ill prepared preceptors, they may drop out of the program, affecting attrition rates; they may not advance their knowledge and competencies, which could lead to failing scores on the registration exam and ultimately affect a program’s accreditation status; or they could leave the profession altogether. In their study of preceptor training for nurses, Kaviani and Stillwell (2000) noted, “Formal preparation of preceptors impacted positively on student/preceptee learning while also contributing to the professional growth of the preceptor” (p. 225). Therefore, not only is it likely that preceptor training will benefit the preceptor, but it can impact students as well.

This study adds to the body of knowledge on how preceptor training is perceived in the field of dietetics. The information gained could be used to modify or improve

existing preceptor training programs. For those internships not offering preceptor training, the information may be used to decide whether or not to implement a formal program. In either case, the findings of this study will benefit internship administrators.

Limitations

This study was not without its limitations. Because it was a case study and the intent was to explore the uniqueness of formal preceptor training, random sampling was not appropriate. Rather, purposeful sampling was necessary to identify cases that enabled me to address the research questions. In addition, the number of cases studied was three; thus, some may question the ability to generalize from a small sample. To address this criticism of both qualitative and case study research, a multi-site design was conducted and I have provided thick description so readers will be able to compare a setting with which they are familiar to the settings described in the study.

Another limitation of the study is that there was no manipulation of an independent variable. It therefore, is not possible to show a cause and effect relationship between what might loosely be viewed as independent and dependent variables. In other words, it is unknown if preceptor training actually contributed to the effectiveness and success of the dietetic internships studied; however, this should not minimize the importance of knowing how preceptor training is perceived by those involved in the process. This study provides an in-depth understanding of the three formal preceptor training programs and how the training is perceived to have affected the dietetic internships.

CHAPTER TWO: REVIEW OF THE LITERATURE

While the focus of this study was in dietetics, much of the literature pertaining to preceptors is found in nursing. In 1882, “Florence Nightingale explicitly defined that the first year’s practical and technical training for nurses was to take place in the hospital under the supervision of those nurses who had been trained to train” (Myrick, 1988, p. 589). In the early 1900s, the education of nursing students moved into the academic setting where nursing faculty assumed control of all aspects of the teaching process. This was deemed necessary to ensure quality in nursing education; however, in the 1960s, the nurse preceptor role resurfaced as a way for students to practice their knowledge and skills in the real world setting.

The contemporary education of nurses is conducted in a similar manner to that of dietitians with regard to both having a didactic component and a supervised practice component. Because of the similarities, literature from the nursing profession is often consulted by researchers in the field of dietetics (Barr et al., 2002; Marincic & Francfort, 2002; Wilson, 2002). Moreover, some of the literature in these two health professions is interwoven. Dietetic researchers Marincic and Francfort (2002) were able to adapt a nursing survey instrument created by Dilbert and Goldenberg (1995) to assess preceptor perceptions of rewards, benefits, support, and commitment to the preceptor role. In the review of literature that follows, there is a combination of information gathered from the professions of both dietetics and nursing.

Historical Overview of the Dietetic Internship

As mentioned in Chapter One, dietetics education occurs in two phases. The didactic portion is addressed in an individual's undergraduate education followed by a supervised practice experience. Within this study, the supervised practice experience will be referred to as an internship, which is a formal postbaccalaureate educational program. Throughout the internship, the dietetic student is placed in various clinical settings and is able to practice his or her skills under the supervision of a preceptor. During this time, dietetic interns improve their knowledge and skills and become more confident in their ability to practice prior to entering the workforce.

The dietetic internship was first designed in 1903 as a three-month program in New York City hospitals (Gilbride & Conklin, 1996). Today, there are 256 accredited internships providing supervised experiences in clinical dietetics, community nutrition, and food service systems management (Commission on Accreditation for Dietetics Education, 2006). These internships are generally sponsored by hospitals, businesses, or universities that provide a minimum of 900 hours of supervised practice. Dietetic internships may last between 6 and 24 months depending on individual degree requirements and whether a student is full or part-time.

Student Benefits from Supervised Practice

The internship has proven to be an important component in the education of dietetic students. It is here that students move from beginner to competent with regard to professional growth on the novice-expert continuum (Chambers, Gilmore, Maillet, & Mitchell, 1996). The continuum represents the progression (novice, beginner, competent, proficient, and expert) in one's level of performance as experience is gained. An

undergraduate student generally begins his or her education as a novice and moves to a beginner by the time degree requirements are met. Upon completion of the supervised practice experience, students are expected to have achieved the level of competent and are thus ready to make the transition from formal learning to informal learning.

According to Chambers et al. (1996), “Competency represents the point where a learner has acquired enough understanding, skill, and appropriate values to continue professional development independently” (p. 615).

In order to develop competency, students are combining their knowledge and skills with practice in the dietetic internship. Students identify this experiential education as the most valuable in terms of preparing them for entry-level practice. Barr, Walters, and Hagan (2002) surveyed 1,987 registered dietitians who had completed the national registration examination between 1996 and 1999. These dietitians were considered entry-level, as they had been in practice 3 years or less. Participants were asked to report the value of professional preparation they received from their didactic program, supervised practice experience, work experience, and continuing education requirements. The dietetic internship ranked highest for all aspects of professional development, which included knowledge, skills, competency, ability, and confidence. “These results suggest the dietetic internship provides a valuable setting where interns develop necessary skills to practice and succeed as a professional” (Barr et al., 2002, p. 1459).

In the nursing profession, Ridley, Laschinger, and Goldenberg (1995) found similar results in that third-year diploma nursing students perceived a greater contribution to their competency development from a preceptorship experience rather than weekly clinical experiences they participated in during the year. Students completed

questionnaires both before and after a 575-hour preceptorship experience. All participants rated individual competencies higher after completion of the preceptor program. The authors concluded that the hands on experience increased the students' repertoire of skills as they actually performed the duties of a registered nurse. These findings are congruent with those of Laschinger and MacMaster (1992) who conducted a similar study on baccalaureate nursing students. Thus, experiential education is a critical component of professional development in both nursing and dietetics.

Experiential education however, is not just a time for practice. It is also a time for the development of basic skills, scientific knowledge, and moral reasoning. Combining these aspects of the experience creates an environment in which critical thinking would appear to be encouraged. Myrick and Yonge (2004) conducted a qualitative study to assess whether or not the critical thinking ability of graduate nursing students was enhanced in a preceptorship experience.

In all, 45 interviews were completed with 8 preceptors and 10 students. The researchers concluded the experience did, in fact, enhance the critical thinking abilities of the students. Students responded that the one-to-one relationship with preceptors was instrumental in their thinking and learning; and thinking and learning were further enhanced when preceptors created an environment where students felt comfortable discussing their ideas and points of view. In addition, students also learned critical thinking skills by observing the preceptors' thought processes as well. Having the opportunity to practice in a real life setting is one of the benefits of experiential education, but preceptorships can also promote critical thinking with the appropriate

conditions. For students, the ability to think critically is beneficial as it is a defining feature of a competent practitioner.

Additional Benefits of Preceptor Programs

It has been established that students find preceptorship experiences to be beneficial as they are able to practice skills and enhance critical thinking abilities prior to entering the workforce. However, there are other benefits to preceptor programs recognized not only by students, but by universities, employers, and preceptors as well.

University Benefits

Colleges and universities ultimately want students to succeed in their studies, and those in dietetics education are no exception. With budget cuts and reduced appropriations from state governments, institutions of higher education have had to run programs with less money. A preceptorship enables a department to clinically train more students with fewer faculty. Because students are going into the field, the education roles and responsibilities are shared by faculty and volunteer preceptors. Furthermore, instead of a 1:10 or higher faculty to student ratio, a preceptorship provides one-on-one training to enhance the skills and learning of students in real world settings (Myrick, 1988).

Universities are also cognizant of the difficulties new graduates face when entering the work environment (Shamian & Inhaber, 1985). Preceptorships offer students the opportunity to make the transition from student to employee with assistance from an experienced professional; as a result, both students and universities benefit as graduates are better prepared and more confident when they enter the workforce.

Employer Benefits

A perceived need for dietetics education programs must exist in order for training facilities to collaborate with university-based internships. In addition, employers and preceptors must be willing to give their support for these programs in order for them to be successful. Stephen Covey (1990) described win/win situations in which all parties benefit from a particular arrangement. In a win/win situation, each constituent is comfortable with decisions and is committed to the plan. In the case of preceptorships, evidence suggests that employers and preceptors benefit from these programs as well.

Allanach and Jennings (1990) evaluated the transition of nursing graduates in a preceptor program. Their study examined the anxiety, hostility, and depression of these new graduates over a 24-week period. While the length of the preceptorship was only 8 weeks, the authors continued to assess these graduates after program requirements were fulfilled. The preceptees completed questionnaires 1 week prior to beginning the program, upon completion of the program, and 5 and 16 weeks following the completed preceptorship. Anxiety levels were lowest at week 8 and although hostility and depression were low following the completion of the internship, these levels increased by week 13. The authors hypothesized that 5 weeks after the preceptorship, the new graduates likely came to the realization they were no longer in the student role. Perhaps internships, like those in dietetics, that have a longer duration result in less depression and hostility following completion.

At any rate, the preceptor program did result in a lower level of anxiety that is beneficial to employers as it helps with recruiting and retention of entry-level practitioners. Allanach and Jennings (1990) contended, "By easing the transition into the

professional practice role, preceptorships may be useful in mitigating negative affective states which, in turn, may effectively reduce the premature exit of new nurses from the profession of nursing” (p. 27).

It is estimated that 60% of new nurses change jobs within their first year of employment; however, the supportive environment a preceptorship offers may help decrease job turnover rates (Pickens & Fargotstein, 2006). Because of this, employers save money as they spend less on recruiting and training new employees. Pickens and Fargotstein (2006) described a preceptor program designed to retain new nurses and transition experienced nurses into psychiatric-mental health nursing. An 8-week preceptorship was offered to 10 nurses, 5 with bachelor’s degrees, 2 with associate degrees, and 3 transitioning nurses. Of these 10 nurses, 70% remained employed with the company 2 years later. Interestingly, all of the nurses who had graduated with bachelor’s degrees remained in their positions. In this case, the employer benefited from developing a preceptor training program and the program continues to be supported by the administration.

Benefits to employers have also been noted in the field of dietetics. Jay and Hoffman (2000) surveyed 73 preceptors to identify positive attributes associated with training students. Of the 55 responses, 30 believed the department benefited from having an intern and 25 believed the department broke even when considering the pros and cons of taking students. Many facilities make job offers to interns upon graduation, which in turn decreases the time and cost of hiring and training a new employee. The facilities in this study estimated a mean of 3 weeks of orientation and training time was saved when interns were hired (Jay & Hoffman, 2000).

Like Jay and Hoffman (2000), Caldwell-Freeman and Mitchell (2000) highlighted employer benefits to training dietetic interns. The costs for recruiting and training new dietitians are significantly decreased if students are hired for open positions. Money is saved by reducing the cost of advertising, interviewing, and orienting new hires. Moreover, graduates of internship programs are able to be productive at a faster rate than new employees.

Even if positions are not available for interns once they complete the program, employers still benefit from having students train in their facilities. Sites must consider the labor hours donated to the department as a result of having students, in addition to the “measurement of department output with student input” (Gilbride & Conklin, 1996). Dietetic interns are often used to provide staff relief, conduct in-service training for employees, and complete department projects, such as cafeteria theme days, the development of education material, and National Nutrition Month® activities. As a result, more time is available for dietitians to complete other tasks; thus, departmental productivity increases (Caldwell-Freeman & Mitchell, 2000).

Preceptor Benefits

While it is important to illustrate benefits of preceptorship programs to potential training facilities, the preceptor must be a willing participant in order for the program to succeed. The entire supervised practice experience is dependent on the contributions of the preceptor, whose services are generally provided without monetary compensation.

Conklin and Simko (1995) surveyed preceptors in 57 hospital dietetic departments to inquire about the time commitment and benefits of being a preceptor. From the 143 dietitian preceptors who responded, there was significant agreement that being a

preceptor resulted in many nonmonetary benefits. Primarily, preceptors believed they gained knowledge in the field of dietetics as a result of teaching students. Others have commented on similar findings stating that students break preceptors' daily routines by asking questions, seeking information, and describing their findings. Additionally, interns present case studies, which can illuminate new information and fresh ideas. They may also involve preceptors in journal clubs. Not only do these components of the dietetic internship help students learn, but preceptors learn as well (Caldwell-Freeman & Mitchell, 2000).

Preceptors also agree that teaching students gives them a sense of satisfaction and achievement (Conklin & Simko, 1995; Gilbride & Conklin, 1996). Many dietitians volunteer to be preceptors because they believe it is their duty to give back to the profession. They also enjoy helping students realize their goals of becoming registered dietitians. Furthermore, preceptors believe that having clinical education programs in the facility increases department visibility. Other departments may be more aware of the dietetics department after seeing interns working on projects and moving about; this may increase the prestige and status of the department as administrators take note of departmental functions (Conklin & Simko, 1995; Gilbride & Conklin, 1996; Jay & Hoffman, 2000).

One additional benefit that has become known in recent years is that interns can help preceptors conduct outcomes research. This type of research provides evidence that dietitians' services improve patient care and is necessary to assure the dietetics profession has a place in the future of healthcare. Undergraduate curricula are being revised to

include the addition of outcomes research training so that future dietitians will be comfortable conducting research.

Hays and Peterson (2003) described changes to a Coordinated Program in Dietetics allowing for the incorporation of outcomes research training. Students were involved in a clinical research assignment and a group journal club before participating in a research workshop with preceptors. Here, the overall goal was to develop proposals for outcomes research. Upon approval of the university's Institutional Review Board, the students and preceptors conducted research in the clinical setting. Responding to a questionnaire after completing the research projects, preceptors acknowledged an increase in knowledge and confidence in conducting outcomes research. Furthermore, preceptors stated that the students were instrumental in helping them initiate and complete their research projects (Hays & Peterson, 2003). Having students assist preceptors in conducting outcomes research can bring more visibility to the preceptor as well as the dietetics department. Not only that, increased documentation of the benefits of nutritional care will bring more attention to the dietetics profession as a whole.

As noted, a supervised practice experience can provide a win/win situation for all parties involved. Students, universities, employers, and preceptors alike benefit in many different ways from these programs, yet there is one additional constituent who gains from a positive preceptorship. The patient or client on the receiving end will benefit because of a better prepared healthcare provider. While all parties must acknowledge the importance of experiential education, it is the preceptor who is pivotal to the success or failure of these programs.

A Closer Look at the Preceptor

The term preceptor has been in the English language since the mid-fifteenth century and at that time described a tutor or instructor (Shamian & Inhaber, 1985). The nursing profession took the term and modified it to describe a unit-based nurse who teaches new employees or nursing students on an individual basis. This more recent definition is similar to the dietetic preceptor who in most instances is supervising a postbaccalaureate student. Both nursing and dietetic preceptors educate and supervise while performing the duties of their primary jobs. Because dietetics education involves a didactic component and a supervised practice component, all students wishing to become registered dietitians must complete a preceptorship prior to taking the registration examination. Dietetic interns cannot be employed as dietitians until after the supervised component is complete.

Roles and Responsibilities

Differences may exist in the exact duties performed by preceptors in various settings; however, two primary roles have been identified in the literature (Baltimore, 2004; Kaviani & Stillwell, 2000; Pond et al., 1993; Shamian & Inhaber, 1985). Pond et al. (1993) define these roles as “teacher/role model” and “workplace socializer” (p. 15). As a teacher, the preceptor will generally demonstrate skills and routine work early in the supervised experience. Then, as students become more comfortable in their surroundings, they will perform duties while being observed by the preceptor. According to Gates and Cutts (1995), “Direct observation is important in establishing a learning climate, reinforcing skills, and stimulating independent performance” (p. 226). The amount of observation students require will diminish as the program and preceptees

progress. Students will eventually be able to perform independently, while reporting their actions to the preceptor. The appropriate time when a student is able to work independently is an important decision the preceptor must make.

Equally important is the evaluation and documentation of the preceptee's progress on a routine basis. A preceptor must give feedback to the student with regard to how he or she is performing. Strengths and weaknesses should be identified so the student has time and is able to make appropriate behavioral changes for successful completion of the program (Gates & Cutts, 1995).

Not only is teaching one of the responsibilities of being a preceptor, but serving as a role model is as well. "Role models are individuals who have been seen to pursue and actualize the values held dear by the group or profession" (Faugier, 2005, p. 14). In nursing, administrators of preceptor programs are looking for nurses who have mastered clinical skills, communicate well, are leaders in their facilities, and are wise decision-makers (Pond et al., 1993). Because role models lead by example, students observe preceptors in the professional setting and often emulate actions and behaviors they have witnessed.

Being a teacher/ role model is but one multidimensional role the preceptor undertakes. The other main role is that of socializer. In order for students or new graduates to smoothly transition into the work place, they must be made to feel welcome and comfortable. To do this, the preceptor is responsible for orienting the preceptee to the department or unit and introducing them to others. Students need to be aware of how a unit or department functions; thus, the preceptor is responsible for sharing details such as the chain of command, dress code, scheduling routines, and additional resources

available to students (Baltimore, 2004). Once preceptees are oriented to the department, they are able to progress to patient care operations. Here they will encounter unknown individuals from their own and other interdisciplinary departments. It is the preceptor's responsibility to introduce the preceptee to peers and coworkers so they may begin to establish relationships within the organization (Baltimore, 2004).

Effective Preceptor Behavior

Preceptors take on a number of responsibilities in addition to those they have for their own clinical duties. Because of this, not all healthcare professionals are appropriate for these positions. In nursing, preceptors are usually selected by administrators or nursing faculty, who look for individuals that have at least one to five years of experience and are interested in professional growth. Essential characteristics of successful preceptors have been noted by Pond et al. (1993):

Professional characteristics are excellent leadership skills, excellent communication skills, good decision-making ability, advocacy for the learner, and an ability to use resources. Personality characteristics include patience and enthusiasm; a nonthreatening and nonjudgmental attitude toward others; a flexible, open-minded, trustworthy attitude; a sense of humor; self-confidence; willingness to mutually share knowledge and skills; and willingness to commit the time involved in being a preceptor. (p.16)

Good interpersonal skills are critical in establishing a healthy relationship between students and preceptors. Being friendly and possessing a genuine interest in student achievement and patient care are qualities that have been found to promote successful preceptorships (Gates & Cutts, 1995).

Because preceptorship success is generally measured by student achievement, students themselves have been asked to identify positive preceptor behaviors and characteristics. Peirce (1991) surveyed 44 undergraduate nursing preceptees to determine their perceptions of the preceptored experience. These students stated they had a positive experience when there was variety with respect to patient diagnoses and procedures and when they were in a supportive environment but had the freedom to work independently once skills were mastered. They also enjoyed feeling welcome on the unit and treated as a peer rather than a student. Preceptors who showed a willingness to teach, made themselves available, and had good clinical skills were pertinent to a positive experience.

Wolf and Dunlevy (1996) received similar responses when they surveyed 18 senior-level students participating in a supervised practice experience for dietitians. Students found preceptors who were willing to share their knowledge, were kind and patient, and who were able to give both positive and negative feedback to be the most helpful in their experience. Conversely, preceptors who showed negativity toward the dietetic profession, communicated a desire not to have students, and acted too busy for students hindered the learning process for over half of the participants (Wolf & Dunlevy, 1996). The most rewarding incidents for these dietetic students was when their opinions were solicited, when they had individual responsibility for patients, when they felt they had an impact, and when they were shown appreciation for their contributions. Preceptors who are able to foster these nurturing environments are considered to be effective in their role.

Preceptor Commitment

With the additional roles, responsibilities, and expectations added to the demands of a preceptor's existing job, committing the time and energy needed to be an effective preceptor could be a challenge. However, without preceptors and the supervised practice component of dietetics education, the profession would not flourish. Conklin and Simko (1995) sought to determine how much time was actually involved in performing the functions of a dietetic preceptor. As part of their study, they sent Teaching Activity Recording Forms (TARF) to 143 preceptors who recorded daily activities and the time it took to complete those activities over 5 consecutive work days. In all, the collected TARF provided information on teaching and supervision activities for a combined 688 days.

Administrative activities, including scheduling students, evaluating chart notes, checking student progress on projects or assignments, and communicating with program directors, took the most amount of time in a preceptor's day, accounting for a mean of one hour and 18 minutes. Consuming a mean of 48 minutes per day was the activity of performing professional procedures with the intern, while personal demonstrations and student observations had mean times ranging from 12 to 39 minutes per day. In all, the average amount of time spent performing preceptor duties was between 2 to 2 ½ hours per day. That said, some preceptors reported spending over 8 hours a day in the preceptor role.

While the information obtained in the study by Conklin and Simko (1995) provides an idea as to how much time may be needed to spend on preceptor duties, the stage at which an intern is in, in terms of learning development, may be more reflective

of time requirements. For instance, students who are just starting a program may require a substantially greater time commitment than those who are near completion.

Despite the fact that valuable time is consumed while performing the duties of a preceptor, commitment to the role continues. Dilbert and Goldenberg (1995) studied this commitment in relation to preceptor perceptions of benefits and rewards, preceptor perceptions of support, and to the number of preceptor experiences. The authors sent questionnaires to 59 nurse preceptors in a teaching hospital and found a positive correlation between all of the aforementioned variables. As preceptor perceptions of benefits, rewards, and support grew, so did their commitment to the role. Moreover, the more experience a preceptor had in the role, the more likely they were to be committed to the role.

As stated before, preceptors enjoy watching students realize their dreams and feel compelled to give back to their respective professions. The nurses in this study stated they accepted the preceptor positions to help preceptees integrate into professional life, as well as to improve their own teaching skills and share professional knowledge (Dilbert & Goldenberg, 1995). With regard to the positive correlation between commitment and experience, Pond et al. (1993) also found that once individuals had been preceptors, the majority were willing to stay in the role. When asked if participants wanted to continue acting as preceptors, 85% of the 128 subjects in the study said they would, 5 said maybe, and 14 said no. Pond et al. (1993) concluded that the responses reflected a positive feeling toward the preceptor experience.

Marincic and Francfort (2002) adapted the survey developed by Dilbert and Goldenberg (1995) to examine the relationship between commitment to the preceptor role

in dietetics and preceptor perceptions of benefits, rewards, and support from educational institutions. Like nursing, a positive correlation was noted between commitment to the role and the variables addressing rewards and benefits, as well as institutional support. The authors did note lower scores when preceptors were asked about preparation for the role and clarity of responsibility. Because of this, Marincic and Francfort (2002) recommended that institutions improve the training and support they provide in order to maintain preceptor commitment.

Professional Rewards and Support for the Preceptor

Dilbert and Goldenberg (1995) and Marincic and Francfort (2002) both identified an increase in preceptor commitment when preceptors perceived there to be benefits, rewards, and support for the role. The personal benefits of being a preceptor have previously been addressed and include a sense of satisfaction watching students develop professionally, gaining knowledge in one's area of practice, and the sheer enjoyment of teaching (Jay & Hoffman, 2000). Along with these benefits, preceptors may be professionally rewarded and supported by the institutions administering the programs. Although most preceptor positions offer few if any monetary incentives, there may be alternative rewards for the preceptors.

Rewards

Due to the increasing cost of healthcare services and limited financial resources of many non-profit healthcare entities, downsizing has affected the number of dietitians available to serve as preceptors. This has also caused an increase in job responsibilities for dietitians as vacant positions have not been filled, necessitating the absorption of

duties by the remaining staff. With less time to do more work, preceptors ought to be recognized and appreciated for their commitment (Marincic & Francfort, 2002).

According to Caldwell-Freeman and Mitchell (2000), “Some programs offer preceptors the opportunity to be adjunct clinical faculty at the sponsoring university” (p. 158). This relationship may provide access to the university’s libraries, computing centers, or recreation facility, as well as discounts in the bookstore and for athletic or cultural events. Marincic and Francfort (2002) described alternative rewards such as journal subscriptions or textbook purchases, tuition waivers, and stipends to attend professional meetings. Other programs may sponsor luncheons or recognition dinners, and some just send a simple note of thanks.

Stevenson et al. (1995) conducted a qualitative study and interviewed 30 nurses to identify preceptor perceptions of advantages and disadvantages to the role. When asked about desired rewards, preceptors suggested recognition in the hospital’s newsletter or recognizing the role of preceptor on the clinical ladder. Large or small, the effort taken to reward the preceptor relates positively to maintaining and increasing preceptor commitment to the role (Dilbert & Goldenberg, 1995; Marincic & Francfort, 2002).

Support

Rewards for participation as a preceptor may be an added benefit; however, preceptors also need to feel supported by the sponsoring institution. If they believe support is lacking, preceptors could withdraw from the program and ultimately reduce the number of placement options for students. Ferguson (1995) conducted a qualitative study in which 30 randomly selected nurse preceptors were interviewed in order to identify their perceptions of university faculty roles in the preceptorship experience. Each

preceptor identified the importance of faculty, but five specific aspects of the faculty role emerged as being particularly important and expected in order to promote a supportive environment.

All preceptors agreed that *faculty accessibility* was a key aspect of support (Ferguson, 1995). Preceptors wanted to be introduced to supervising faculty prior to beginning the program as this promoted a sense of familiarity and increased their willingness to approach faculty with questions or concerns. In addition, preceptors agreed that phone calls, e-mails, and informal site visits initiated by faculty also enhanced their comfort level. Many preceptors responded, however, that they approached other preceptors with questions when faculty members were unknown to them. Unfortunately, this practice can lead to misinterpretations of program goals and objectives, thus highlighting the importance of faculty accessibility.

Preceptors in Ferguson's (1995) study also reported looking to faculty as the primary *information provider*. Specifically, preceptors wanted "clearly defined expectations of student performance and the preceptor role" (Ferguson, 1995, p. 43). Participants in this study were preceptors for a university-based program. Because this program, like many others, takes place outside the walls of the institution thus away from program directors, preceptors cannot be expected to perform effectively if they have not been adequately prepared to do so.

The third element of faculty support as perceived by preceptors interviewed in the study was faculty being the *evaluator of student performance* (Ferguson, 1995). Although preceptors provide feedback and evaluate students, the criteria for evaluation come directly from program faculty. It is ultimately the faculty who assign grades and

determine whether or not a student has successfully completed all requirements of the program. Concurring with the preceptors in Ferguson's study, Lewis (1990) contended:

The preceptor should never be given the responsibility for failing a student or even assigning a grade. Although the preceptor's information may be used in arriving at a grade, grading is entirely the responsibility of the faculty members.
(p. 20)

The fourth theme that emerged in Ferguson's (1995) study was the importance of faculty playing the role of *student advocate*. Preceptors believed that faculty should follow student progress, help preceptors identify problems or weaknesses throughout the program, and suggest alternative teaching strategies if necessary. Finally, the preceptors stated that faculty should be *mentors to the preceptors*. Just as the preceptor acts as a mentor to the student with regard to developing professional skills, faculty can act as mentors to preceptors with regard to developing teaching skills (Ferguson, 1995).

The preceptors in Ferguson's study asserted that faculty have a responsibility to play an active role in the preceptor program. When faculty are available to answer questions or discuss concerns, follow student progress, participate in evaluations, and work with preceptors to enhance their teaching skills, the preceptor experience is more positive and successful.

In another study concerning perceptions of support for preceptors, Kruzich et al. (2003) conducted focus group interviews with a total of 18 dietetic preceptors seeking to identify the strengths and weaknesses of a multi-site internship, as well as preceptor needs and expectations. These preceptors expressed concern that they were not meeting student and faculty expectations and welcomed feedback from faculty, other preceptors,

and interns. Some of the preceptors also felt detached from the program as they were in different geographical regions in the state. When multiple sites are involved in a preceptor program, it becomes increasingly important for faculty to maintain contact with preceptors in order to prevent the feeling of isolation. While face-to-face visits may be ideal, they may not always be realistic. In this case, telephone and e-mail contact is a viable alternative. Just as the preceptors in Ferguson's (1995) study desired faculty guidance and support, so did preceptors in the study by Kruzich et al. (2003).

To perform effectively in their roles, preceptors also need the support of colleagues and administrators in their own places of employment. Young, Theriault, and Collins (1989) surveyed 21 nurses who were serving as preceptors and 9 former nurse preceptors in order to identify factors that strain the preceptors' role. Among other things, over half the participants stated they did not think colleagues understood the objectives of the program, and therefore were not supportive of it. Stevenson et al. (1995) noted similar concerns when they interviewed 16 nurse preceptors. One of the preceptors commented, "When you orient someone, other RNs resent or feel you don't do as much work as they are doing and fail to realize the responsibilities and extra time needed to devote to helping others learn" (Stevenson et al., 1995, p. 162).

These studies also reported a perceived lack of support from nursing administrators. Preceptors believed they were given heavier patient loads because there were two individuals performing duties. According to preceptors, what some administrators fail to realize is the time it takes to train new nurses and students. In both studies, the majority of preceptors surveyed felt the workload was unevenly distributed during the orientation period (Stevenson et al., 1995; Young et al., 1989). Administrators

can show their support by recognizing the preceptor role through scheduled time for preceptor/preceptee interaction (Bain, 1996).

The previously mentioned studies suggest that in many cases, committing to the preceptor role means taking on increased responsibilities without a redistribution of work duties. Thus, preceptors need the support of faculty, colleagues, and worksite administrators in order to be successful in their endeavor. Furthermore, the responsibilities of a preceptor are not duplicates of those for their existing jobs. Additional responsibilities include teaching and evaluating, mentoring, and socializing preceptees to professional life. As is addressed below, many believe that preceptors need to be adequately prepared or trained for their roles in order to maintain enthusiasm and commitment to the supervised experiences.

Preceptor Training

In their pursuit of professional degrees, clinical practitioners do not take courses that teach them how to be preceptors. Because of this, it should not be assumed that practitioners who successfully care for and educate patients will be able to successfully educate students. These are two distinct roles and should be treated as such. Among other things, preceptor training provides a vehicle to clarify roles and responsibilities, illuminate expectations, discuss adult learning theories, network, and offer credits for continuing education. Preceptor training is a means of supporting the preceptor, but with better trained preceptors, students and internships are likely to benefit as well. Although money, time, and human resources may be limited, preceptor training is a tool that may enhance preceptor success and commitment to the role.

Training Content

Although each preceptor training program will vary in some dimension, many of the same concepts or ideas seem to be covered. Shamian and Inhaber (1985) reviewed the literature available in the mid-1980s and found several similarities in preceptor training content. Throughout the past 21 years, these have remained important topics and continue to be discussed today (Ferguson, 1995; Pickens & Fargotstein, 2006).

Preceptor roles and expectations is the topic most noted in review of preceptor training content (Dilbert & Goldberg, 1994; McKnight et al., 1993; Westra & Graziano, 1992). For a program to instill a sense of purpose and confidence in preceptors, preceptors must understand what is expected of them. It is also helpful for students and facility administrators to understand the preceptor position as well. With a clear understanding of the roles and responsibilities of all parties involved, the preceptorship experience is more likely to be successful.

Another concept addressed in training programs is that of adult teaching and learning theories. “Most preceptors have little or no experience teaching their colleagues” (Westra & Graziano, 1992, p. 214); therefore, preceptors should be taught how to identify learning needs and select appropriate learning experiences for preceptees (Ferguson, 1995).

Effective ways to give and receive feedback is another topic generally covered in many preceptor training programs, as is evaluation. In their study on preceptor perceptions of benefits, rewards, and support, Dilbert and Goldenberg (1995) noted that preceptors looked to nursing faculty for support, especially in the area of evaluation. Other preceptors admitted to having little to no experience evaluating novice

performance and this caused an increase in work-related stress (Lewis, 1990). When asked what information preceptors thought would make them more effective in their roles, a statistically significant number in Westra and Graziano's (1992) study identified information on evaluating novice performance. Understandably, evaluation theory and methods is a topic of great interest in preceptor training.

If preceptor training programs are organized as workshops, they may promote networking and a sense of comradery as preceptors from various locations can meet and share concerns or strategies (McKnight et al., 1993). Williams et al. (1993) described a collaborative nurse preceptor training program between nine institutions making up the Texas Medical Center. The program schedule was a full day, but because of the volume of preceptors in all nine facilities, training was offered one day a month. Registration was restricted to 72 participants to allow for small group interaction and more participation. In all, 465 preceptors were trained and evaluations revealed the participants valued the peer interaction. "The program provided an opportunity for common problem recognition and resolution" (Williams et al., 1993, p. 156). Another benefit of the program was that it met nursing continuing education requirements and was provided at no cost to the preceptor. Although preceptor training may require a substantial amount of financial and personal resources, the benefits gained by the preceptor as well as the program in general, far outweigh the costs.

Need for Preceptor Training

In the nursing profession, preceptor training is considered essential for the success of experiential programs (Dilbert & Goldenberg, 1995). Training may consist of self teaching models, a brief orientation, or 1 to 2 day workshops, but no matter how it is

presented, it is an indispensable means of support for the preceptor (Shamian & Inhaber, 1985). Ongoing preceptor preparation may also be of great benefit. In the qualitative study by Stevenson et al. (1995), one preceptor suggested, “Have a refresher about preceptor roles and what the orientee or intern needs from me, I took the course many years ago” (p. 163). This statement illuminates the fact that some individuals have served as preceptors over an extended period, and among other things, may need to have role expectations clarified.

The above studies suggest the support of preceptors through training programs is one way to make them feel more confident in the role and keep them abreast of updates in the education of healthcare professionals. In addition, if preceptor training is conducted as a workshop or continuing education event, it is an opportunity to bring preceptors from multiple sites together for idea sharing and networking. This may improve the preceptors’ sense of connection with the program, which in turn, may improve program commitment. To attain the desired results of preceptor training, which is to have more effective and successful preceptors, preceptors must perceive the need and find benefits in the training they have received (Wilson, 2002).

Preceptor Perceptions of Training in Nursing

Limited information exists on preceptor perceptions of preceptor training, but what is available suggests that preceptors do benefit from these programs. McKnight et al. (1993) described a half-day collaborative program, in which participants were first treated to lunch and then participated in a workshop. Preceptors heard about role expectations and learned more about the teaching and learning philosophies of the educational institutions. They were given the opportunity to discuss strategies that seem

to work well with preceptees, and concerns they had with students or the program. In addition, preceptors were recognized for the contributions they made to the nursing programs.

During the discussion time, participants sought clarification of preceptor responsibilities and specific interventions that students could not perform. They also asked about absenteeism. Because interventions and absenteeism are not usually elaborated on during preceptor training, having a discussion on topics that could potentially cause uncertainty and stress on the job proved beneficial to these preceptors. Participants responded on evaluation forms that the overall experience was positive and they enjoyed the small-group discussions (McKnight et al., 1993).

Young et al. (1989) surveyed preceptors working in a hospital to determine if their learning needs were being met, and to assess satisfaction with the role. The preceptors in this facility participated in a 2 day workshop designed to address preceptor role expectations, teaching and learning theory, conflict management techniques, and communication skills. Over half (13 of 19) the participants believed they had received adequate preparation for the role; however, suggestions were made to have at least 2 educational days per year addressing such topics as stress management, leadership skills, and decision making. While, these are not the topics that are typically addressed in an initial preceptor training program, they suggest that on-going preceptor training is desired.

Nurse preceptors in Westra and Graziano's (1992) study participated in a one-day preceptor preparation workshop. A questionnaire was given to the participants prior to the workshop and then a duplicate following to assess whether or not the preceptor

preparation met the participants' perceived needs. This questionnaire asked preceptors to respond to the question, "To be a more effective preceptor, more information or exposure to the following is necessary" (Westra & Graziano, 1992, p. 213). Overall, participants responded that they were being well prepared for their role by attending the preceptor workshop; however, preceptors perceived additional learning needs in the evaluation of student performance. The uneasiness in preceptors' perceived abilities to evaluate novice performance has been mentioned before (Dilbert & Goldenberg, 1995; Lewis, 1990).

Finally, and most recently, Pickens and Fargotstein (2006) described preceptor training for psychiatric-mental health nurses. Preceptors attended a half-day workshop with a similar content to others previously described. Participants gave positive feedback upon completion of the training with regard to obtaining practical information they could incorporate into the precepting experience.

Evidence exists, albeit limited, that nursing preceptors perceive a benefit to preceptor training. Training programs provide program administrators the opportunity to reward, benefit, and support preceptors. As a reward, training may count for continuing education hours at no cost to the preceptor, benefits arise from the enhancement of professional and teaching knowledge and skills, and support comes when preceptors realize that program administrators are available and dedicated to preparing the preceptor for his or her role.

Preceptor Training in Dietetics

It is evident that preceptor training is well regarded in the nursing profession (Dilbert & Goldenberg, 1995; Ferguson, 1995; Kaviani & Stillwell, 2000; Stevenson et

al., 1995). In dietetics, however, less information is available on this topic. Moreover, no formal dietetic preceptor training programs have been described in the literature.

When asked about their perceptions of support for the role, dietetic preceptors in Marincic and Francfort's study (2002) responded that they had little preparation for the role, as well as limited clarification of responsibilities. Of the 116 respondents, 58% stated they had no training while 32% received only informal training. Just 10%, or 12 preceptors, received formal training for their role. Wilson (2002) found that of the 265 dietetic preceptors in her study, only 30.2% had participated in formal preceptor training. However, a large majority of the participants (87.9%) agreed that formal preceptor training material would be beneficial.

This study addressed preceptor perceptions of preceptor training in the dietetics profession. It has been established that preceptor training requires both financial and personal resources that are often limited in dietetics; however, as noted in the previously described literature, preceptors in the field of nursing believe training is beneficial and have given input on additional topics they contend would be helpful to promote a more successful supervised practice experience.

Dietetic students are unable to sit for the national registration exam until they have completed the supervised practice component of their education; thus, dietetic educators rely on preceptors to help students successfully complete the education process. Even with the added responsibilities of being a preceptor, job responsibilities are often not decreased to allow preceptors the time they need to work with students. As previously noted, many employers think because there are two individuals for one

position, the preceptor can handle the same or an increased workload (Bain, 1996; Stevenson et al., 1995; Young et al., 1989).

Whether good or bad, preceptors are giving a great deal of time and energy to internships and should be appreciated for their dedication. As the nursing literature has shown, one way to support preceptors and reward them for their services is to provide preceptor training in the form of continuing professional education. Many preceptors who have attended preceptor training found it to be beneficial and requested continued training as well (McKnight et al., 1993; Pickens & Fargotstein, 2006; Young et al., 1989).

Although nursing and dietetics have a similar educational structure, specific perceptions of dietetic preceptor training cannot be extrapolated from the nursing perspective. In this study, three formal dietetic preceptor training programs were examined, especially in terms of program directors' and preceptors' perceptions of the training. In addition, students working with dietitians who had attended preceptor training were interviewed to gain an understanding of their experiences in the internships. The results of the study will contribute to the limited body of knowledge in preceptor training of dietitians, and program administrators may use this information to begin or modify their own preceptor training programs.

CHAPTER THREE: METHODS

Preceptors spend time and energy helping students become competent in their clinical skills before entering the workforce; thus, they play an important role in the education of healthcare professionals. Literature in the fields of both nursing and dietetics supports the training of clinical preceptors for their roles (Gates & Cutts, 1995; Kaviani & Stillwell, 2000; Marincic & Francfort, 2002; Wilson, 2002). In nursing, preceptors who have attended training programs reported a better understanding of their roles and expectations following these formal programs, and that their knowledge and skills with regard to teaching had been enhanced as well (McKnight et al., 1993; Pickens & Fargotstein, 2006; Westra & Graziano, 1992; Young et al., 1989). Furthermore, many preceptors expressed the desire for continued training, as questions and concerns tend to arise throughout preceptorship experiences.

In the field of dietetics however, less is known about preceptor training and its benefits. Wilson (2002) and Marincic and Francfort (2002) found that a limited number of preceptors in their respective studies had received formal training for their roles. Wilson surveyed 265 dietetic preceptors and found that 30.2% had participated in formal training, while only 10% of the 116 dietetic preceptors in Marincic and Francfort's study responded that they had received formal training for their roles. Although some dietetic preceptors appear to be participating in formal training programs, what constitutes formal training and how these training experiences are perceived is unknown. This lack of knowledge regarding preceptor training in dietetic supervised practice programs was the

impetus for the study. This study will add to the body of knowledge concerning formal dietetic preceptor training, and addresses the following research questions:

1. Why and how are preceptor training programs initiated by university-based dietetic internships?
2. How is the role and value of preceptor training perceived by program directors and preceptors?
3. How do preceptors who receive training experience and perceive the training program?
4. How do students in programs with preceptor training perceive their internship experience, especially in terms of the roles played by their preceptors?

From an administrative perspective, the findings of this study may help internship directors decide whether or not to implement formal training for their preceptors. Moreover, if dietetic internships currently offer some type of training, the findings could be helpful in modifying or improving existing practices.

Case Study Design

The design of this qualitative research was a multi-site, collective case study. According to Yin (2003) a case study is, “An empirical inquiry that investigates a contemporary phenomenon within its real life context” (p. 13). In particular, a case is described as being a specific entity with boundaries (Merriam, 1998; Stake, 1995). These boundaries are an important aspect of case studies because they help in defining the actual case; without them, topics become too general (Stake, 1995). The purpose of this study was to explore the broad topic of preceptor training; however, the study focused on

three specific university-based dietetic internships that had implemented formal preceptor training programs. Thus, the boundaries fell within the context of each internship setting.

Case studies tend to be most appropriate when research questions ask how or why and are focused on contemporary issues (Yin, 2003). Interestingly, these aspects of research design that are well-suited for case studies are also appropriate for experimental studies. The difference between an experiment and a qualitative case study however is apparent in the control of events. In experimental research, control over the environmental conditions is desired to prevent extraneous variables from influencing the dependent variable or variables. In qualitative case studies, control over environmental conditions is not desired. Qualitative researchers want to observe the ordinary- the “natural” context; thus controlling certain variables would not be representative of the natural setting.

Preceptor training is a contemporary issue and my goal was to find out why and how program directors had initiated training and how it was perceived by those involved in the process. To obtain the most truthful answers and provide the most detailed description, it was best to conduct the study in the natural environment. Therefore, the most appropriate means of accomplishing this task was to utilize the case study design.

When conducting case study research, the study either focuses on one specific case or involves multiple cases. In selecting a single case study, researchers are generally trying to highlight either an extreme case of which there are few if any cases to compare, a typical or representative case, or a longitudinal case where changes and growth are observed over time (Yin, 2003). Yin (2003) advised that if the single case is selected as a study design, the researcher be prepared to justify the choice. Single case studies are

highly criticized because of the difficulty in generalizing findings from a study with a sample size of one.

In response to this criticism, Yin (2003) suggested that if given the opportunity, multi-site case studies should be selected. Three cases were selected for this study because with multiple cases, the possibility of identifying replications in the findings was increased. According to Yin (1993), “If replications are found for several cases, you can have more confidence in the overall results” (p. 34). Since it is highly unlikely that any two cases are exactly alike, if commonalities are found between two or more cases, the generalizability of the findings is increased (Yin, 2003).

This study was a multi-site, collective case study which means several cases were studied to answer the research questions (Stake, 1995). Specifically, three cases were selected to improve the potential for data replication and the generalizability of findings. Although the ability to generalize is important in research, Stake (1995) asserted that, “Case study research is not sampling research” (p. 4). In other words, cases are not studied simply to generalize to others. According to Stake (1995), the researcher’s first obligation is to understand the case or cases being studied; therefore, it is important to select cases that are rich in information.

Sampling

When conducting qualitative case study research, cases should be selected to maximize what can be learned about the phenomenon under study (Stake, 1995). Patton (2002) described this type of sampling as purposeful sampling and defined it specifically as a technique which “focuses on selecting information-rich cases whose study will illuminate the questions under study” (p. 230).

In selecting the cases for this study, I first took into consideration the purpose of the study and the research questions. To enhance the study of formal preceptor training for dietitians, the sites being studied undoubtedly had to offer formal training. In order to identify dietetic internships that do this, I sent an electronic message (e-mail) to members of the Dietetic Educators of Practitioners Practice Group who participate on the group's list-serve. I asked members to respond if they offered formal training to their preceptors. I received 13 responses with 10 internships stating they did offer some type of formal training. While the majority of e-mail respondents offer training, the number represents only 3.9% of the 256 dietetic internships in the country, thus it cannot be assumed that the majority of internships offer training as well.

Because sample sizes in qualitative research are typically small and nonrepresentative, the small number of responses to the e-mail was not a concern (Bogdan & Biklen, 2003). It would not have been feasible, in terms of time and money, to visit a large number of sites, thus the e-mail respondents actually began the process of case selection.

Based on a printed version of the e-mails, I constructed a list of programs that offer formal preceptor training and those that do not. Three of the 10 programs offering training were more than 10 hours from my location, so these programs were eliminated from consideration for this project. I then took the list of seven and searched for commonalities in the internship descriptions found on the American Dietetic Association website (American Dietetic Association, n.d.). It was my desire to study a similar group of internships with regard to the program emphasis, number of students enrolled, and

degree granted, as each of these characteristics may impact preceptor involvement and satisfaction with the supervised practice programs.

In this regard, I attempted to hold several variables constant with the intent of having similar internships to study. This strategy of sampling is described by Patton (2002) as a form of purposeful sampling called homogenous samples. When using homogenous samples, researchers are seeking information on a particular subgroup from like sources. In this case, the internships selected represent the homogenous group with formal preceptor training being the subgroup.

Although all dietetic internships provide supervised practice for their students, programs may differ with respect to how they are structured. Some programs last six months while others are two years; some have a general emphasis, yet others concentrate in clinical nutrition; some are not degree-granting, but others award a Master's degree upon completion. In addition, the number of students accepted into an internship varies as well.

Similarly structured internships were selected as case studies because their programs share common characteristics. In order to gain access to these internships, three program directors were initially contacted by e-mail to solicit participation in the study; however, only two of the directors responded that their programs would be willing to participate. Because of this, I went to the fourth internship on my list of those offering formal preceptor training and was successful in gaining permission to use the program in this study. Appendix A provides an example of the initial letter e-mailed to program directors.

The three internships that ultimately participated in this study offered general emphasis programs to a maximum of eight to 10 students, and either awarded a Master of Science degree upon completion of the internship or offered graduate credits that could be applied toward a Master's degree if desired. Specifically, the internships selected were Midwest University (MWU), a public university with approximately 20,000 students; Southern University (SU), a private university with a student body of approximately 2,400; and Southeast University (SEU), a public university with a student enrollment of approximately 15,000. The universities have been given pseudonyms to maintain confidentiality.

After securing three locations for study, internal sampling was used to identify informants, as well as documents that were beneficial in addressing the research questions. Bogdan and Biklen (2003) described internal sampling as the decisions a researcher makes once the general idea of a study is developed. These decisions include but are not limited to whom to interview, what to observe, and which documents to review. Since the program directors were key informants, I looked to them for guidance in identifying appropriate sources of data.

Key informants are individuals who have a great deal of knowledge about a culture or phenomenon, which in this study included the dietetic internship and preceptor training program (Patton, 2002). The program directors were familiar with their students and preceptors as well as the history of their respective internships and preceptor training programs. Midwest University's program director, however, had been in her position for only a year. This could have been construed as a limitation with regard to her

understanding of the program and its history, but the previous program director continues to be employed by the university and was willing to participate in the study as well.

Data Collection

Once permission was granted by the internship program directors and Marshall University's Institutional Review Board, fieldwork commenced one case at a time. The sequence of cases studied was not predetermined, but was based on the scheduling preference of each internship. In addition to information gathered in telephone and electronic mail communications, one to two days was spent collecting data in each location. The data collected was a combination of interviews, participant observations, and documents.

Interviews. Interviews are used as a form of data collection to allow individuals to express their thoughts and feelings in their own words (Patton, 2002). Because the research questions in this study were primarily how and why, it was advantageous to ask informants to express themselves verbally. In order to develop a greater understanding of the perceptions of preceptor training, input from all constituents of the internships was sought. Thus, the program directors were interviewed, as were a number of preceptors and students from each location.

Each program director took responsibility for scheduling interviews. The directors and I first determined the dates I would be on location and then interviews were arranged accordingly. During one afternoon, I interviewed the former program director of Midwest University's Dietetic Internship, followed by the current director. That same evening, seven interns were interviewed in a group setting after they had completed their rotations for the day. The following day, MWU preceptors attended a training workshop

and were invited to participate in a lunch interview upon its conclusion. Out of 27 preceptors who attended the meeting, six remained for the group interview.

The program director at Southern University arranged for four preceptors to meet with me on campus. Like the interview with preceptors at MWU, I conducted the SU preceptor interview during lunch and provided a meal to participants. That same afternoon, Southern University interns attended a weekly class and the program director arranged for them to come early so they could participate in a group interview. Although a few did not attend, a total of six interns were interviewed. A guest speaker was conducting the internship class later that day, thus allowing time for me to interview the program director once the class began.

Southeast University's director was conducting a preceptor training workshop at one of her program's internship sites. I traveled to the site where prior to the workshop I separately interviewed the director and a student who was completing her internship at that location. Immediately following the workshop, I was able to interview two preceptors. The total number of individuals interviewed for this study was 30 and ranged from 4 to 15 for each case. Since the program directors organized the interviews, I had little impact on the number of preceptors and students recruited; however, it was necessary to use the directors in this capacity as they were familiar to preceptors and students and knew how best to contact them.

Patton (2002) described three types of interviews that may be used in qualitative studies. These include the informal conversation, the general interview guide approach, and the standardized open-ended interview. In the early stages of research, an informal conversation might occur because only general information is desired. However, as the

focus of study begins to narrow, interviews are likely to become more structured. As this occurs, an interview guide may be used followed by a standardized interview to focus on topics that emerged during data collection (Bogdan & Biklen, 2003; Patton, 2002).

As mentioned before, in this study informal conversations occurred on the telephone, in e-mails, as well as on site. However, because the topic of the study had been established and there were time constraints in each location, semi-structured interview guides (Appendix B) were used during the scheduled interviews. As the study progressed and patterns and themes emerged from individual cases, the interview questions were more structured in order to focus on evolving findings.

Each interview, whether individual or group, began with an explanation of the purpose of the study, as well as possible risks associated with involvement in the study and how confidentiality would be achieved. The risks related to participation were minimal and pertained to the issue of confidentiality. I explained that individuals may express negative feelings toward preceptor training and their respective internships, so participants might be concerned that administrators or teachers would hear of these comments and react negatively toward them. However, names of participants and internships will not be used in any written documents produced from this study; and confidentiality has been enhanced as the data collected at one site was combined with that of two additional sites. Once these aspects of participation were discussed, I obtained written informed consent from each participant.

Following Spradley (1979), I used descriptive questions in the interviews in order to address the overall research questions. Descriptive questions are those in which the informant is asked to describe something, such as a typical day or an event. In this study,

participants were asked to describe such things as preceptor training and perceived benefits from these programs. In order to get the depth of information desired, probes and follow-up questions were asked as well. “Would you explain that?” and “What do you mean by that?” are examples of probes that were used to get more detail from participant responses (Bogdan & Biklen, 2003; Patton, 2002).

As previously mentioned, program directors were asked for assistance in arranging interviews with preceptors and students. Time was a factor in scheduling interviews with regard to preceptors not wanting to miss a significant amount of the work day and students not being able to miss rotations, thus it was advantageous to interview these stakeholders in focus groups.

Focus Groups. According to Morgan (1997), focus groups are group interviews, but not in the sense that there is back-and-forth conversation between the researcher and the interviewee. The dialogue results from interaction among focus group participants and is based on topics determined by the researcher. This interaction is what differentiates the focus group from an individual interview.

In this study, focus groups were used for interviews with preceptors and with students due to time constraints. As previously mentioned, preceptors did not want to miss time during work, so it was important to conduct the interviews during the lunch hour. Although each preceptor interview lasted over an hour, all preceptors were willing to stay in order to complete the respective discussions.

Interviews with students from Midwest and Southern Universities occurred prior to or during scheduled class time. Therefore, it was not necessary to pull the students from their rotations for a significant amount of time. In addition, my interview with

Southeast University's intern was conducted on the day she was scheduled to meet with the program director; thus, her rotation schedule was also not significantly altered.

Focus groups are often viewed as beneficial because they can provide a cost-effective way to collect data from multiple individuals and may enhance the quality of data collected since there is interaction between participants (Patton, 2002). More specifically, false or extreme viewpoints will be illuminated and can be placed in context. There are, however, a number of limitations to focus groups that must be considered. Because of the group setting and time constraints, the number of questions asked may be restricted as will each individual's response time (Patton, 2002). In addition, if the environment is uncomfortable or an individual feels as though his or her viewpoint is a minority perspective, the participant may not be willing to share in the discussion (Bogdan & Biklen, 2003).

To address these potential limitations, I attempted to promote an environment in which all participants had an opportunity to speak and felt comfortable doing so. I explained that I was not evaluating any of the programs but wanted to understand the preceptors' and students' perceptions of preceptor training and the internships respectively. In addition, participants of group interviews were given stamped envelopes with my address to send comments they did not wish to share with the group. To use my time effectively, I kept group interviews focused on the research questions by following a semi-structured interview guide. I provided participants with a copy of the tentative questions (Appendix C), and in doing so participants were able to see the questions and could be redirected when the conversation moved away from the intended topic.

Participant Observation. In addition to interviews, observations and documents were sources of data in this study. Qualitative researchers believe the best understanding of a phenomenon comes from learning on location or in the natural environment (Bogdan & Biklen, 2003). Observations in this study were used to describe the people, activities, and settings of each internship. In addition, I was fortunate to be able to observe preceptor training workshops at Midwest University and Southeast University. At the time data was collected, Southern University did not have a training workshop scheduled, thus information on this workshop was obtained through interviews and documents. Overall, the observations enabled me to draw on direct experience during data analysis, and according to Patton (2002), “The impressions and feelings of the observer become part of the data to be used in attempting to understand a setting and the people who inhabit it” (p. 264).

After making observations, I wrote fieldnotes, which were descriptive accounts of what I saw, heard, and experienced. Within the fieldnotes, I added my own thoughts and reflections, as well as notes regarding the emergence of themes and patterns. Personal observations were written as *observer’s comments* and were distinguished throughout the fieldnotes as O.C. In the fieldnotes of this study, these comments were intertwined with description to aid in the formation of questions for subsequent interviews, as well as the data analysis during and at the end of fieldwork.

Documents. Documents can be useful in revealing things that have happened prior to the study or information that cannot be observed (Patton, 2002). Because of this, I reviewed each program’s website which included information on the respective universities, the mission, goals, and objectives of the internships, entrance requirements

for the internships, and rotation information. In addition, student handbooks from each dietetic internship and preceptor training handouts from all programs were reviewed, as were copies of the evaluation forms completed after Southern University's preceptor training workshop. Similar to observation data, the knowledge gained from viewing documents was helpful in developing questions for inquiry in fieldwork.

Triangulation. Throughout the study, data were collected from multiple sources to better understand the concept of training for dietetic preceptors. Not only was information drawn from interviews, observations, and documents, but within each of these data sources, more than one subject was included. Program directors, preceptors, and students were interviewed and multiple documents were requested. In addition, all three internship settings were visited, two preceptor training workshops were observed, and information on the third was collected through interviews and documents. According to Patton (2002), "Studies that use only one method are more vulnerable to errors linked to that particular method than studies that use multiple methods in which different types of data provide cross-data validity checks" (p. 248). Having multiple sources of data helped to illuminate commonalities and inconsistencies within and between cases during data analysis.

Data Analysis

The analysis of data began as soon as data collection was initiated. Upon completion of each site visit, interview recordings, fieldnotes, and internship documents were reviewed in order to identify emerging patterns in the data. These patterns helped shape the questions for subsequent site visits so that commonalities and differences across the three programs were recognized. As more interviews were conducted and

fieldnotes were available, comparisons were made between sources and sites. Once data collection was complete, I read through transcripts and fieldnotes from the first internship studied. I identified recurring topics and classified them with codes in order to make the data more manageable. A list of codes was compiled and I then reviewed subsequent interview transcripts and fieldnotes and applied the codes or added new codes as appropriate.

After the initial coding of the data, I identified parent codes which related to major topics and grouped codes into the parent codes accordingly. A folder was created for each topic and coded material was cut from interview transcripts and placed in appropriate folders. Once separated, I re-read the data and looked for consistencies and inconsistencies in the emerging themes. This type of analysis is referred to as content analysis and is described by Patton (2002) as, “identifying, coding, classifying, and labeling the primary patterns in the data” (p. 463). Essentially, the core content of data collected was analyzed to identify what I believed to be significant in addressing the research questions.

Interpretation of the data was then conducted from a phenomenological perspective. “The phenomenological method seeks to uncover the meanings of phenomena experienced by individuals through the analysis of their descriptions” (Dowling, 2004, p. 31). Phenomenologists believe that each individual will have a different description of a single experience, but multiple descriptions are likely to share commonalities. The common experience among various individuals with regard to a certain phenomenon is referred to as the essence of the experience (Johnson &

Christensen, 2004), and identifying the essence of the preceptor training experience was the goal of data analysis in this study.

Validity and Reliability

As with any study, questions of validity and reliability need to be addressed. Merriam (1995) stated that “internal validity asks the question: How congruent are one’s findings with reality?” (p. 53). Because interviews and observations are conducted in the natural environment, reality is experienced first hand. As a result, internal validity tends to be a strength of qualitative research.

In this study, several strategies were used to enhance the internal validity of findings. As previously mentioned, triangulation, or the use of multiple data sources, was employed with the understanding that if thoughts or ideas are heard in an interview, observed in the natural setting, and read in documents, then reader confidence that the reality described is accurate will increase. In addition, interviews were conducted with a variety of individuals, specifically program directors, preceptors, and students. If commonalities are found in what the interviewees are saying, this will increase confidence in the truthfulness of the findings as well.

A threat to the internal validity of this study may be the time spent collecting data in the field. Some will question whether or not I have an in-depth understanding of each case by being on location one to two days. It is because of this limitation that the above strategies to strengthen internal validity were utilized.

Reliability refers to replication; in other words, if a study were to be duplicated would the same results be found again? Qualitative researchers believe this is not likely to happen because human behavior is not static (Merriam, 1995); people act differently

under various environmental conditions. For this reason, qualitative researchers “seek to understand the world from the perspectives of those in it” (Merriam, 1995, p. 56).

Qualitative study reliability therefore is critiqued in terms of whether findings are consistent with data collected. To strengthen the reliability of this study, data was gathered from multiple sources to increase the potential consistency of findings.

Furthermore, details on how the study was conducted and how patterns and themes were identified from the data are documented so the study could be replicated if desired.

Internal validity and reliability are typically not the most criticized elements of qualitative research. It is the external validity of a qualitative study that is questioned. External validity refers to the generalizability of findings, or the ability to apply the findings to other situations. With a small sample size, generalizability is difficult. The purpose of case study research however is primarily to understand the case (Stake, 1995). With an in-depth understanding of a case, or cases, readers may be able to generalize the findings to a setting in which they are familiar. To facilitate an in-depth understanding of the cases involved in this study, thick description is provided. Moreover, the study was a multi-site design, so findings represent more than one setting. In addition, data were collected from various components within each case, including internship directors, preceptors, and students. Merriam (1995) referred to this as sampling within and stated, “This allows one to generalize to the larger group within the unit of study” (p. 59). Through multiple methods of data collection and thick descriptions of multiple cases, I hoped to strengthen the validity and reliability of the study and document findings that will ultimately increase the knowledge and understanding of preceptor training in dietetic supervised practice experiences.

In review, this study was a multi-site, collective case study of dietetic preceptor training in three university-based internships. Program directors, preceptors, and students were interviewed, documents were reviewed, and observations of the settings and two preceptor training programs were completed to gather data for content analysis. During analysis, patterns and themes emerged and were interpreted to identify the essence of preceptor training in the cases studied. The findings may be helpful to other program directors who wish to begin training preceptors for their roles or for those who may wish to modify existing programs.

CHAPTER FOUR: DESCRIPTION OF SITES

To address the research questions, it was necessary to identify dietetic internships that had offered formal training to their preceptors. The internships that participated in this study were selected because they each offered some type of formal training and had similar program characteristics listed on the American Dietetic Association website. However as the study progressed, it became evident that while certain general characteristics were comparable, each program was unique in terms of the design of the supervised practice experience, the nature of communication amongst participants, and the content of preceptor training. As will later become evident, these differences made an impact on the perceptions of the internship stakeholders.

The three university-based dietetic internships participating in the study included Midwest University (MWU), Southern University (SU), and Southeast University (SEU). In the pages that follow, the dietetic internships and their participants, methods of communication, and the preceptor training programs from each university will be described. To maintain confidentiality of the participants, the above pseudonyms will be used to distinguish each of the sites visited.

Midwest University

Midwest University was founded in 1857 and is one of the oldest public institutions in its area. Located in an urban setting, MWU is a residential university and enrolls approximately 20,000 students each year. Though the university's focus is placed on undergraduate study, its graduate school offers 39 masters, 2 specialists, and 8

doctoral programs. Of those 39 masters, the Master of Science degree in Family and Consumer Sciences is earned while completing requirements for the dietetic internship. This combined program is offered in the Department of Family and Consumer Sciences which is housed in the College of Applied Science and Technology.

Dietetic Internship

Established in 1996, the dietetic internship at MWU spans 21-months and includes time spent obtaining the graduate degree and completing requirements for the supervised practice experience. A program director (or internship director as the descriptors are interchangeable) is responsible for the administrative duties of the internship, which include scheduling rotations for students, documenting and evaluating student progression and fulfillment of competencies, and maintaining communication with the students, preceptors, and accrediting agency.

The internship director at MWU has a teaching assignment as well. She receives six hours of credit for her administrative duties and teaches five additional credits in the fall. During the spring semester, the director continues to manage the internship, but her teaching load is increased to 10 credits. Although 9 to 12 credits are considered a full load for professors at MWU, the director is not compensated for the increase of credits in the spring.

The current director of MWU's dietetic internship is relatively new to the position. She is a graduate of the program and previously served as co-director for one year before becoming director in the fall of 2006. The former director had been in the position for eight years before accepting an appointment in the university's assessment

office. Although she is no longer directly involved in programmatic issues, she is willing and often asked to provide guidance for the internship.

A maximum of 10 interns can be accepted on an annual basis; however, the director may elect not to fill the class completely. The number of students selected is dependant on the number that apply and meet program requirements. As evidenced by program documentation, admission requirements include successful completion of a didactic program in dietetics and a cumulative grade point average (GPA) of 3.0 on a 4.0 scale. In addition, a cumulative score of 1000 on the verbal and quantitative portions of the Graduate Record Examination (GRE) and volunteer work experience in food service and/or nutrition care are preferred.

Costs of the program include, but are not limited to, tuition, housing, and transportation, in addition to health, automobile, and liability insurance. Together, these costs are projected to be approximately \$15,000. A monthly stipend totaling \$3,150 is distributed during the first two semesters of the program and Graduate Assistantships are provided to students for the first three semesters. Although assistantships are not available for students' final two semesters, tuition waivers may be meritoriously awarded in an effort to offset costs in the second year of study.

Once admitted, students complete a minimum of 33 hours of graduate coursework (additional classes are required if students elect not to complete a thesis) and 1081 hours of supervised practice. This equates to a total of five academic semesters, including one summer term. The first two semesters are devoted to coursework only, followed by three semesters of graduate school intertwined with the supervised practice component.

To prepare interns for supervised practice, the program director offers a two-day orientation prior to the onset of rotations. At this time, internship competencies are described and suggestions for accomplishing them are presented. Since dietetic internships are accredited by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association, the competencies at MWU are primarily the same as competency requirements for all other internships. Some programs may elect to add or modify competencies, but for the most part every dietetic internship in the United States must provide students the opportunity to meet all competencies specified by CADE.

In addition to discussing competency requirements, topics such as paperwork, weekly logs, dress code, and professional courtesy are also addressed in the orientation. According to MWU's former program director, "We cover everything from how to complete the right forms, when the forms need to be completed, when you need to be working on case studies, to what kind of clothing to wear." The orientation serves as an introduction to supervised practice and defines the expectations of the student for successful completion of the program.

Once students have completed the orientation, they are assigned to either a clinical, food service management, or community rotation site. During clinical rotations, students work for a 10-week period in one hospital and spend an additional four weeks in two other hospital settings. Thus, students are exposed to a variety of diagnoses, patient services, and documentation techniques. In this and other rotations, the intern works four days per week and eight hours per day.

The food service management rotation is 10 weeks in length and is split between a hospital and business site. The hospital site coincides with the intern's primary clinical site, while the business site is either at the university or one of the surrounding public school systems. In community rotations, students spend four weeks in two different locations. Possible sites include a cancer center, health department, extension services, and wellness center, and although each student is not able to rotate through every site, students can read about other intern's experiences through mandatory weekly web reports.

Communication

MWU's program director spends a considerable amount of time communicating with both students and preceptors to ensure expectations are clear and students are progressing toward completion of the internship. She communicates with interns via e-mail, weekly reports, and pod-casting. Students are responsible for writing self-reflective weekly reports in which they describe the activities of the week and the competencies they have met. These reports are posted on WebCT where they are viewed by all interns and the program director. The director comments on the progress of each intern through an individualized and weekly audio pod-cast. The student can hear the director's comments using a device such as an iPod or personal computer with audio capabilities.

In addition to the frequent electronic communication that occurs once the supervised practice experience commences, the students also return to campus one to two times each month. These meetings are part of a graduate seminar course where food and nutrition issues are discussed. The program director is the instructor for this course so, if necessary, issues can be addressed face-to-face during these campus visits.

With regard to preceptors, at MWU the term is given to one individual in each site who is responsible for coordinating interns' experiences in his or her respective facility. In the clinical setting, the preceptor is usually the chief clinical dietitian, or clinical nutrition manager, and this individual will rotate the intern through the staff dietitians who are conducting patient care. Rotating students enables them to gain experience working with a variety of dietitians, patients, and disease states. Depending on whether the chief clinical dietitian sees patients, the intern may or may not work directly with the designated preceptor. Input regarding student progress from staff dietitians is critical; however, the preceptor is ultimately responsible for evaluating the intern's progress.

Unlike the clinical setting, in food service management and community rotations, the preceptor is usually the only dietitian in the position. Thus, students work directly with preceptors in those rotations. All totaled, there are approximately 16 primary preceptors and multiple staff dietitians who volunteer for MWU's program.

For each two-week experience, one evaluation of the intern is conducted upon completion of the rotation; but, for rotations lasting more than two weeks, interns receive both a midterm and a final evaluation. In each case, the program director is involved in the process, which enhances communication among program participants. The midterm evaluation is conducted as a conference call including the director, intern, and preceptor, while the director attends the final evaluation on location. In the past, the director had physically attended both evaluations, but because of budget cuts, limited time, and the large distance between locations, it became necessary to cut the number of visits to each site.

Although the program director speaks with preceptors during student evaluations, this is not the only contact between the two parties. If issues or questions arise, preceptors will call or e-mail the program director who responds promptly. During a group interview, one preceptor commented, “You can always e-mail and they get back to you right away.” Another preceptor added, “You can e-mail her [program director] and get a response anytime, or call her if you need to, if there’s an issue. I think that’s nice, to have that openness.”

Additional communication with preceptors occurs at preceptor meetings that are conducted twice a year. These two meetings are generally held the third week in September and the second week of February. By always scheduling the meetings during these specific weeks, preceptors know when to expect them and are better able to plan for attendance. The program director said the following of the meetings:

We talk about the rotations, how things are going, if anyone has problems with the interns, and we do a lot of quality improvement things as well. We did SWOT analysis last time. We looked at strengths, weaknesses, opportunities, and threats of the internship program. I really take a value in what they [preceptors] have to say. It’s kind of being outside, but still inside the internship, to get their view on how things are going. So we really look at planning ahead for the internship in those two hour meetings.

Preceptors are also invited to attend the dietetic research seminar where graduate students present their research to faculty, other students, and guests. This seminar takes place every spring, and preceptors have the opportunity to see what studies the interns have been conducting for their master’s theses. Furthermore, the no-cost seminar is

worth two hours of continuing education and, according to the program director, is considered a perk to the preceptors. Other perks to being a preceptor for MWU include receiving the annual university calendar and having adjunct faculty status which gives preceptors computer and library privileges at the university, among other things.

Over the past 10 years, the MWU internship directors have worked to build relationships with their preceptors in order to strengthen the program. The immediate past and current directors believe communication with preceptors is an important component of a successful relationship, and an open line of communication is maintained through telephone conversations, e-mails, site visits, and meetings on campus. They also believe that it is necessary to voice expectations of the preceptors in order to minimize confusion in the program. One of the ways they have done this is to offer formal training to their preceptors.

Preceptor Training

The previous program director is the individual who spearheaded the formal preceptor training offered at MWU. Her interest in preceptors grew while she was both the program director and a doctoral student. She found that there was confusion with regard to the role of the preceptor and expressed this by stating:

I think one of the biggest issues with preceptors is they don't know what their role is and that's really the basis for my training. It's not "how do you be a preceptor" because everybody is different. Everybody's a [different] dietitian. You work in different areas, especially in the program we have here at MWU, it's extremely diverse. So, not saying that this is how you should always do precepting, but more or less, what is your role and how does it fit in to the rest of the education of

the student and the lifelong learner? So really taking it from the continuum of a teacher, a preceptor, and a mentor. And most of the literature comes back to talking about teaching and if you talk to others, to the preceptors, they talk a lot about being a teacher, or a mentor, but they can't differentiate what precepting is. I wanted to be certain that that individual could identify how their role is different. So that's sort of why I got into training, and understood that they couldn't do a good job at their job of being a preceptor, until they figured out what the purpose was.

To provide clarity, a formal preceptor training program was developed by the former director and first presented to MWU preceptors in 2000. My observation of the preceptor training occurred in the fall of 2006. This was only the second time the program had been offered. There had been limited turnover of preceptors during those six years, but the addition of several new sites and requests from seasoned preceptors prompted the current director to offer the training again.

The annual preceptor meeting in September 2006 was used to announce that a training program would be held, and preceptors were asked to identify potential dates and times that would be most convenient. Once the date was established, e-mails and flyers were distributed to all primary preceptors.

Because of the advanced notification of the meeting, several preceptors from area hospitals said they were able to make arrangements to send their entire staff. All totaled, 27 preceptors and staff dietitians attended the two hour meeting, which also provided two hours of continuing education for each participant.

The morning training was held on campus and as the participants arrived, they were given guest parking passes to alleviate the need to pay for spaces. Participants were also given name tags and treated to coffee and muffins before beginning. The atmosphere was lively, as friends and colleagues who had not seen each other for a while were reuniting, and preceptors expressed their delight when they saw that the previous director would be presenting the program again. Many of those attending had been to the training six years prior and in casual conversation before the meeting, spoke very highly of her.

The program began with a review of dietetics and competency-based education followed by a discussion of the Model of Life-Long Learning and how it can be used to provide appropriate learning experiences for interns. Participants were then asked to write their own definitions of teacher, preceptor, and mentor prior to discussing the differences in the words and how each term is related to dietetics education. The presenter continued with a discussion on learning experiences that enhance student's abilities to relate theory to practice and offered suggestions for improving preceptor and leadership skills. Interaction between the presenter and participants occurred throughout the morning and the program concluded after completing a case study and establishing personal goals for future preceptor performance.

The participants responded positively to the training and many stated they wish they had had more time to discuss additional case studies and hear what learning experiences other preceptors were providing. Immediately following the training, I conducted a group interview with six preceptors who were able to stay and one preceptor with 30 years of experience stated the following:

I'm a preceptor in three different internship programs and I thought it [training] was great. Maybe I've had training before, I don't know if I remember it, but this training today was excellent. It gave me a lot of new ideas. I'm in community, so I'm by myself; I don't have the luxury of other dietitians like they do in the hospitals and I've had a variety of interns come. Some are just gung-ho, on the ball, and just do great, and others, you can't even light a bomb under them... but I got a lot of ideas out of the presentation today, of things that I can take a look at and do a better job with. I think training's good. I mean you are never too old to learn.

The sentiments of this preceptor were echoed by the five other preceptors participating in the interview. They thought the training was beneficial because it helped clarify their roles. They were especially affected by the preceptor typology used in the training to differentiate the roles of a teacher, preceptor, and mentor. According to one preceptor:

I think that it helped me because I can think of a couple of interns that I was probably more mentoring to than I should have been. I've never been teacher toward them really, that's a role I've never done, but I can think of a couple that I think, "Oh, I shouldn't have been so mentory, I should have been much more preceptor." That helped me kind of identify the difference.

In all, the participants were pleased with the training. One preceptor commented that she was willing to attend the training because she knew the presenter would not waste her time, "She gets to the point in what she has to say." Time was a significant factor for the other preceptors as well. Several had to drive an hour to attend and they

commented that had the training been shorter, they may not have been willing to participate.

The dietetic internship at MWU is well established with preceptors who are committed to the program. This commitment exists because of the efforts made by the current and past program directors to keep an open line of communication with preceptors and show appreciation on a continual basis.

Southern University

Located in a large metropolitan area, Southern University is a small private school nestled in a prosperous neighborhood approximately five miles from the center of town. With an enrollment of 2,400 students, the focus of the university is on undergraduate education; however, one post-baccalaureate certificate and 10 graduate degrees are offered.

Dietetic Internship

The dietetic internship is housed in the Department of Family and Consumer Sciences which is in the College of Education and Professional Studies. Established just four years ago, this nine-month program is relatively young. Because it follows the academic calendar, interns begin in August and complete the program by early May, with time off at Thanksgiving, Christmas, and Spring Break. A master's degree is not awarded upon completion of the internship, but students receive six hours of graduate credit which may be applied toward completion of the Master of Education degree at SU if desired.

During the fall semester, a special topics class is taken in which local dietitians conduct workshops covering their respective areas of specialty. The following semester,

students enroll in an independent study course where they conduct a small research project and present their findings at the end of the term.

A maximum of eight students is selected by a committee to participate in the internship annually. Criteria for consideration of an appointment include completion of an approved undergraduate program in dietetics with courses related to nutrition having been completed within five years of the application. Prospective students with a minimum overall GPA of 3.0 on a 4.0 scale are encouraged to apply as well. A combined score of over 900 on the GRE is preferred; however, applicants may take up to nine hours of graduate work in SU's Education Department without submitting GRE scores.

Program costs including tuition, fees, health insurance, and uniforms total \$5,405. Housing and transportation are additional expenses and can run between \$450 and \$800 per month depending on where a student chooses to live.

Like Midwest University, the dietetic internship at SU is administered by a program director. This director, however, receives no release time for administrative duties and is responsible for teaching 27 hours per academic year. Although the accrediting body, the Commission on Accreditation for Dietetics Education, has recommended administrative release time for program directors, SU is not able to provide this due to the small size of its dietetics department. The director has held the position since the inception of the internship four years ago.

The program begins for interns with an orientation to the supervised practice experience. Competencies are discussed, as are particulars such as time lines, dress code, and behavioral expectations. Students are also given a workbook with readings and assignments that must be completed before various rotations commence. These

assignments are to be turned in to the respective preceptors and serve to prepare students for specific rotations. The rotations are five days a week, eight hours per day and upon completion of the program, over 1100 hours will have been spent in supervised practice, in addition to 125 hours in the classroom.

Southern University has five primary sites, thus five primary preceptors, which accept interns, with two of the five taking more than one student at a time. These sites are acute care hospitals in the metropolitan area and vary in the number of patient beds and services provided. If an intern is assigned to a smaller hospital the majority of work is completed there, but he or she will go to one of the larger sites to rotate through specialized areas such as a neonatal intensive care unit or dialysis center. The food service management rotations often take place in an intern's primary site; however, students may again be sent to one of the larger hospitals for this experience as well.

Community rotations are assigned by the program director outside the hospital setting and may include public health, YMCA, private practice, and sports medicine venues. A unique characteristic of this internship is that students are able to select specific areas of practice for four elective rotations. This allows the director to tailor the program to meet students' interests. Students may be out for one or two weeks at a time for community and elective rotations, but will return to their assigned hospital once they are complete.

Just as it was at MWU, the preceptor at SU is the primary contact person for a particular site. While there may be several hospital dietitians who have students with them for two or three weeks, the term is still used to designate the one individual who coordinates the interns' experiences and conducts the evaluations at that particular site.

Communication

As she stated, electronic communication is the method of choice for the program director at Southern University. Once the students have been oriented to the program, they are sent off campus to complete their rotations. If issues arise, the program director primarily uses e-mail to contact the interns. The volume of electronic communication is not necessarily high since the interns are on campus once a week to attend class. The director is the instructor for the graduate course each semester; therefore, face-to-face contact is made with students on a weekly basis.

Communication between the program director and the preceptors is also primarily conducted through e-mail. When the internship was first established, the program director admitted to doing very little to establish expectations of the preceptor. She stated:

A lot of the facilities that I use have had interns before our program...so I didn't have to do a lot of training on the front end because they had worked with interns before. I think in the first year, I sent out a packet of information to them, to let them know how many hours the student would be spending with them, and that they needed to be let go for class, and that I expected them to get to the national dietetic association meeting....those kinds of things.

Preceptors receive an e-mail from the program director with a list describing which competencies are likely to be met in specific rotations. The director stated, however, that she is very hands-off, "I really let the preceptors run the show and I think they prefer it that way."

It is not very often that the program director communicates with preceptors face-to-face. The director does not visit the sites on a regular basis and there are no established meetings throughout the year to specifically address preceptors' issues. The director said she would like to be able to visit the sites more often, but because of her teaching schedule, she is unable to do so. Not only would the director like to incorporate more site visits, but the preceptors would like to have her at their facilities as well. One preceptor stated,

I think that would be helpful, for her to at least come to the facility to see what kind of experience her interns are getting. I think that is important. I know that one of the practicum programs that I work for, the administrator has a visitation schedule and she actually comes by periodically to check to see if there are any issues that have developed with her practicum students, as well as if there are any communication items that she needs to give the preceptors, which sometimes those meetings are just, "Hey, how are you doing," kind of meetings, but it's nice to know that there is somebody else that's kind of doing the other end of the program. You don't feel like you are solely responsible, and I know we are not solely responsible, but you feel like that in this program.

Although the internship director thinks that the preceptors in her program like her hands-off approach, all of the preceptors interviewed stated they would like to have more direction. They believe that too much information is being transmitted to them by the student, and not enough information is known about the director's expectations of the preceptors. One preceptor said that she wanted more paper communication, "A packet per student, ready to go saying do this, do this, this, and this for the student."

While there may be differences in perspectives between the program director and preceptors at SU, it is certain that the director values the commitment the preceptors have to her program. To show appreciation, preceptors are invited to a dinner that is generally held in November. The interns are given \$350 and do everything from planning the meal to preparing and serving it. The dinner is a way to thank preceptors for the time and energy they are giving to prepare students for entry-level positions.

Preceptor Training

As the program director stated, she did not offer much training to her preceptors when the internship was first established because most of them had been preceptors for other programs. She was, however, approached by the director from another local internship who wanted to offer formal training to her preceptors and thought it would be a good idea to combine the resources of the two programs.

Flyers were mailed to preceptors announcing the training, which was designed as a three-hour morning workshop, followed by a complimentary lunch. It was held in July of 2005 and presented by a professor who, at one time, had been a dietetic internship director. In all, 26 preceptors attended the training, including nine from SU. The cost of the speaker and lunch was approximately \$1,000 and was split between the two programs.

As evidenced in preceptor training documentation, attendees completed a brief personality profile to identify individual behavior characteristics. Once personality traits were determined, participants read how certain events might make them react in the preceptor role. Strengths of each personality type were discussed, as were areas for possible improvement.

After a bit of self-learning, the focus of the workshop turned to the intern. Participants discussed how to assess an intern's needs as well as design successful learning experiences for them. Motivational techniques and evaluation strategies were also explored.

At the end of the workshop, participants were asked to complete an anonymous evaluation of their experience. Of the 26 individuals attending the program, 24 filled out evaluations and all of the comments were positive. The preceptors found the material relevant and enjoyed the description of personality types. A suggestion was made to incorporate role playing activities, especially of difficult situations between interns and preceptors. Participants also thought conflict resolution would be an appropriate and helpful topic to discuss at a future meeting.

Not all preceptors were satisfied with the training, however. One preceptor participating in the group interview at SU more than a year after the workshop was disappointed that the information was not more concrete; she described the topics as fluff. When asked what she meant by fluff she stated,

We talked about communication and how to communicate, and we talked about motivation, but I don't recall there ever being like, "Okay, new preceptors, here's what you do with your student. This would be the first thing you want to do"...maybe just some teaching tools.

Many of the preceptors know the SU program director on a personal basis or have graduated from SU's undergraduate program in dietetics. There is a sense of loyalty to the program, but also a desire to have more direction. The former program director at MWU admitted that it took time and communication to build their program and this may

also be true for Southern University. Experience and more attention to communication may lead to clarity.

Southeast University

Located in the center of a valley, this multi-acre, public university was founded in 1908 and enrolls approximately 15,000 students. Roughly 13% of the student body is enrolled in the graduate school which offers 30 masters, 2 specialists, 8 certificate, and 4 doctoral programs. In addition to the combined Master of Science/Dietetic Internship program, SEU has a Master's in Health Sciences with concentrations in either dietetics or nutrition and physical activity. These programs are in the Department of Health Sciences, which is housed in the College of Integrated Science and Technology.

Dietetic Internship

As mentioned, the dietetic internship at SEU is a combined program and has been in existence for over 10 years. Admission requirements include a 2.8 overall GPA with a 3.0 or higher in major courses. In addition, a combined minimum score of 800 on the verbal and quantitative portions of the GRE and a minimum of 3.5 on the analytical writing section are also prerequisites. Costs of the program are estimated to be between \$9,000 and \$22,200 for resident and non-resident students respectively.

This program is unlike the other internships described in that students must first complete all requirements for the master's degree before the supervised experience begins. Once the graduate coursework is complete, a comprehensive exam is given and if students do not pass all sections of this exam, it must be re-taken. Exams are scheduled in October and March, so if a student should fail, he or she must wait several months before attempting again. This can delay the onset of the supervised experience, thus

increasing the length of time for the entire program. According to the program director however, most students complete the program within 22 months.

The internship component of SEU's program is also unique in that it is six months in length, begins in either January or July, and may or may not be in close proximity to the university. Currently the program has five acute care hospitals, thus five primary preceptors, which accept one to three interns and are located anywhere from 30 minutes to 4 hours from campus. Once interns have been assigned to a facility, they move to that location and the designated preceptor takes over responsibility of the student. Interns still participate in food service management and community rotations, but it is the SEU preceptor who schedules these experiences.

A maximum of 12 students may be accepted to the program, but their start dates for the internship vary depending on when graduate requirements are completed. At the time this study was conducted, one intern was completing her supervised practice experience as three were preparing to begin. Several other students were in various stages of coursework from just starting to preparing for comprehensive exams.

The program is coordinated by a director who has been in the position for three years. Her responsibilities, like the director's at MWU and SU, include orienting the students to supervised practice, assigning students to rotation sites, documenting competency fulfillment, and maintaining communication with interns and preceptors. The program director receives six hours of credit for administrative duties and is responsible for teaching two additional three hour classes in both the fall and spring semesters. This fulfills her teaching workload of 12 credit hours.

Students are oriented to the program in multiple phases. When they first arrive on campus, the director meets with the group and talks about the program as a whole. She also works with each student to develop a tentative timeline for completing the master's component. After a year of coursework, the students are prepared for the supervised practice. In an interview, the director stated,

I just take an hour at the beginning of the semester, the first week and second week, and we do the policy and procedure manual, and I say this is the kind of paper work I need for you to work on. I need you [to have] immunizations, background check; you need to do malpractice insurance, and I lay out what do I need from you by the end of the semester.

Within the last month of the semester, those students who are going to start the supervised practice meet with the director again and review competency manuals. They talk about each competency and how it can be met, as well as discuss evaluation sheets and any other paperwork the director will need in order to verify completion of the internship. In addition, students get assignments that are specific to their respective internship sites. These may include readings from books and journals, as well as multiple choice test questions. The assignments vary according to the location. The director stated, "It's all site specific, so if I have students going to one site, they get the packet for that site, and if they go to a different site, it would be a different packet."

The final phase of the orientation occurs at the specific internship site. Students are taken by the director to meet the preceptor and tour the hospital where they will work for six months. During this visit, the director also drives the students around the area to familiarize them with the location. After that, the director stated, "they are on their own."

Communication

Well before students begin the internship portion of the combined program, the director has communicated with preceptors. If students are ready to be placed in January, preceptors are contacted in September to see if they are able to take interns, and if they are, how many students they are willing to accept. There are various reasons a site may elect not to take students, including an illness in the primary preceptor's family or the hospital is preparing for an accreditation site visit and does not have the time to devote to an intern. Most often, SEU sites are able to take a student, and as previously mentioned, several of the sites have taken more than one intern at a time. It may be that if three students are ready, all three could be placed at the same location.

If preceptors agree to take students, the director is in contact with the site on a monthly basis until the students begin. The primary purpose of these contacts is to keep the preceptor informed of the student's progress toward completion of coursework and the comprehensive examination. If, for some reason, a student is not ready to begin the supervised practice, the start date is postponed.

Once the internship commences, the director spends a great deal of time communicating with both students and preceptors. The student orientation, as noted, is quite lengthy and involves a significant amount of contact between the director and the student; although the preceptors at SEU assume responsibility of the supervised practice component, communication with students and preceptors is not discontinued once the internship begins. About three to four weeks into the internship, the program director makes a site visit to each location. There, she meets individually with the student and the preceptor to assess the student's progression. If there are no issues or concerns, the

director will not return to the site until the end of the experience. At that time, she conducts an exit interview with both the student and preceptor. In between the two site visits, however, the director stated she is accessible by e-mail or telephone as needed.

Preceptor Training

Another form of communication between the internship director and preceptors is a formal training program that is offered on an as-needed, or as-requested basis.

According to the program director, the materials for preceptor training were given to her by a former director who had conducted training periodically for 10 years. Because SEU's internship sites have remained consistent and there has been relatively little turnover in staff dietitians, the last preceptor training was offered in 2003.

On the date of my interview with the program director, she was conducting a training program at the request of a preceptor. When asked why she thought the training was necessary, the director stated:

I guess there's always a danger that people will not evaluate the students and give the type of feedback that is necessary in a learning situation. The expectation sometimes is, "Oh great, we get some staff relief; we'll put them to work right away." And the students aren't ready for that, nor is that what the purpose of an internship is. So I think it was always to just lay out what the expectations were, on the part of the university and on the part of the preceptor.

The hospital where the training I observed took place is part of a large health care system located in a highly populated area four hours from SEU's campus. This particular program was organized by the primary preceptor and offered during lunch so the dietitians who attended would not be off the floors for a significant period of time.

Lunch was provided by the director and there were seven dietitians in attendance, two were primary preceptors who had requested the training and the other five were staff dietitians.

The director began by telling participants about SEU's graduate program and the idealistic nature of today's student. She then described several characteristics of an effective preceptor and defined clinical teaching. The presentation then became very specific with regard to the university's expectations of the clinical site. Competencies were briefly described as were ways the preceptors could help students meet them. Finally, the director discussed intern evaluations with the dietitians. She provided a copy of an evaluation form and discussed appropriate ways to complete it.

Once the director finished, the two preceptors who had requested the training continued to offer information. They talked specifically about the three interns who were getting ready to begin their experience at the hospital. Schedules for each intern were distributed to the dietitian so they could see where and with whom the interns were rotating. It was announced that one individual would be the primary preceptor for all interns and if the dietitians had any concerns or scheduling conflicts, they should contact the preceptor.

Attitude and behavior were the final topics discussed. The presenters reminded the dietitians to watch what they said, exude professionalism, and most importantly, "If you're having a bad day, pass them [interns] off to someone else."

After an hour and a half, the meeting came to a close and there was a positive spirit in the air as the dietitians seemed genuinely excited that three interns would soon be in their facilities. The two primary preceptors remained in the room to participate in a

post-training interview I had scheduled. They were asked to describe why they thought preceptor training was important and one responded by saying that it outlined the expectations of the preceptor. She continued:

My dietitians actually do the preceptor part. I'm not always there; I'm kind of in and out. I'm still responsible for what experience that student gets and I think if you don't have some standard guideline, you get a lot of personalities playing in there....I think if you have clear expectations...it's very helpful.

Moreover, the preceptors acknowledged that training for new dietitians was needed to introduce them to the internship and the preceptor's role in the student's education. Likewise, the preceptors agreed training was beneficial for those dietitians who had been in the profession longer, since they often forget what it was like to be an intern. "I have dietitians who have been in practice for greater than 15 years. Of course those of us who've been in practice longer forgot what it was like, 'what was I supposed to know' [as an intern]?"

Southeast University's internship is unlike the others described in that it is concentrated in a six month period and may be far from campus. However, SEU's preceptors are no different than those volunteering in other programs. They are committed to their respective programs but want to have expectations clearly defined.

On the surface, the three dietetic internships that participated in this study appeared to be similar. They each have a general emphasis, accept a comparable number of students, and offer some type of graduate degree or credit; looking more closely, the internships are quite different with regard to program structure, communication among participants, and content of formal preceptor training.

Students at Midwest University begin their experience in graduate school and start the internship in the middle of the program while they continue to take classes. Southern University's internship begins right away and students may or may not elect to complete a graduate degree. At Southeast University, students must complete graduate degree requirements before they can start the internship, and once they do, they may be hundreds of miles from campus.

Communication between the program director and the interns and preceptors varies among sites as well. Both MWU and SEU program directors communicate frequently with students and preceptors; however, the program director's communication with students and preceptors at SU is more limited.

Each director believed preceptor training was beneficial to their respective programs, but like the overall operations of the three internships, the training workshops were also very different. Midwest University offered a two hour workshop which focused on role clarification by differentiating the teacher, preceptor, and mentor. Southern University held a three hour workshop in conjunction with another internship and focused on personality types and general motivational techniques. The preceptor training at Southeast University described the desired role of the preceptor and clearly outlined the expectations of the program.

While these three aspects of the dietetic internships varied, commonalities in the perceptions of program directors, preceptors, and students emerged. These commonalities are the topic of discussion in the chapter that follows.

CHAPTER FIVE: SINGLE CASE ANALYSES

Upon completion of each site visit, interview recordings, fieldnotes, and internship documents were reviewed in order to identify emerging patterns in the data. These patterns helped shape the questions for subsequent site visits so that commonalities and differences across the three programs were recognized.

As described in Chapter Three, once data collection and transcriptions were complete, the data were coded and organized into themes. The themes were ultimately used to identify the essence of the preceptor training experience in the cases studied. In the pages that follow, the data interpretation leading to the discovery of the essence was conducted from a phenomenological prospective. Phenomenologists contend that individuals or groups experiencing a particular phenomenon will have different interpretations of the experience; however, with multiple descriptions, commonalities are likely to be discovered. In the current study, each site was unique in the type of preceptor training offered, but commonalities emerged with regard to how preceptor training was perceived. The preceptor training phenomenon will first be discussed as it relates to the individual cases and their stakeholders followed by a cross-case analysis in Chapter Six.

Midwest University

Midwest University's (MWU) formal preceptor training has been conducted twice in a six year time span. The internship had not had much turnover in its preceptors during that time, but had acquired several new sites which prompted interest in the most recent training. The formal training, described in Chapter Four, was designed and

presented both times by the immediate past program director of the internship. The content focused primarily on helping preceptors distinguish their roles in the context of supervised practice and dietetics education.

Program Directors' Perceptions

The former and current internship directors at MWU have worked closely with one another over the past two years and both were interviewed for this study. In developing the training program, the former director had conducted research on the meaning of the word preceptor, and from that, developed her own preceptor typology. Her intent for the training was to differentiate the role of preceptor from those of teacher and mentor, and to identify learning techniques or activities that are more effective in supervised practice.

The former director stated she had spoken to preceptors and asked them what they wanted out of training, but many were unable to articulate their needs. Some preceptors responded with suggestions for basic information such as how the rotations should be scheduled and how the program's evaluations are conducted. The director said, however, that these topics were operational issues and were covered in the informal preceptor meetings held twice a year.

What I think we had to determine was what do they want to learn about precepting and what do they want to learn about operations? Because it's different. And if it is just answering [operations] questions, we can take care of that electronically, we can take care of that in a regular two hour business meeting.

In the eyes of the former director, precepting is a professional skill that is learned and can be improved upon. The purpose of preceptor training at MWU was to identify the role of the preceptor as distinct and enhance the precepting skills of the dietitians. The former director viewed training as an opportunity to give them, “a foundation from which to build on and for them to interpret.”

Preceptor training is regarded as valuable to the MWU’s internship because it provides clarity to preceptors with regard to their roles and the program’s expectations. This was expressed by the former director in the following way:

I think that you need to talk about what you don’t get when you don’t . . . do preceptor training. And that’s just confusion. Confusion of, “what am I doing?” And when you start to question, “Well, why do they spend the first three weeks with a student in the classroom reading policies and doing homework?” Because they’ve never been told that reading policies and doing homework, as valuable as they may see that, is really a teaching skill, and the students have already been taught. They are coming to you with a degree, you need to start putting them to work as fast as possible or they’re already behind. You think they know what the [preceptor] role is, and they think they know what the role is, but they’re playing out two totally different roles. As an internship director you might very well understand supervised practice and the need for that, they probably understand teaching and they probably understand mentoring because they do that. Sometimes preceptors get a little offended when I say you are not a mentor. If you are doing a mentoring relationship, you’re losing out on skill-based practice.

During the observed training workshop, the former director contended that when considering the roles of teacher versus preceptor versus mentor, one is not better than the other and often there is a blending in supervised practice. However, when the preceptor role takes center stage in supervised practice, the students' learning experiences are enhanced.

As for a direct benefit from preceptor training, nothing overtly stood out to the former director; the benefits she said, were more subtle. She provided an example of one particular facility that had changed the approach they took in scheduling rotations for interns. After being oriented to the facility, students were placed in a nutrition support rotation, which is often one of the last rotations dietetic interns experience due to the complexity of the patients' medical and nutritional care. The order of rotations was changed to allow students more opportunity to practice with the most challenging patients. The preceptors at this facility thought each new class of interns was getting better and better, but the director told the preceptors, "maybe every rotation you [preceptors] got better."

The current internship director also felt strongly about the importance of training for preceptors. She saw it as a benefit to the internship because "it gets all the preceptors on the same page," thus creating consistency in the educational experiences offered at MWU. In order for this to happen though, preceptors must agree with the concepts discussed in the training and be willing to make necessary adjustments to their precepting style.

Preceptors' Perceptions

Preceptors attending the two-hour workshop were invited to participate in a group interview immediately following the training. Of the 27 present, six were able to stay. Half of the interview participants had attended the training six years prior and the others were new to the precepting experience. The room was filled with excitement as the preceptors had been energized by what they had just heard. The former director seemed to have accomplished her goal of clarifying the role of the preceptor because when asked what they had gained from the experience, the preceptors all stated they had learned the difference in their role, “not as a teacher or mentor, but somewhere in the middle.” One preceptor noted:

I thought it was really good because I think maybe that I've erred more on being the mentor, and it's okay that we take the preceptor role more important, that we don't need to do all those [teacher, preceptor, mentor], so that was really helpful to me. When I'm the only dietitian and they're [interns] with me, I kind of feel like I'm the mother hen.

Several preceptors had been frustrated because they felt as if they had to do everything for the intern and had very little control over situations; but after the training, they expressed relief in knowing they were able, and expected, to take action.

It was nice to hear that it is okay to say, “I'm too busy to do that right now, please come back at a certain time,” because you often feel like, “I am the preceptor and they are depending on me,” but that's more mentoring. And you start doing more for them.... but I mean you can set limits and say, “we'll have time [to meet] at 3:00.”

Another preceptor stated that from the training, she had developed “permission in her own mind” to be a preceptor and not try to explain everything as a teacher might.

While it is important to identify the differences in the terms commonly used to describe the role of the preceptor, it is equally important to know the types of actions that preceptors can take to improve the learning environment. Many preceptors acknowledged that the training gave them new ideas. One preceptor described not knowing what to do with interns if there was down time and after the training, she had several ideas for potential learning experiences. Another preceptor thought of several ways to deal with a struggling student who was working with her at the time.

MWU’s program director had stated the training helped maintain consistency in the education of students because it placed preceptors from various sites “on the same page.” The preceptors echoed this sentiment agreeing they were pleased so many dietitians from the area attended the meeting. “It makes it nice that I know that lots of other sites are here, so we’re all more on the same page, because we all share [interns].”

The number of attendees was also brought up by a preceptor who was happy that staff dietitians had been invited to the training. She said that most of the time only the primary preceptors attended the meetings at MWU, but staff dietitians were included in the preceptor training workshop. “That was nice that we were all able to come, because we’re all preceptors, but we’re not able to make every single meeting or discussion.”

According to the preceptors, the least beneficial aspect of the training was the time away from work. They all agreed, however, that because they had been notified well in advance, they were better able to plan to be out of their respective facilities.

Several of the hospitals hired per diem dietitians to cover for those attending. The effort preceptors made to attend the training provides evidence of their respect for and commitment to the MWU program. Much of that respect can be attributed to the former program director. One preceptor stated, “Part of people’s willingness to come, I think, is [the former director’s] reputation, knowing she doesn’t waste your time, so if it had maybe been an unknown, I would just say, ‘okay then, I won’t make the effort’.”

Through the efforts of the past and present program directors, the preceptors believe they are valued and respected. “I think they truly value us and we see that, I think we just have a really good relationship.” The preceptor continued,

In our meetings, there is just a great degree of appreciation for what we do; we have opportunity to give our input. When we make suggestions, they work very hard to incorporate those; I think that’s how the program has built to where it is today. . . [they] took suggestions from preceptors in the very beginning and kind of molded the program around that and have built on it each year. I think that’s why it is where it is today.

In the past, Midwest University preceptors had been asked to identify their needs, and issues and concerns were addressed by the program directors through informal preceptor meetings. This enabled the former director to focus on developing precepting skills at the formal training rather than the operational issues of the program.

Just as the program directors found value in the formal preceptor training, MWU’s preceptors also thought attending the training workshop was beneficial. The role of the preceptor was clarified and preceptors stated they had ideas and activities they were eager to try. Although many of the preceptors already had a sense of loyalty to the

program, the training seemed to intensify that, as it made them feel appreciated for the contributions they make.

Students' Perceptions

Dietetic interns may not always be aware of whether or not their preceptors have had training. Nonetheless, interns were interviewed for this study in an effort to improve its internal validity. Specifically, I was looking for common threads that bind the program stakeholders.

At MWU, seven interns participated in a group interview I conducted during evening hours. At the time of the interview, the interns had been in the supervised practice program for six months, thus they had completed rotations with numerous dietitians. When asked to describe the ideal preceptor, one student responded,

Somewhere in-between a micro and a macro manager. I don't like someone who's on me all the time, nor do I need someone to tell me, "Okay, I want this, this, and this." I want to . . . kind of be on my own because that's how I learn. . . but I definitely need somebody who can guide me and say, "Hey, you're in the right direction, or no you're not." Someone who can really help manage and guide us as opposed to [being] on us all the time or non-existent in our rotations.

Another intern continued,

I think a key thing that preceptors need to offer is praise, because when you first hear them saying, "Oh, you are doing a really great job," then you are kind of like, "Okay, I'm on the right track," and you're like, "Alright, I'm doing stuff right." And it also motivates you to keep going and keep meeting those high expectations that they have of you.

Each of the interns interviewed expressed a desire to, as one student put it, “fly solo”, to be able to assess and educate patients on their own. They wanted to practice what they had learned in school, but they did not want the preceptor to be far away.

Like preceptors, students also wanted to know what was expected of them. Not the preceptors’ expectations of their knowledge of nutrition and food service, but they wanted to know about boundaries. Many were cautious of “stepping on toes.” One student commented:

I had this one experience where they said [during a formal evaluation] to take initiative and I thought that I was. I was trying not to overstep my boundaries and just grab things and go up to the floor, but I guess [that is what] they expected me to do. So I was trying to back off, where I guess they said to just step up and take stuff, so it would help definitely to have a lot more communication.

Another student gave a suggestion of how expectations could be expressed by the preceptor.

Just explaining and saying, “The first couple of weeks we understand that you are still learning things and we’re not expecting you to know everything right away. We’ll have you kind of go [rotate] through the dietitians, but after the 6th week,” you know a certain timeframe, “we expect you to go up on the floor on your own, gather stuff, and then have the dietitians look over it.” So just kind of plan it more based on their experience with other dietitians and what they expect at a certain point, because it wasn’t explained to me whatsoever.

Although the interns had many suggestions on ways preceptors could precept better, the majority of interns had more positive experiences with preceptors as opposed

to negative. Students said most MWU preceptors were supportive, approachable, and willing to share their experience. They especially liked when preceptors told them why they do certain things. One student said:

I remember when I first entered the clinical setting and we went up to the floor, the dietitian I was working with grabbed the chart we needed. She starts kind of going through it with me and it was very overwhelming at first and obviously now it is a lot easier to look at. But it was nice having her initially go through what she really tries to look for in the chart because you could just spend hours looking through these charts. And it's nice to kind of key in on certain areas in the chart so that you can really make your time effective. And so I thought that was really beneficial initially, but as I got more comfortable with the charts, then they spent less time with me in the charts, but whenever they were needing to co-sign my work, it was always nice because then we would usually grab the chart and kind of go through it together.

During the preceptor training workshop, the former program director described the need for preceptors to “think out loud” so the interns could understand their thought processes. The previous statement made by the student provides an example of this process occurring. Initially, the preceptor identified “what she really tries to look for” and as the student progressed in the internship, she expressed her thought process to the preceptor. The student was able to practice and ultimately perform the duties of a dietitian independently.

At the conclusion of our interview, I asked the students to think about how they would remember the internship. Would their thoughts focus on the preceptors or would

they think more of their internship experience overall? All of the students agreed they were most satisfied with the variety of rotations they had experienced and they would think more of that rather than the preceptors. One intern summed up the thoughts of the group in saying:

I think it's [preceptors] a pretty big component, but if someone were to ask me, "Would you recommend this internship?" or something like that, I think one strong point that I would tell people about the internship is the variety of places we get to go. [They] are a great experience, and I think for this particular internship program, that is probably something more that I would tell and promote than the preceptors, but I have some really good preceptors too.

The formal preceptor training at Midwest University appeared to benefit all stakeholders of the dietetic internship. By offering training, the program director was able to identify the unique role of the preceptor and provide suggestions for assignments and activities that may improve the students' learning experiences. The preceptors found value in the training because it clarified their roles and highlighted the importance of their participation in the education of dietetic students. Moreover, the training program provided a venue for the program director to express her appreciation to the preceptors.

It is difficult to say whether the most recent preceptor training will affect the MWU interns in any way, but the former program director described several changes that preceptors implemented after attending the first training six years ago. Thus, students may benefit indirectly by having preceptors who provide optimal experiences for practice-based learning.

Southern University

Southern University has a relatively new dietetic internship. The preceptors who were on board at the start of the program did not receive formal training for their roles, but were given a description of the new internship and a list of competencies the students were required to meet in their respective facilities. The director stated that most of the preceptors had performed the same role for other internships; therefore, she did not think it was necessary to train them for their role in SU's program.

Two years ago, however, SU's director was approached by the director of a neighboring internship and asked if she wanted to pool resources and offer a combined training workshop. The program offered information on personality types and motivational techniques, as well as successful learning experiences for supervised practice.

Program Director's Perceptions

Had the program director from the other internship not contacted Southern University's director, there may have never been a formal training program for SU's preceptors. Nonetheless, the workshop was offered, but unlike the training at Midwest and Southeast Universities, the director was a participant rather than a presenter. It had been over a year since the workshop was conducted, but I asked the director to reflect for a moment and describe the training and what she gained from attending. She stated:

Well, mostly relationship training, helping preceptors remember what it was like being an intern. How to deal with different types of personalities with interns.

She [the presenter] spent some time talking about what a generation is like. She started, of course, with Baby Boomers, who I think the oldest of our preceptors

are, and then went all the way through to the age, which I guess is, “What are they now, Gen Y now?” Whatever they are. . . the way they grew up, what they would have been used to, and so looking at the communication gap that exists when you’ve got preceptors that are two generations ahead of the current students.

And just a lot of motivational kind of things. She divided people into groups and assigned tasks for each group. We were supposed to come back and report, and that was based on either our personality style or management style, or something along that line. So that was neat to get to meet some other dietitians in the group who had the same personality that you did and would think very similarly about things. And, she was just a positive person; I think, in her mind, it’s probably 20% information and 80% cheerleader to be a preceptor trainer.

Southern University had nine preceptors attend the workshop and upon completion of the program, participants completed written evaluations. The evaluations were kept by the director of the other internship; however, the responses were shared with SU’s director. Through written evaluations and verbal communication with preceptors, the feedback was positive. The director stated, “The verbal feedback that I got was very good, and I had some requests from dietitians that were not able to attend wanting to know ‘can I get a copy of the handouts’ and that sort of thing.”

The program director meets with several, but not all, SU preceptors during the academic year to discuss programmatic issues. Some of the preceptors are involved in the Selection Committee which meets once a year to review internship applications and select the newest class, while others are members of the Dietetic Internship Advisory Committee. The director communicates with preceptors at these meetings, but preceptor

issues are generally not discussed. After offering a formal preceptor training workshop, the director said, “I think that I probably need to put something scheduled in place to do periodically. Maybe not every year because the turnover is not that great, but probably every two or three.” She saw preceptor training as a beneficial way to, “influence the way they [preceptors] will manage the interns. A way I can let them know what I would like to see that relationship be, so that we end up developing the best interns we can.”

Preceptors’ Perceptions

Unlike the other sites in this study, Southern University did not offer preceptor training the day of my interview with preceptors, nor was there a future training workshop scheduled at the time. Of the four preceptors interviewed, only one had attended the training. Contrary to the verbal feedback the program director had received, the preceptor interviewed was not satisfied with the content of the training program. She stated she would have rather learned teaching tools instead of talking about communication and motivation techniques. The preceptor stated:

I would have structured it as if you’ve never been a preceptor, “The first thing you want to do is have a little orientation with them and go over these things and then these are the ways that you can maybe teach”...those kind of things. And then evaluation, that’s one of the things I think is lacking also....A lot of them [interns] come to our food service and there’s no concrete evaluation, just like, “What do they have to do to pass the food service rotation?” It’s not clear, so we’ve made our own [evaluations].

Since SU’s program was relatively new and there had been no previous training for preceptors, there may be a need for a preceptor training program where operational

issues are discussed. This is unlike MWU where preceptors have scheduled opportunities to talk about issues and concerns twice a year, allowing time at their formal training to develop precepting skills. Also, the preceptor's comment that staff at her facility had made up their own evaluations raises the issue of consistency of experiences for interns. Midwest University's preceptors contended that their training helped put them on the same page so students would have consistent experiences no matter where they rotated. In the case of SU where a site creates its own evaluation tool, a lack of consistency in the educational experiences may exist. These issues were discussed further in my interview with SU preceptors.

The lack of experience some preceptors had with the internship and its students created the need for clarification of expectations. One preceptor stated:

This is our first SU intern that we've had and other than knowing the general types of rotations that she'd be spending at our hospital, we didn't have anything until she got there and she had her outlines and I just asked her, "Let me see your outlines," and I've made copies and then kind of added some things on my own as far as specific goals and objectives to try to figure out a schedule to make sure that she's scheduled in such a way that she can get the maximum benefit from her rotations with us. So that's sort of why I do my own little thing, goals and objectives, but I did it based on the outline that she provided.

Another preceptor added:

I think I have my own idea of what they are supposed to do, whether that is [the program director's] or not is another thing. We're from the practical, hands on, we're at work, we're seeing patients, let's get them [intern] involved in what we

are doing, whereas she's coming from an academic viewpoint of being sure that they are academically prepared, so there may be some difference in our objective once we get the student in.

The preceptors participating in the interview stated they were unclear as to what the program director's expectations of the preceptors were. When asked what they wanted from the director, one preceptor responded, "I think what would be helpful for us maybe would be what she expects, like objectives she expects for each intern's rotation." Another preceptor continued:

I feel like I am getting a little bit too much communication from my student instead of through the program. I'd rather be getting information directly from the university, as opposed to whatever the student pulls out of their folder and hands me.

The conversation continued with another preceptor stating:

At the very least, there needs to be a preceptor packet and the packet needs to be specific to your student. And it needs to say, "These are the rotations that are assigned to your facility, here are your evaluation forms, here are your objectives and evaluation forms for each rotation. . . . This is what I [program director] expect." If the student is going to pull out her outline so to speak and say "these are the things I'm supposed to do," have it in my packet [before the intern starts].

The lack of experience with the SU Dietetic Internship intensified the need for more direction from the program director. The preceptors were comfortable with their own jobs but were frustrated because they did not know what the director expected of them. As evidenced in their comments, several of the preceptors had created their own

assignments and evaluations for the interns and this was somewhat disconcerting to the other preceptors in the room. One commented, “It’s a fair statement to say that not all of the interns with SU internship have the same experience. As far as, like, you may require something totally different that I require and so forth.” This was also a concern expressed in my interview with the SU interns as will be discussed in the next section.

Although the program director had received positive verbal feedback regarding the preceptor training and the written evaluations completed at the conclusion of the training were positive, from the sentiments expressed in the interview with preceptors, it appeared the content of the preceptor training may not have been appropriate for such a new program. The preceptors interviewed wanted more communication and specific direction from the program in order to establish consistent, clear expectations. The communication and motivational techniques discussed in SU’s formal training more closely parallel the former director of MWU’s concept that precepting is a skill and it may not be possible to think of precepting as a skill until the preceptor understands what he or she is to do on a day-to-day basis.

Students’ Perceptions

There is a lack of communication at Southern University with regard to expectations from all stakeholders. The preceptors are unsure of their role because they believe it has not been adequately addressed by the program director, but at the same time, the director is unaware of their desire for more direction because the preceptors have not communicated their needs to her. The students have also experienced this lack of communication. One of the six students interviewed stated, “It doesn’t seem like there’s much communication between the preceptors and the director, or what’s expected

of them.” Another student followed, “I think [the program director] has left a lot up to the preceptors, but the preceptors kind of want guidance from [the program director]. It’s kind of like, kind of ends up being no communication.”

As expressed by the SU preceptors, the lack of clarity regarding their expectations has resulted in many preceptors developing their own goals and standards, which prevents consistency in internship rotations. The students were well aware of the inconsistencies and one stated:

I think the preceptors aren’t followed very well because I know some of them, well one in particular that I’ve had, she would say, “Well, I don’t really see why you guys are here for five days; I really don’t have much [for you] to do.” So I mean they have the ability to say “come two days or come three days,” but if that’s all we need then that’s all that needs to be scheduled instead of us having the week, I mean, I know because I had a lot of time off, which was nice but it’s probably not the best for my education, but then again, I don’t know. It’s kind of left up to the preceptor and it’s not that they think we need a day off; it’s just that they didn’t have anything [for us] to do so they let us go.

Another intern noted, “On the flip side, some do make you come five days a week for eight and a half hours a day and we do absolutely nothing except sit and watch them do personal things.”

The inconsistencies are not just in the number of days an intern may work, but in the assignments interns do as well. According to one:

I’ve got one [preceptor] right now, they follow what’s on our little notebook.

They follow it to a “T” like [the program director] would be upset if I didn’t do

this and then you have the other ones who are just like, “Well, just do whatever, it doesn’t matter.”

The interns stated they get frustrated with the inconsistencies and they are aware of them because, “We all know what we’re going to get because we talk to each other, so we know what’s coming.”

The students had been participating in rotations for three months at the time of the interview and even with the inconsistencies and perceived lack of communication, most interns were satisfied with their overall experience. Like the students at MWU, SU interns enjoyed the variety of rotations in their program. One said:

When I look at some of the other internships in this area, we have the ability to get a wider aspect of the [nutrition] field; I mean we’re not just stuck at one hospital, we have the opportunity to go to several.

The students also believed that most of the preceptors they had worked with up to that point tried very hard to make sure the students were getting a good experience. The preceptors made sure the interns were familiar with other healthcare providers and scheduled them for experiences they are unlikely to participate in once they begin their careers. In the words of one intern:

The thing I like the most is getting to . . . where your preceptors usually are trying to expose you to as many things as they can, I really enjoy seeing the surgeries. I watched a gastric bypass today. I just really enjoy seeing things that you wouldn’t see if you were just working as a dietitian. You don’t get to sit in on surgeries. I like being as close to all the different aspects of healthcare. I’ve enjoyed that part.

The formal preceptor training at Southern University has been met with mixed reviews. While the majority of dietitians who attended the workshop evaluated it favorably, one of the preceptors did not. She believed the training needed to give more concrete information with regard to daily internship activities. She may have suggested this as content since the SU preceptors have not had their expectations clearly defined. This preceptor was the only one in the group interview who had attended the workshop, but the other preceptors interviewed seemed to be struggling with their roles as well.

The program director, on the other hand, saw value in training preceptors and identified the need for future programs. To prevent redundancy, the director envisioned future workshops as outlets to express program philosophies and update preceptors on new practices in the field of dietetics. At this time, SU's program director and preceptors have different ideas as to what type of training would be beneficial; however, this is not unexpected given the lack of communication with regard to needs between these two parties.

Southeast University

Southeast University has been conducting formal preceptor training for approximately 10 years. The focus of this training is to describe the internship and its students, articulate program expectations for clinical teaching, and provide suggestions for a successful internship experience. Similar to MWU, the program director also uses preceptor training as a way to express her appreciation for the time and commitment the preceptors have devoted to SEU's dietetic internship.

Program Director's Perceptions

During my interview with the director, she explained that the preceptor training materials had been passed to her from the former director and that she had periodically updated the material as dietetics education evolved. Because the SEU internship sites are great distances from one another, the program director presents the training on location. She stated, "I usually travel. I don't think I'd ever get them all to come to campus for a preceptor training, a formal training, especially if I didn't pay them, pay their way. That just is not even an option."

The director believes the training is an opportunity to express the expectations of the university and to provide suggestions as to "how to constructively evaluate students." She explained:

It's really just to kind of lay the ground rules. This is what this [internship] is, this is what this is not, and hope that they know that I'm there and involved enough that if there's ever any issues, that I'm there to help them figure it out. Sometimes the expectations [preceptor expectations of the intern] are way too high for what should be occurring. I think the preceptor training got started to just lay all those ground rules out and to make some kind of contact so that the preceptors knew that the DI [dietetic internship] director was very integrally involved in what was going on. Preceptors are hard to get and hard to keep, so you want to make sure that you're spending the appropriate amount of time with them to keep the relationship going.

The topics discussed in the preceptor training at SEU are what the MWU program director described as operational issues, or the occurrences that happen on a day-to-day

basis. Again, at MWU operational issues are discussed on an as-needed basis at the biannual preceptor meetings. This emphasizes the importance Midwest University places on these issues even though they are not included in its formal training. On the other hand, preceptors at Southern University believe they do not get enough information about the operational issues of the internship, and therefore feel disconnected from the program.

Because SEU was the final site that I visited and all three dietetic internships and their preceptor training turned out to be quite unique, I asked the director if she thought there should or could be a standard preceptor training, a one size fits all. She responded by saying:

I don't think it would, I think preceptor training needs to focus on the types of students that you are likely to get, the types of evaluating that needs to occur and constantly keeping in mind that we are training entry level, generalist dietitians. You are not going to get them hitting the ground running so to speak. They [preceptors] say, "We want somebody that can hit the ground running." Well, "What does that mean to you?" because to me that means that they are willing to come in there and do whatever they need to work, but it doesn't mean that they are going to go in and take a patient floor the first day. So it's defining the expectations so that there's really no grey area.

According to the director, the value of preceptor training for her program is the same as its purpose, it clarifies the expectations and highlights the commitment of the director to the program and the preceptors' needs. She stated:

The sites say that it's beneficial and in fact I am back today to do preceptor training with some new people because of the preceptor training I did at another

site. And they [preceptors] asked, “We found it to be helpful; we found it to be a helpful reminder to our staff what is expected.” They aren’t all buying into being a site. You know the preceptors are on board, but the individual dietitians, staff people, they don’t all want to be, so they have to be encouraged.

And so they’ve said it’s very helpful, if nothing else, they see my face, they hear the level of commitment that we have to this program. They understand how the program is set up and what they can expect. I’m enthusiastic about it so I hope that I impart some enthusiasm and help them realize that this is usually a good thing, you know if we send you the right students that are prepared adequately then they are going to help you, not hurt you.

With regard to the frequency of preceptor training, the director said she would suggest training if there had been significant staff turnover or the dynamics of the SEU student changed. In all, the program director was very enthusiastic about preceptor training because it enabled her to communicate expectations with the preceptors and by conducting the training, she was visible to all dietitians, not just the primary preceptors.

Preceptors’ Perceptions

As described in Chapter Four, the Southeast University Dietetic Internship is unique in that students complete all course requirements before beginning their internship rotations. The rotations may be in hospitals 30 minutes to four hours from campus, so the responsibility of the student shifts to the primary preceptor.

The two preceptors I spoke with had at one time considered establishing a hospital-based internship in their own facility, but because of the expense, ultimately decided to partner with SEU. They were enthusiastic about accepting interns and

expressed this excitement throughout the training workshop. During my interview with the preceptors, I told them I could sense their enthusiasm and asked them to verbalize their feelings. Both related their enthusiasm to a desire to give back to the profession.

One stated:

It's nice to give something back and then we also work in a teaching hospital so it's very high on the priority list, kind of teach and give back. I think it keeps us a stronger group, clinically. I think that because we're always being asked questions [by the interns], the staff stays on their [toes], so I think it's a little give and take both ways.

The other preceptor added she wanted to make sure interns were adequately prepared for the challenges they face in today's healthcare environment. She noted:

Part of my frustration too was that, I've done a lot of reading on my own and have gone to rounds and I'm on some list-serves where dietitians are typing things in; I'm thinking they should [already] know this, they should do this. And I wanted to make sure that our interns come out having a really good understanding of acute care clinical nutrition, and I think we have a really good place for them to do that.

The preceptors I interviewed were interested in increasing the number of SEU interns they accepted in their hospital system. Because one of the three local hospitals had never had an intern, the preceptors decided to invite SEU's director to conduct a training workshop for the staff dietitians in the hospital. According to one preceptor:

When I brought it [the idea of taking students] to the staff, the concept of most staffing dietitians is, "It's just something else that they [administration] want us to

do,” and I honestly felt like we would get that feedback and so I thought if I bring in someone, have them, really everyone sit in the same room, hear the same message, that maybe the clinical staff will say, “Okay, this is different.” And when we decided to use [multiple sites in the hospital system], then I felt like we needed to do the same kind of training, so that....they know who is coming.

The preceptors thought training was beneficial because it outlined the expectations, both of the program director and the primary preceptors. Once the program director was finished with her presentation, the primary preceptors continued to express their expectations. One preceptor stated:

As a manager, I am giving my staff my expectations of dealing with an intern, but I mean my expectation is that we have this internship program and that we do it well. And that we produce an intern we would want to hire. And that was kind of how I presented it to them [staff dietitians]. I said, “Your responsibility is to make sure that this person can come work for us and it wouldn’t be a problem.” And so I think if you lay it out there, the black and white, and everybody sits around and sees it, hears it, talks about it, then it is easier to get it implemented.

The preceptors for the hospital system that I visited were well organized and had made schedules for the three interns who were to start in one month. They stated they spent approximately two full days working on the schedule, but it was worth the time and effort because the staff dietitians would know well in advance when the students would rotate with them. During the second half of the preceptor training workshop, the preceptors gave the staff dietitians the schedule and a workbook with the competencies that were to be met in each rotation, as well as evaluation sheets. The preceptor training

workshop was used to prepare the dietitians for the coming students, so that expectations were clear.

As mentioned before, the training workshop was also an opportunity for the program director to introduce herself to the staff dietitians. The director believes visibility is important especially considering this site was four hours from campus. With that distance, dietitians may feel disconnected from the program, and the workshop is a way to bond with preceptors and staff dietitians. The preceptors agreed they would request formal preceptor training again if they had a 50% turnover rate. One stated, “If you have a pretty good core staff that have heard it and worked with interns, then they can kind of almost train the new staff.”

Although preceptor training may only be offered once in a three to five year period, the program director is often invited to present workshops on issues other than preceptor training. The director may talk to dietitians about new concepts in dietetics education as well as legislative issues. She conducts the workshops on site, thus she remains visible to the dietitians and according to the preceptors; her workshops are considered a benefit because they provide continuing education credit for dietitians and are presented at no cost.

Student Perceptions

One intern was interviewed at SEU, as she was the only student rotating at the hospital where my interviews and observation of the preceptor training took place. On the day of our interview, she was also meeting with the program director for her exit interview. I asked her if she thought the preceptors she had worked with had been prepared for her and she stated:

My main preceptor was very good. She was constantly checking, like “are you meeting your competencies, are you getting things done?” Like told people ahead of time that they [preceptors] had competencies [to help the intern complete] and I think she may have even given the competencies to these other preceptors, but they get lost, there’s just a lot going on in the hospital and in food service. . . . but I think most of them know.

The staff dietitians the intern rotated with were aware she would be working with them. They were given her schedule and a list of competencies, but just as the interns at Midwest University stated, the SEU intern would like to have known what the preceptors expected from her during downtime. She explained:

The preceptors need to make clear what they expect of the intern because yes, we have a list of competencies, but we’re there for eight hours plus a day, and if there’s downtime, “Is it okay that I’m going to do some of my other work that I need to do?” Be it like doing some Internet research or whatever, or would they rather in my downtime like go and try to get my hands on, making something in the kitchen? Sometimes you don’t know what would be preferred. And I just would do a little bit of each; I didn’t want to cross the line in either way. . . . I didn’t get any negative feedback in that area so, at least not on a piece of paper and I don’t think anything was said, so I think I handled it okay, but there were times that I definitely was not sure what to do.

Aside from being unsure of what was expected of her during slow times, the SEU intern was quite satisfied with her internship experience. Like students at MWU and SU, she was especially pleased when she was able “fly solo”.

In the internship, my favorite part was the clinical when I was put on my own. Doing staff relief I think was great because you don't have someone over your shoulder and you have time to really feel like it's your job to see the patient and really assess rather than have someone standing there and being like, "well should I write this or not?" You just have to do it. And I think that that was a great experience and I also, as far as like the individual preceptors for each area, the ones who put me on the spot, that's when I learned the most. When people would be like, "Now why do you think this lab value is high?" And even if I didn't know, for me, the thought process was very helpful because then, even if I didn't get it right and she told me the right answer, I'm never going to forget it.

Preceptor training at Southeast University is considered by both the program director and preceptors to be beneficial because it clarifies the expectations of the program. Unlike Midwest University's and Southern University's formal training, the focus of SEU's is on operational issues or the day-to-day activities that are suggested for a successful internship experience. Similar to the other internships studied, however, the training of preceptor may indirectly benefit students as preceptors are better prepared for their role and provide appropriate learning experiences for practice-based education

CHAPTER SIX: CROSS CASE ANALYSIS

Each of the dietetic internships studied offered formal training workshops to their preceptors; however, the content of the three workshops was unique. At Midwest University, the subject matter focused primarily on distinguishing the role of the preceptor from that of a teacher and mentor and providing preceptors with tools to improve their precepting skills. Southern University's training focused on preceptor personality types and motivational techniques, as well as successful learning experiences for supervised practice. Finally, at Southeast University the focus was to describe the internship and its students, articulate program expectations for clinical teaching, and provide suggestions for a successful internship experience.

Although formal training programs were distinct to each setting, all program directors and preceptors thought preceptor training was or could be beneficial. Several themes emerged with regard to the benefit and value of preceptor training when cases were compared. Preceptor training helped express program philosophies or personalities, it diminished role confusion, and it fostered preceptor commitment to the supervised practice program. Inconsistencies surfaced, however, over the necessity of preceptor training as perceived by program directors, as well as in what preceptors believed was appropriate content for training workshops. In the pages that follow, the commonalities and inconsistencies of preceptor training in the three internships studied will be discussed.

Expressing Personalities

The concept of an internship having a personality was expressed by a preceptor at Southern University. She was describing the learning environment of two local dietetic internships, including SU. She stated:

I think every internship has a personality and if you know you're going to [the hospital-based internship], they have a reputation for raking you against the coals, making you cry, making you work 60 hours a week; you're not going to have a life; you're not going to be able to get anything done; they really expect you to know your stuff, and they have that reputation. This [SU] internship does not have that reputation....it's more laid back.

In this study, the internship personalities are likened to each program's philosophy or identity. The internship at Midwest University is a "conceptual" program where students and preceptors are encouraged to think critically about their roles in the internship, as well as professionally. Southern University's internship is a "feel good" program. Motivational techniques were explored in preceptor training and the director provided little direction for preceptors thinking they preferred not having guidelines or expectations that might constrain their activities. She wanted them to "run the show." Finally, the internship at Southeast University is an organized or "housekeeping" program where expectations are clearly defined for both preceptors and students. These personalities are reflected in the program directors and how they lead their respective internships, as well as in each program's preceptor training agenda. The identification of personalities from the leadership and preceptor training approaches of the programs will be discussed.

The former director at Midwest University and director of Southeast University's internship had similar hands-on leadership approaches, which may have developed through their experiences in the field of dietetics as well as in dietetics education. These programs exuded organization and a commitment to preceptors' needs. Communication, visibility, and preceptor training were all deemed important to both directors.

On the other hand, the director at Southern University had less experience in the profession as well as in dietetics education. Several sites had been with the program since its beginning four years ago, however, the director was still trying to establish more permanent preceptor commitments. Sites, assignments, and expectations at Southern University were not as established as they were at Midwest and Southeast Universities and unlike the other directors, SU's director employed a hands-off approach to administering the program. Thus, the easy going, "feel good" personality of Southeast's internship was different from that of MWU and SEU's. Furthermore, preceptor training was not regarded as a high priority to SU's director. To better understand the priorities of the internship directors and how preceptor training helped express the personalities of each program, a closer look at the leadership of the internship directors follows.

Hands-On Leadership

As previously mentioned, the former program director at MWU had been in the position for eight years before accepting a promotion to another office within the university. With the help of an assistant director (current director of the internship) she continued to oversee the program for a year after her promotion. These two individuals

worked together closely during the year of transition and the current director is now administering the program in a similar manner to the former director.

The former director believed in being a democratic and visible leader. She invited preceptors to campus to seek their advice on programmatic issues and often implemented their recommendations. The former director explained:

I always valued them, respected [them] by asking for their opinions. . . . I think always coming back to them, asking their opinion, but not bothering them. They don't want to be asked about everything; if it's something I can deal with, just deal with it. But I think I was fortunate; I inherited a wonderful group of preceptors and they hadn't been burnt out by their programs.

The interaction between preceptors and the former program director at Midwest University made the preceptors feel valued and has strengthened the relationship between the two parties over the years. One preceptor noted:

When we make suggestions, they work very hard to incorporate those. I think that's how the program has built to where it is today. [They] took suggestions from preceptors in the very beginning and kind of molded the program around that and have built on it each year. I think that's why it is where it is today.

Visibility through communication and face-to-face contact was also very important to the former director. She commented, "I am passionate that visibility is a necessity." It is a top priority for the current director as well. Each time a new internship class begins, the program director offers a luncheon and invites the preceptors to meet the new students. In addition, preceptors are invited to an informal meetings held twice a year. Once the students start their rotations, the director communicates with preceptors

frequently and participates in both the midpoint evaluation, by conference call, and the final evaluation on location. The preceptors appreciate this effort to maintain visibility and feel valued because of it. A participant who precepts for more than one internship stated:

In one of the other programs that I am a preceptor for, I don't ever see the internship director. She just calls and says, "I'm sending someone; is this day okay?" They don't spend as much time with me, [and] I don't really feel that they see me as being [an] important part of the program.

Another preceptor spoke of how she appreciated the communication between the program director and all MWU preceptors. She explained that this was yet another way the program made the preceptors feel valued.

They [the former and current program directors] come for evaluations; they come in person to your site, so they are familiar with what the interns are doing. Sometimes they will walk through and [say], "Okay, what did you do for your big project?" You can always e-mail and they get back to you right away; so I think that shows that they appreciate us too, and they keep everyone on the same page as far as any changes that are happening. I mean every single site knows what to expect. If the [rotations] are going to be longer or shorter, I mean everybody's on the same page at all times. They're just not saying, "Oh, we're just going to tell [one hospital] but then we are not going to tell other hospitals."

Not only do the former and current program directors think interaction and communication with preceptors is important, but they also believe in the importance of preceptor training. According to the former director, the overall premise for preceptor

training at MWU is to help the preceptor identify his or her role and how it “fits into the rest of the education of the student and the lifelong learner.” The former director viewed preceptor training as an opportunity to express her philosophy of precepting and what she wanted from the preceptors for the program. She stated:

We really felt that preceptor training should be more from a philosophical standpoint. “How do you approach your student? What’s your goal with your student?” and I think sometimes preceptors precept the way they were precepted. So, if they cried everyday in their internship, they think that that’s their role, to make their intern cry everyday. And we know that that’s kind of counterproductive. So the agenda for precepting is really one of a philosophical perspective in terms of their role, their contribution to the program.

The current and former internship directors at Midwest University are “hands-on” leaders. They believe in the importance of seeking advice from preceptors and have used preceptors’ suggestions to improve the internship. Communication between the program director and preceptors occurs frequently and the director is visible multiple times throughout the year. Preceptor training is an important component of MWU’s former and current directors’ philosophies. They believe it is important to train preceptors to reduce role ambiguity and provide a better experience for students. Although MWU’s formal preceptor training workshop has only been conducted twice in the past six years, both directors consider the biannual preceptor meetings to be supplemental to formal training, thus, in their eyes, training is offered multiple times a year.

Southeast University’s internship director has been in her role just over three years; however, prior to this she practiced in dietetics for many years and served as a

preceptor. Thus, she has experienced dietetics education from all angles; she has been an intern, a preceptor, and a program director. Like Midwest University's current and former directors, SEU's director employs a "hands-on" approach to leadership.

Even though several SEU internship sites are far from campus, the director communicates frequently with preceptors. As mentioned in Chapter Four, she talks to preceptors via telephone or electronic mail on a monthly basis before interns begin their rotations. A month before the internship starts, the director takes interns to their respective hospitals to meet the preceptors and tour the facilities. Approximately three to four weeks into the internship, the director makes a site visit to each location and if there are no issues or concerns, the director will return to the site at the end of the internship to conduct an exit interview with both the intern and the preceptor. If concerns are raised or issues arise throughout the internship, the director will visit the site on a more frequent basis.

Similar to MWU's director, being visible at the sites is important to SEU's program director because she believes it conveys her commitment to the program and its preceptors. Of the three dietetic internships studied, Southeast University has the shortest internship totaling six months, yet the director visits her sites on a more frequent basis. Additionally, like Midwest University, the director seeks the advice of preceptors regarding program improvements. The SEU preceptors acknowledged their satisfaction with having both a visible program director and one who seeks their opinions. In response to a question concerning the visibility of the director, one preceptor stated, "Oh yeah, she's around and if we need her she would be there more." The other preceptor

continued by stating that the director was very good at responding to e-mails as well; “She’ll respond that day or the next.”

When asked about the director seeking and taking the preceptors’ advice, a preceptor responded:

She does a good job, we have given her feedback about some of the competencies are out-dated or are more geared toward [another facility], which was the original site, and so we’ve tweaked that and she’s taken that into account in redoing them.

With regard to preceptor training, SEU’s director believes it is an important component of her job responsibilities; however, it was her predecessor who originally initiated the training workshops. Thus, SEU has a long history of providing preceptor training. The director estimated training had occurred periodically over a span of 10 years. The program director viewed training as a way to clarify, “What this program is and what it is not.” She contended, “A lot of [preceptors] went through school a long time ago and they have a different mindset about what should be, and how much effort they’re going to put to the student.” At SEU, preceptor training is considered necessary to articulate the expectations of the program and provide suggestions for appropriate learning activities in the supervised practice setting.

In addition, preceptor training allows the director to be visible not just to the primary preceptors, but to most all staff dietitians working in the respective sites. She stated, “If nothing else, they see my face [and] hear the level of commitment that we have to this program.”

Similar to Midwest University’s current and former directors, SEU’s director is a “hands-on” leader. She seeks advice from preceptors and has used their suggestions to

make program improvements. Communication between the program director and preceptors occurs frequently and the director is visible several times throughout the internship. Furthermore, Southeast University's director believes preceptor training is necessary in order to convey the program expectations.

Hands-Off Leadership

Southern University's program director has been in her position since the internship was established four years ago. Her leadership differs from that of Midwest and Southeast University's directors, as she employs a laid back, hands-off approach and lets the preceptors "run the show." The preceptors, however, would like to have more direction. They are unclear as to their roles and the expectations of the program. Many have created their own goals and objectives for students while they rotate through their respective facilities and as previously discussed, this has caused some concern with both preceptors and students that there is a lack of consistency with regard to the educational experiences offered to students.

In addition to taking a hands-off approach, the director is also not visible on a regular basis. While she does communicate with preceptors via e-mail, they do not often see her. A significant difference between Southern University and Midwest and Southeast Universities is the program director at SU is not given any release time for administering the dietetic internship; this presents a challenge with respect to visibility. Midwest University's former director stated:

I hear places say they don't provide any release; you're probably not going to have a very good program. I mean if you [university] are not committed to that person serving as that liaison role, it's going to be just about as good as you give.

This is not to say that SU does not have a good program, but it is difficult for the program director to be visible with a full teaching schedule, administrative duties, and interns scattered throughout the metropolitan area. Preceptors, however, want her to be visible.

As one preceptor noted:

I think [it] would be helpful, for her to at least come to the facility to see what kind of experience her interns are getting, I mean I think that is important. It's nice to know that there is somebody else that's kind of doing the other end of the program. You don't feel like you are solely responsible, and I know we are not solely responsible, but you feel like that in this program.

Having more time to devote to communicating with preceptors, be it through preceptor training or informal meetings, would provide the opportunity for more dialogue between the director and the preceptors.

Aside from differences in leadership, Southern University's program director differed from the other program directors in that preceptor training was not a top priority for her. When the internship was first established, the director did not think it was necessary to train the preceptors since most of them had been preceptors for other internships. Furthermore, had she not been asked by another internship director, SU's director may not have initiated a formal preceptor training workshop.

After the workshop however, the director received positive feedback from preceptors who had participated, and she herself thought it was beneficial. Therefore, she identified a need for future preceptor training and stated, "Until that training, I had never really done anything formal and I think that I probably need to put something scheduled

in place to do periodically.” One idea for a future workshop, she contended, is to “give them my philosophy on how I run this program.”

Southern University’s dietetic internship seemed to be in a different stage of development than Midwest and Southeast Universities. The program is young and has not established a core group of preceptors. Some MWU and SEU preceptors have been with their respective programs for 10 years and Southern University’s dietetic internship has not had time to develop those long-lasting relationships. It is possible that SU will not develop ongoing preceptor relationships if preceptors continue to feel detached from the program due to limited communication between the director and preceptors and the limited visibility of the director. As the director gains more experience in her position and in dietetics education, she may recognize that her preceptors want more direction and her leadership approach may change.

As the Southern University preceptor stated, each internship has its own personality, and in the case of the internships studied, the personalities seemed, in some part, to reflect how the programs were administered. The more experienced directors at Midwest and Southeast Universities shared beliefs in the importance of communication, visibility, and preceptor training and the personalities of their respective programs reflected a hands-on, organized, or “housekeeping,” approach to leadership. Midwest University’s former and current directors have taken their approach to leadership a step further though. By encouraging critical thinking and self development, the directors at MWU are conceptual leaders. Although the content of training workshops at MWU and SEU differed, the program directors at each institution utilized preceptor training to express their respective philosophies, or personalities.

While Southern University's program director had not explicitly stated her program philosophy in a preceptor training workshop, the personality of the program was reflected in her actions which included a hands-off, "feel good" approach to managing her program and assigning a lower priority to preceptor training. She may have recognized a benefit to training, but providing training was not a top priority.

Clarifying Roles

In addition to preceptor training providing a vehicle for program directors to express the philosophies of their internships, it was also used to clarify role expectations of preceptors in Midwest University's and Southeast University's supervised practice experiences, and Southern University preceptors thought it could provide clarity for them. As the former program director at MWU stated, "You can't do a good job, unless you know what your job is."

In the training programs studied, most preceptors agreed the respective workshops helped clarify role expectations; however, the content and instructional strategies of preceptor training varied significantly. Training at Midwest University was implemented from a conceptual standpoint; preceptors were asked to think about their role in relation to dietetics education, as well as to consider how improving their precepting skills could enhance student learning. A "feel good" approach was utilized at Southern University's training where motivational techniques were explored. SEU's preceptor training took a housekeeping or organizational approach; like a parent giving his or her child a list of activities to accomplish in a certain timeframe, daily activities and internship expectations were described. Remarkably, each of these approaches seemed to echo the program personalities, and although most feedback was positive, several preceptors were

surprised by, and one preceptor took issue with, the content of preceptor training in their respective programs.

Preceptor Training: Conceptual Approach

At MWU, the former director conducted training from a conceptual standpoint. She explained the role of the preceptor and how preceptors fit into the process of dietetics education. She stated:

The agenda for [preceptor training] is really one of a philosophical perspective in terms of their role, their contributions to the program. Also, to try to provide them that value added element; that they are not just there having a student to waste their time; they're really making a difference in the student's progression throughout their entire education and well on into being a better lifelong learner.

She described the difference between a teacher, a preceptor, and a mentor and discussed activities that are most appropriate for practice-based learning. Time was allotted during the workshop for preceptors to identify activities they had done with interns and the former director helped them determine whether or not the activities were appropriate for supervised practice. Midwest University's approach to preceptor training is reflective of the program as a whole. Both the former and current directors are committed to helping students and preceptors pursue professional growth, and critical thinking and self-development are encouraged. The former director stated she does not tell preceptors how to precept; she provides them with the tools they need to develop their own precepting skills.

As mentioned in previous chapters, the MWU preceptors found benefit in the training workshop. They recognized the unique role of the preceptor and were able to

think of ways to alter the experiences and activities they were providing to better meet the students' needs. Interestingly though, some preceptors were surprised by the content of the training workshop. Several thought they would be learning more about the daily expectations of the program rather than conceptual information. One preceptor noted:

I wouldn't have traded this morning for anything, I needed that so much, but I thought that we were going to do more like looking at how we do their evaluations and where are they supposed to be [student progress] and then where they are. Is there a difference where they are supposed to be if you are their first clinical site as opposed to their second, and how does that change from intern to intern? . . . I would like help knowing that.

This basic or "housekeeping" information is discussed during informal preceptor meetings at MWU which are mostly attended by primary preceptors. It is assumed by the program director that the basic information will be relayed to staff dietitians, but as noted in the interview, this is not always the case. Thus, it may be advantageous for MWU to add some of the "housekeeping" content to future preceptor training workshops. Nonetheless, the preceptors interviewed agreed they had a better grasp on the role of the preceptor following training.

Preceptor Training: Housekeeping Approach

The director of Southeast University's internship clarified the role of the preceptor by conducted training from a "housekeeping" standpoint. She explained the foundation of the program and articulated program expectations for clinical teaching. Among other things, the director encouraged preceptors to demonstrate their professional duties, observe the students performing the duties, provide students with constructive

feedback, and ultimately allow students to work independently. Although there was little time for preceptor input, preceptors viewed this training as a way to prepare themselves for the experience. They stated the training reminded them of what they were supposed to do and set clear expectations; thus preventing the internship from “starting off on a bad note because no one knows what to do with them [interns].”

At Southeast University, preceptor training provided information on daily internship activities and preceptors thought the content was appropriate and expected. The training was structured and well organized, as was the director and the program in general. Southeast University’s internship has an established history and information pertaining to the program is presented in an organized manner on the program’s website and in written documents. The director communicates expectations and is actively involved, but once the internship begins, she does not micromanage and encourages preceptors to assume responsibility of the students by providing a certain degree of autonomy.

Unlike Midwest University, SEU’s preceptors are not asked to think about their role in the context of dietetics education; however the conceptual approach to preceptor training may work well with SEU preceptors since they appear to have a good understanding of their principal role. Although the director updates program information for training, she continues to conduct training as her predecessor did. It may be that the program director has not thought to carry preceptor training one step further. As mentioned in Chapter One, there is limited information on formal preceptor training in dietetics and she may be unfamiliar with alternative approaches to training.

Preceptor Training: Feel Good Approach

Southern University's training program was conducted from an emotional standpoint, rather than the conceptual or housekeeping approaches used in MWU's and SEU's respective workshops. Preceptors at SU's combined workshop assessed their own personality types and how their individual personalities might affect student learning. They also discussed various ways to motivate students. Southern University's program director referred to the presenter of the workshop as being, "80% cheerleader;" thus, the workshop was intended to motivate preceptors as well.

Most preceptors who completed the evaluation forms following the program indicated they liked the workshop. When asked about the relevance of the material in the following question, "How well did the content of the workshop relate to your role as a preceptor/mentor/coworker in your workplace?" participants collectively assigned a rating of 9.7 on a 1- 10 scale, with 10 being the highest. Accordingly, most preceptors invited to the workshop thought the material was appropriate.

This type of emotional or "feel good" training may be fitting in certain circumstances; however, because the preceptors interviewed expressed a high degree of role ambiguity, the training content may not have been appropriate for all SU preceptors. Only one of the preceptors interviewed attended the training and she referred to the content as "fluff." She stated, "I would have structured it as if you've never been a preceptor, the first thing you want to do is have [an] orientation with them and go over these things and then, [this is how you] can maybe teach."

The three SU dietitians who had not attended the training workshop were in agreement that they wanted some type of training so they could better understand their

roles. As mentioned in a previous chapter, the preceptors suggested at the very least they wanted a packet with evaluation forms, objectives, and expectations. Preceptor training at SU was reflective of the program as a whole because it fell short of meeting several preceptors' needs.

The program director seemed to want preceptors to "feel good." She was confident in their ability to educate the students and commented that she let the preceptors "run the show." However, the lack of direction from the director forced several preceptors to create goals and objectives for their own sites which, in turn, created student and preceptor confusion. Ultimately, this situation made the preceptors interviewed question whether or not they were meeting the needs of the students. Southern University preceptors wanted "housekeeping-type" information like that discussed in Southeast University's training. They spoke of inadequate guidance from the program director and the desire to get information from her rather than the students.

From the least experienced dietitians to those who had been working 30 or more years, preceptors across sites identified a need for training in order to clarify their roles. Although their ideas regarding the content varied, preceptors at Midwest University and Southeast University said they appreciated training because they gained a better understanding of what was expected of them. Southern University preceptors, however, wanted information on expectations and desired daily internship activities so they could simply understand their role within the program. The SU preceptors agreed information such as that found in SEU's training workshop would likely meet their needs.

Cultivating Commitment

Preceptor training helped express the personalities of programs in this study and either provided role clarity or was perceived to be able to do so. In addition, training at MWU and SEU was also perceived to enhance commitment to the internship programs as it made preceptors feel valued and appreciated.

Generally speaking, the preceptors in this study stated they were committed to dietetics education because of their desire to give back to the profession. Many preceptors helped them during their education and they wanted to do the same. Even Southern University preceptors who were unsure of their role in the internship expressed a feeling of responsibility for students. A preceptor explained, “I, as the preceptor, feel responsible for making sure that she does get adequate training.” Because of the lack of direction from the program, the preceptor created her own goals and objectives in order to, “try to make sure [the intern is] scheduled in such a way that she can get the maximum benefit from her rotations with us.”

Whether or not a preceptor has the desire to give back to the profession, preceptor training was one way for MWU and SEU to cultivate commitment to their respective internships because, according to directors and preceptors, it showed the program valued preceptors and was interested in meeting their needs. In all three training programs, gratitude and appreciation were expressed for the role preceptors play. At MWU and SEU, preceptors stated they felt energized after the workshops; they knew their responsibilities were important and the training reaffirmed their committed to the preceptor role. Although these feelings may diminish once preceptors return to work, immediately after training, preceptors felt valued and appreciated.

In addition, preceptor training made the program directors more visible. The face-to-face interaction between program directors and preceptors at MWU and SEU gave preceptors the opportunity to discuss issues or concerns with the directors, which according to preceptors, made them feel more connected and involved with their respective internships.

Because I was unable to observe Southern University's preceptor training or interview a larger number of preceptors who attended, it was difficult to assess whether or not training enhanced commitment to this program. However, as previously mentioned, one of MWU's preceptors stated she felt less important to an internship whose director only contacted her when she was sending a student. She stated that it would not be difficult for her to cut ties with the program because she did not feel valued. Perhaps Southern University preceptors do not feel valued because they have not been asked to express their issues or concerns with the director, nor are they contacted or visited on a regular basis; if so, it may be easy for them to cut their ties as well. At Southern University, preceptor training could be utilized to express the expectations of the program and allow preceptors to verbalize their issues or concerns. Like MWU and SEU, this, in turn, may enhance the relationship SU preceptors have with the program.

Cultivating commitment to a dietetic internship requires time and effort from program directors, and preceptor training is one way to enhance commitment. Training is viewed as a way to demonstrate the dedication a program has to providing preceptors with the tools they need to be successful in their roles. It also provides a setting where preceptor issues or concerns can be addressed. When preceptors feel confident in their

roles and supported by their respective programs, preceptor commitment to the program is strengthened.

At first glance, the internships participating in this study looked very similar, but after taking a closer look, the internships and their training programs were quite unique. Midwest University has a well established internship that has existed for 10 years. Many of its preceptors have been with the program since the beginning. The rotation sites are within an approximate one hour radius from campus and communication among the program director and the preceptors occurs frequently. Midwest University has two informal preceptor meetings throughout the year where programmatic and preceptor issues are discussed. This allows time to enhance precepting skills at the formal training workshop which has been offered twice in the past six years.

Southern University is a young program with new preceptors. Communication between the program director and preceptors is mostly limited to electronic mail and that which is conducted through the students. Of the preceptors who attended the first and only formal training, most thought it was beneficial; however, at the time of this study, the preceptors interviewed were not sure what was expected of them on a daily basis.

Like Midwest University, Southeast University has a well established internship but had added a new site prior to my visit. Unlike MWU or SU, the sites may be as far as four hours from campus and if a student requests to be in a certain city in the state, the program director will often try to accommodate the student; thus, new sites may be acquired frequently. Because of this, preceptor training at Southeast University focuses on the day-to-day, “housekeeping” issues and expectations of the program.

Whether or not a program director initiates preceptor training may depend on several variables including the importance of training as perceived by the director, his or her years of experience, both in the role of the director and in the profession, and whether or not release time is granted for administrative duties. No matter the situation, this study provides evidence that preceptor training is viewed as a benefit by program directors and preceptors, and may help directors express their program philosophies, provide role clarity to preceptors, and cultivate commitment to supervised practice programs.

It became apparent to me that there is not a preceptor training agenda that is right for all programs. Because each program is unique, preceptor training should be tailored to meet the needs of the program and its preceptors; also, the content may change over time. Program directors should keep in mind, however, that preceptors want to be periodically reminded of the “basics.” These sentiments were expressed mainly by staff dietitians who do not usually attend informal meetings on campus, nor are they frequently contacted by program directors. Therefore, directors may need to find a way to educate staff dietitians on daily activities and expectations to improve their confidence and competence in the preceptor role.

CHAPTER SEVEN: INTERPRETATIONS AND CONCLUSION

Because there is limited information on formal preceptor training in dietetics, this exploratory study was conducted to examine why training programs are initiated, the structure and content of formal training, and how training is perceived by internship stakeholders with the overall intent of adding to the body of knowledge concerning formal preceptor training in the dietetic supervised practice experience. A qualitative, collective case study was conducted with three university-based dietetic internships that offer formal training to their preceptors. Program directors, preceptors, and students were interviewed; preceptor training workshops and the internship settings were observed; and documents were reviewed to answer the following research questions:

1. Why and how are preceptor training programs initiated by university-based dietetic internships?
2. How is the role and value of preceptor training perceived by program directors and preceptors?
3. How do preceptors who receive training experience and perceive the training program?
4. How do students in programs with preceptor training perceive their internship experience, especially in terms of the roles played by their preceptors?

As discussed in previous chapters, the internships appeared to be similar on the surface; however, after taking a closer look, all three internships were quite unique as were their respective preceptor training programs. The content and perspectives of the

training programs varied significantly. Midwest University's training was implemented from a conceptual standpoint. The objective was to help preceptors distinguish their role from that of a teacher and mentor and to provide preceptors with tools to improve precepting skills. Southern University's preceptor training offered a "feel good" experience. Preceptors identified their individual personality types and learned how personalities can affect the preceptor's relationship with students. In addition, techniques to motivate students were also described. Finally, Southeast University's training workshop delivered basic information from a "housekeeping" perspective. The internship and student characteristics were described, program expectations for clinical teaching were articulated, and suggestions for a successful internship experience were provided.

Despite these differences, commonalities across the sites existed. In each dietetic internship, preceptor training was perceived by program directors and most preceptors to be a benefit. Training helped to express the personality of a program, clarify role expectations of the preceptors, and foster preceptor commitment to the supervised practice experience. These elements of preceptor training were largely influenced by the leadership approaches of the respective program directors.

Both MWU and SEU had directors who employed a hands-on, interactive approach to leadership. They placed a high priority on communication, visibility, and preceptor training and their preceptors seemed to feel confident in their roles. Conversely, Southern University's director took a hands-off approach to leadership and let the preceptors "run the show." Unbeknownst to the director however, the preceptors wanted more direction and expressed a lack of understanding of their role in the program.

Preceptor training was not a top priority for SU's director. Training was offered to preceptors, but only after a director from another local internship suggested the two programs offer a combined training. The SU preceptor who attended this workshop referred to the content as fluff and thought basic information to clarify the preceptors' roles would be more beneficial.

The nature of preceptor training and the extent to which it was a program priority seemed to be influenced by the ideas and leadership of program directors, which in turn may have been influenced by the directors' prior experiences in the dietetics profession and in dietetics education. Training was viewed as beneficial, but because of the uniqueness of each internship, a standard training agenda may not be appropriate. Many preceptors want the basic information such as that expressed in Southeast's program; however, some preceptors are clear enough in their roles that conceptual information delivered in training is appropriate. Training programs should be tailored to meet the needs of the preceptors and ultimately, program directors need to ascertain what these needs are.

Many of the findings in this study are similar to those of other studies which have focused on the preceptor and preceptor training. Furthermore, findings from this study also expand on the knowledge gained from existing literature. A discussion of these findings follows.

Comparison of Findings to Existing Literature

In the nursing literature, several articles identified two primary roles of the preceptor (Baltimore, 2004; Kaviani & Stillwell, 2000; Pond et al., 1993; Shamian & Inhaber, 1985). These roles were specifically defined by Pond et al. (1993) as

“teacher/role model” and “workplace socializer” and include the responsibilities of orienting the student to the environment, planning educational activities, teaching, observing, and evaluating, as well as communicating student progress to faculty (p. 15).

Similar to existing literature, the words teacher, mentor, and role model were often used to describe the roles of preceptors by both program directors and preceptors participating in this study. Southern University’s program director stated she wanted preceptors to be “good role models for the interns” and also expected them to do the “bulk of the teaching” since she believed most of her students’ learning would occur while working with preceptors. A Southern University preceptor said her role was to be a “teacher, mentor, advisor, and boss.” Southeast University’s program director described the preceptor as a clinical teacher who prepares students to be “general, entry-level dietitians,” and an SEU preceptor expressed her role as a “guide,” “to help them [students] facilitate what they’ve learned in school to what they’re going to have to do on a job.”

Although the terms teacher and mentor surfaced frequently when participants were asked to describe the roles of preceptors, the former program director at Midwest University contended the role of the preceptor is distinct from that of a teacher and mentor. Her preceptor training workshop was designed around this concept and after attending the workshop, MWU preceptors were able to distinguish the unique role. A preceptor typology addressing the different roles of teachers, preceptors, and mentors is found in Wilson’s (2002) study; however, there are no other studies that regard the preceptor role as unique. While there are various interpretations of the definition and description of preceptors, the preceptor role is critical for the supervised practice

experience (Gates & Cutts, 1995). Because of this, program directors want preceptors who are effective in the practice-based setting.

Effective Preceptor Behavior

Pond et al. (1993) identified several essential characteristics of successful preceptors, including patience, enthusiasm, a sense of humor, and a willingness to share knowledge and skills. Similar findings were noted by Wolf and Dunlevy (1996) who surveyed dietetic interns and found that students thought preceptors who were willing to share their knowledge, were kind and patient, and who were able to give both positive and negative feedback were the most helpful in their supervised experiences. Findings from both studies are congruent with what students in this study identified as effective preceptor characteristics.

Collectively, the students participating in this study said preceptors who were willing to share their experiences, gave constructive feedback and praise, communicated expectations, and were organized, approachable, and respectful of students' opinions enhanced the learning process. Students from all three internships said they learned the most and liked their experiences best when preceptors let them practice on their own, or as one student put it, when they were able to "fly solo." Similarly, students in the Wolf and Dunlevy (1996) study acknowledged feeling rewarded when they had individual responsibility for patient care as well.

Conversely, interns in this study responded that preceptors who were not around, were intimidating, and criticized them on personal habits inhibited learning and often made interns question their ability and desire to continue their education. Again, these characteristics are similar to those identified by students in Wolf and Dunlevy's (1996)

study. Preceptors who acted too busy for students, openly communicated a desire not to have students, and showed negativity toward the dietetics profession hindered the learning process.

Students in all three internships also expressed a desire for preceptors to verbalize their expectations of the students early in their rotations. Several students spoke of not wanting to “step on toes.” Just as preceptors wanted to know what was expected of them on a daily basis, students wanted to know the same. They wanted preceptors to tell them when they expected the students to be able to work on their own and they wanted to know what preceptors considered to be appropriate work during downtimes. This information is not present in existing literature but may be beneficial to promoting a positive internship experience for students.

Preceptor Commitment

In addition to their jobs, preceptors have the added responsibility of planning learning experiences for interns and evaluating their progress. Most often however, dietetic preceptors do not receive additional compensation for their time and commitment. Dilbert and Goldenberg (1995) and Marincic and Francfort (2002) surveyed nursing and dietetic preceptors respectively to examine the relationship between commitment to the preceptor role and preceptor perceptions of benefits, rewards, and support from educational institutions. In both studies, the authors noted a positive correlation between each of these variables.

With regard to benefits and rewards, preceptors at Midwest University recognized their adjunct status as a benefit, but many of the preceptors interviewed did not know what privileges went with the title. Several preceptors explained they had access to

university computer and library services, but few had taken advantage of the privileges. The preceptors agreed one of the greatest rewards for being a preceptor is what they learn from interns. They spoke of interns helping them improve their computer savvies. One MWU preceptor stated:

They teach us everything, and they can find resources for everything, it's unbelievable. I mean I don't even think to look for some of this stuff and they come up with these websites and resources that are just fabulous. . . . so we learn a lot from them.

Other MWU preceptors said they learned from students because the students have journal clubs and have attended continuing education classes and they bring the information to the preceptors, "It's like, wow! I didn't even have to look for this. Here it is right in my lap. It's nice to have the newest stuff."

Preceptors at Southern University are rewarded with an annual dinner where they are recognized for their contribution to SU's internship, while Southeast University preceptors are often provided with reference books. Moreover, the program directors from all internships studied offer additional continuing education credit opportunities to preceptors through workshops and student research presentations. Preceptors from all sites agreed however, that one of the main reasons they liked being a preceptor was it gave them an opportunity to give back to the profession. A SEU preceptor simply stated, "It's nice to give something back." According to preceptors in this study, being a preceptor is beneficial because it contributes to both personal and professional growth.

Preceptor rewards and benefits noted in this study are comparable to those found in studies conducted by Caldwell-Freeman and Mitchell (2000) and Marincic and

Francfort (2002). Just as in this study, other programs offer preceptors the opportunity to be adjunct clinical faculty or they may provide journal subscriptions, textbooks, and stipends to attend professional meetings. Furthermore, some programs sponsor luncheons or recognition dinners. Ultimately however, as noted by Conklin and Simko (1995) and Gilbride and Conklin (1996), many dietitians, like those participating in this study, volunteer to be preceptors because they believe it is their duty to give back to the profession.

Preceptors in the Dilbert and Goldenberg (1995) and Marincic and Francfort (2002) studies responded they were more committed to the role when they perceived there to be benefits or rewards. Preceptors in this study identified benefits and rewards to participating in the supervised experience and they expressed their commitment to the role. The preceptors who participated in the study took time out of their day to attend training, participate in an interview, or both. It is possible that some dietitians who are preceptors for the three internships are not committed to the role; therefore, a limitation of the study is that all preceptors involved with the internships were not interviewed, and those who were may not represent the beliefs of all program preceptors.

Preceptor Support

Although internship directors may offer rewards for preceptors who volunteer for their respective programs, if preceptors do not feel they are supported by the institutions, they may elect not to continue in their roles. Ferguson (1995) interviewed 30 nurse preceptors to identify their perceptions of university faculty roles in the preceptorship experience. In addition to other roles, the preceptors agreed that faculty should be

accessible, should be the primary information providers, and should act as mentors to preceptors in order to help preceptors develop their clinical teaching skills.

At Southern University, the preceptors felt they were missing this connection with the program director. While the director communicated with preceptors via e-mail, the preceptors wanted her to visit the sites more frequently to see what the students were experiencing. Preceptors were also displeased that students were providing them with more information than the director. There was a detachment between the program director and the preceptors which may ultimately affect the willingness of preceptors to serve in that capacity. The preceptors in Ferguson's (1995) study felt supported when the program director was accessible and personally provided information; conversely, the preceptors at SU felt as though they were not supported because they were missing these factors.

A similar feeling of detachment was expressed by preceptors working with a multi-site internship in a study conducted by Kruzich et al. (2003). The authors contended when multiple sites are involved, as was the case in all internships participating in this study, it becomes increasingly important for faculty to maintain contact with preceptors in order to prevent the feeling of isolation.

Preceptors at Midwest University and Southeast University believed their respective program directors were accessible and provided the preceptors with adequate information to understand their roles. Unlike Southern University however, MWU and SEU program directors are provided some amount of release time to conduct their administrative duties which include communicating with and educating preceptors. They

also have well-established internships and have gained the commitment of preceptors by working with them for many years.

Preceptor Training

As a preceptor, daily responsibilities increase; however, work-related duties are normally not reduced. Because of this, the preceptor needs support from faculty, colleagues, and worksite administrators in order to succeed. The responsibilities of a preceptor include teaching and evaluating, mentoring, and socializing preceptees and it cannot be assumed that a preceptor will be effective in the role just because he or she is an effective practitioner (Kaviani & Stillwell, 2000). As the former director of MWU's internship stated, many preceptors "precept the way they were precepted." It may be that preceptors were precepted well, but as was noted in my interviews with preceptors, many did not have positive experiences. In order to provide support to preceptors and educate them on ways to provide effective learning experiences, preceptor training may be offered.

The content of training programs vary, but of those documented, the most noted topics include preceptor roles and expectations (Dilbert & Goldberg, 1994; McKnight et al., 1993; Shamian & Inhaber, 1995; Westra & Graziano, 1992). Preceptors need to understand what is expected of them in order to feel confident in their roles. These topics were addressed in both Midwest University's and Southeast University's preceptor training workshops; however, they were not covered in Southern University's training. The SU preceptors interviewed did not have a clear understanding of expectations with regard to their role and because of this, expressed a lack of confidence.

Southern University's preceptor training workshop dealt with behavior characteristics and motivational techniques that may influence the learning environment of the preceptorship. These topics have also been identified as valuable in research on preceptor training (Westra & Graziano, 1992); however, because SU's preceptors were uncertain of their role expectations, one of the preceptors referred to this information as "fluff". She would have preferred a discussion on expectations and appropriate teaching tools.

Not only can preceptor training help clarify expectations and offer suggestions for appropriate learning activities, but it also has been shown to promote networking and a sense of comradery as preceptors from multiple facilities meet and discuss concerns or strategies (McKnight et al., 1993; Williams et al., 1993). This sentiment was echoed by a preceptor at MWU who stated she was happy to see so many preceptors from other facilities. Although time ran short at the workshop, MWU preceptors expressed a desire to discuss common challenges that are faced by preceptors and possible solutions to those challenges during future training workshops.

Preceptor Training in Nursing

In nursing, preceptor training is considered essential for the success of experiential programs (Dilbert & Goldenberg, 1995), and while the content of training programs may vary, training is considered to be a way of providing support to preceptors (Shamian & Inhaber, 1985). The nursing literature suggests that ongoing preceptor training may also be of benefit (Stevenson et al., 1995), and the current study suggests the same may hold true for dietetic preceptor training. As previously mentioned, MWU preceptors suggested a continuation of the workshop at a later date to discuss challenges

and problems faced by preceptors. One preceptor suggested, “Maybe have some case studies, some examples [of things] that have happened and we could react to those and make suggestions.” Southern University preceptors wanted more training on daily activities and role expectations, and Southeast University preceptors considered changes or updates in dietetics education to be appropriate topics for future discussion. These ideas for future topics were not surprising given the differences in role clarity amongst the preceptors. Southern University preceptors were confused with their roles so they wanted the basic information on program expectations. Midwest and Southeast University preceptors were more comfortable in their roles and suggested expanding on topics or introducing new topics altogether for future training.

Preceptors in Westra and Graziano’s (1992) study participated in a training workshop and responded in a written evaluation that the training adequately prepared them for their role; however, the preceptors wanted additional training in the evaluation of student performance. Similar findings with regard to evaluating the novice performer were noted by Dilbert and Goldenberg (1995) and Lewis (1990), as well as preceptors in this study. Preceptors questioned the frequency of student evaluations and who should be in attendance and many wanted tips on how to give constructive criticism without upsetting the intern.

Preceptor Training in Dietetics

Evidence exists that nursing preceptors perceive a benefit to preceptor training (Dilbert & Goldenberg, 1995; Lewis, 1990; Pickens & Fargotstein, 2006; Westra & Graziano, 1992); however, prior to this study the benefits of preceptor training had not been addressed in dietetics. Marincic and Francfort (2002) and Wilson (2002) noted that

few dietitians received formal training for their roles, but the perceptions of preceptor training were unknown.

The purpose of this study was to describe the formal preceptor training programs offered by three university-based dietetic internships and identify perceptions of training from internship stakeholders. All program directors and one former director stated preceptor training was beneficial to their respective programs. It provided directors with an opportunity to communicate expectations with preceptors, as well as discuss learning activities that are most appropriate for the supervised setting. Preceptor training also provided a vehicle for dialogue between the director and staff dietitians. Several directors used training as an opportunity to ask preceptors what they needed from the program, emphasizing the desire of programs to support the needs of their preceptors.

With regard to the cost of preceptor training, expenses varied as much as the content of the three workshops. At Midwest University the cost was minimal. There was no charge for the location or speaker since the workshop was presented on campus by the former director who continues to work at the university. The expenses included postage for mailing invitations, the purchase of nametags and snacks, and the cost of producing handouts. Costs were also minimal for the preceptor training at Southeast University. The program director presented the workshop which was conducted in a preceptor's facility, thus, no fee was paid for the location. Money was spent on copying handouts and providing lunch for eight individuals. Preceptor training at Southern University cost more than the others workshops because a speaker was hired and given an honorarium. In addition, a luncheon was provided for over 25 people. Since the workshop was a joint

venture, SU paid half the expenses, which totaled approximately \$500 for the event. The directors agreed preceptor training was well worth the investment of time and money.

Not only did program directors think training was beneficial, but preceptors did as well. In the interviews I conducted following training workshops at MWU and SEU, the preceptors were excited about what they had heard. They had a better idea of what the program directors expected and they had ideas for appropriate practice-based learning activities. They also felt more connected to the program and appreciated for the services they provide.

At Southern University, I was able to interview one preceptor who had attended the training workshop and three others who were relatively new to the SU internship. Each preceptor expressed a desire to attend a workshop where expectations and teaching techniques were discussed. A limitation to this study was my inability to observe SU's preceptor training or talk to more preceptors who had attended the workshop; however, the data collected from the interview were enlightening with regard to the perspectives of preceptors who have not received training for their roles.

Collectively, the preceptors stated the most negative aspect of attending a training workshop was the time away from work. However, if given adequate notice, preceptors were more likely to attend, as they had more time to make arrangements to be away from their jobs. Those who work an hour or more from campus suggested in interviews that training should be offered in various locations, like SEU, or provided by teleconference. Preceptors agreed that presenters should get to the point so time is not wasted and continuing education should be provided.

The preceptors at Midwest University and those who completed the written evaluation at SU's training liked the interaction between participants. They enjoyed hearing what activities other preceptors were doing and how their colleagues dealt with common issues. According to preceptors, the appropriate time between training workshops would be two to three years and while they would like to discuss different topics such as conflict resolution and various teaching/learning strategies, many preceptors wanted to discuss daily expectations even if they had previously done so. No matter how established the program was, preceptors still wanted to know they were meeting the basic expectations of the program.

Directions for Future Research

With the data collected for this study, it is not possible to state whether or not preceptor training had a positive impact on students; however, if preceptors are trained for their roles, students may ultimately benefit. Following training, preceptors may have a better understanding of what activities and experiences promote student learning; thus, the student benefits from a more effective learning environment. In addition, it should not be construed that preceptor training makes a better internship. Communication and respect amongst program directors, preceptors, and students are other factors that can influence the effectiveness of a program.

Interest in preceptor training has surfaced over the past few years and as mentioned before, the American Dietetic Association has assembled a task force to develop a preceptor training certificate program. After spending time in each of the sites studied and interviewing stakeholders, it became clear that each program is unique; therefore, a standardized training program may not be appropriate for all preceptors.

Additional research on factors that influence the effectiveness of dietetic internships needs to be conducted. Communication between preceptors and program directors seemed to affect their relationships and may be the key to an effective program. Likewise, the visibility of program directors was important to preceptors and this may affect the program as well. Preceptor training promotes communication and visibility of the program director; however, if it only occurs every three to six years or when preceptor turnover has reached a certain point, it may not be enough to establish a solid relationship between the director and preceptors.

The thought of a program director's leadership style influencing the content and perceived need of preceptor training did not arise until after data collection was completed. Therefore, program directors were not asked to express their own thoughts concerning their leadership styles. Examining the leadership styles of various program directors and how preceptors and students respond to the styles may provide more insight into the effectiveness or ineffectiveness of dietetic internships.

Another consideration for future research on dietetic preceptor training is its effect on the national registration examination pass rate. Is there a way to link preceptor training to test scores? Do programs that offer training have higher scores on the exam because their students have better learning experiences?

Implications for Practice

It is important to know how training is perceived by internship stakeholders so administrators can determine whether or not to implement programs or workshops. The participants of this study agreed that training was beneficial, it could be implemented on a limited budget, and it should be conducted on a continual basis.

These findings may benefit program administrators who are questioning the need for preceptor training in their own internships. Preceptor training was viewed as beneficial, but again, the content should reflect the needs of the program and the preceptors. One preceptor at Midwest University provided advice to directors who are interested in offering training to their preceptors. She stated:

I would say for an internship that's been going and has not been having training, you can tell that director that it may not be successful in the beginning. If you didn't have it in the beginning, the preceptors aren't expecting it and suddenly it comes along and, "Why should I be part of that?" So there may be some patience involved in getting it established. Not everybody is going to show up for the first time. . . . Maybe it doesn't go exactly as you want it, but don't give up. Keep trying.

The findings may also be beneficial to directors who currently offer training, but may not know how to continue it. As noted in the study, training content can be delivered from a variety of perspectives. If preceptors are confident in their knowledge of the foundation of the program and their role expectations, the "feel good" or conceptual training content offered in Southern University or Midwest University's respective programs may be appropriate. Whatever the case, training for dietetic preceptors is likely to have a positive impact on supervised practice programs.

REFERENCES

- Allanach, B. & Jennings, B. (1990). Evaluating the effects of a nurse preceptorship programme. *Journal of Advanced Nursing*, 15, 22-28.
- American Dietetic Association (n.d). Dietetic Internships. Retrieved from http://www.eatright.org/cps/rde/wchg/ada/hs.xsl/career_2191_ENU_HTML.htm.
- Bain, L. (1996). Preceptorship: A review of the literature. *Journal of Advanced Nursing*, 24, 104-107.
- Baltimore, J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*, 35, 133-140.
- Barr, A., Walters, M., & Hagan, D. (2002). The value of experiential education in dietetics. *Journal of the American Dietetic Association*, 102, 1458-1460.
- Bogdan, R., & Biklen, S. (2003). *Qualitative research for education: An introduction to theories and methods* (4th ed.). Boston: Allyn and Bacon.
- Caldwell-Freeman, K., & Mitchell, B. (2000). Shaping future dietetics professionals: What's in it for you? *Journal of the American Dietetic Association*, 100, 157-158.
- Chambers, D., Gilmore, C., Maillet, J., & Mitchell, B. (1996). Another look at competency-based education in dietetics. *Journal of the American Dietetic Association*, 96, 614-617.
- Coates, V., & Gormley, E. (1997). Learning the practice of nursing: Views about preceptorship. *Nursing Education Today*, 17, 91-98.
- Conklin, M., & Simko, M. (1995). Serving as a dietitian preceptor: How much time does it take and what are the benefits? *Topics in Clinical Nutrition*, 10, 71-78.

- Covey, S. (1990). *The 7 habits of highly effective people*. New York: Fireside.
- Dilbert, K. & Goldenberg, D. (1995). Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 21, 1144-1151.
- Dowling, M. (2004). Hermeneutics: an exploration. *Nurse Researcher*, 11, 30-39.
- Faugier, J. (2005). Reality check. *Nursing Standard*, 19, 14-15.
- Ferguson, L. (1995). Faculty support for nurse preceptors. *Nursing Connections*, 8, 37-49.
- Gates, G., & Cutts, M. (1995). Characteristics of effective preceptors: A review of allied health literature. *Journal of the American Dietetic Association*, 95, 225-227.
- Gilbride, J. & Conklin, M. (1996). Benefits of training dietetics students in preprofessional practice programs: A comparison with dietetic internships. *Journal of the American Dietetic Association*, 96, 758-763.
- Hays, J. & Peterson, C. (2003). Use of an outcomes research collaborative training curriculum to enhance entry-level dietitians' and established professionals' self-reported understanding of research. *Journal of the American Dietetic Association*, 103, 77-84.
- Huyck, N. (1986). Teaching dietetic students in the clinical setting. *Journal of the American Dietetic Association*, 86, 234-236.
- Jay, A., & Hoffman, C. (2000). Benefits associated with serving as a preceptor for dietetic interns. *Journal of the American Dietetic Association*, 100, 1195-1197.
- Johnson, B., & Christensen, L. (2004). *Educational research: Quantitative, qualitative, and mixed approaches* (2nd ed.). Boston: Allyn and Bacon.

- Kaviani, N., & Stillwell, Y., (2000). An evaluative study of clinical preceptorship. *Nursing Education Today, 20*, 218-226.
- Kruzich, L., Anderson, J., Litchfield, R., Wohlsdorf-Arendt, S., & Oakland, M. (2003). A preceptor focus group approach to evaluation of a dietetic internship. *Journal of the American Dietetic Association, 103*, 884-886.
- Laschinger, H. & MacMaster, E. (1992). The effect of a pregraduate preceptorship experience on the development of adaptive competencies of baccalaureate nursing students. *Journal of Nursing Education, 31*, 258-264.
- Lewis, K. (1990). University-based preceptor programs: Solving the problems. *Journal of Nursing Staff Development, 6*, 17-20.
- Marincic, P., & Francfort, E. (2002). Supervised practice preceptors' perceptions of rewards, benefits, support, and commitment to the preceptor role. *Journal of the American Dietetic Association, 102*, 543-545.
- McKnight, J., Black, M., Latta, E., & Parsons, M. (1993). Preceptor workshops: A collaborative model. *Nursing Connections, 6*, 5-14.
- Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco: Jossey-Bass.
- Merriam, S. (1995). What can you tell from an N of 1?: Issues of validity and reliability in qualitative research. *Journal of Lifelong Learning, 4*, 51-60.
- Morgan, D. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Myrick, F. (1988). Preceptorship: A viable alternative clinical teaching strategy? *Journal of Advanced Nursing, 13*, 588-591.

- Myrick, F., & Yonge, O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *Journal of Advanced Nursing, 45*, 371-380.
- Nehls, N., Rather, M., & Guyette, M. (1997). The preceptor model of clinical instruction: The lived experiences of students, preceptors, and faculty-of-record. *Journal of Nursing Education, 36*, 220-227.
- O'Connor, A. (2001). *Clinical instruction and evaluation: A teaching resource*. Sudbury, Massachusetts: Jones and Bartlett.
- Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, California: Sage
- Payette, E. & Porter, Y. (1989). Preceptor training: A practical approach. *The Journal of Continuing Education in Nursing, 20*, 188-189.
- Peirce, A. (1991). Preceptorial student's view of their clinical experience. *Journal of Nursing Education, 30*, 244-250.
- Pickens, J. & Fargotstein, B. (2006). Preceptorship: A shared journey between practice and education. *Journal of Psychosocial Nursing & Mental Health Services, 44*, 31-36.
- Pond, E., McDonough, J., & Lambert, V. (1993). Preceptors' perceptions of a baccalaureate preceptorial experience. *Nursing Connections, 6*, 15-25.
- Ridley, M., Laschinger, H., & Goldenberg, D. (1995). The effect of a senior preceptorship on the adaptive competencies of community college nursing students. *Journal of Advanced Nursing, 22*, 58-65.

- Shamian, J. & Inhaber, R. (1985). The concept and practice of preceptorship in contemporary nursing: A review of pertinent literature. *International Journal of Nursing Studies*, 22, 79-88
- Skipper, A., & Lewis, N. (2005). A look at the educational preparation of the health-diagnosing and treating professions: Do dietitians measure up? *Journal of the American Dietetic Association*, 105, 420-427.
- Spradley, J. (1979). *The ethnographic interview*. Chicago: Holt, Rinehart and Winston.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Stevenson, B., Doorley, J., Moddeman, G., & Benson-Landau, M. (1995). The preceptor experience. A qualitative study of perceptions of nurse preceptors regarding the preceptor role. *Journal of Nursing Staff Development*, 11, 160-165.
- Warren-Mears, V., & Hagan, D. (2004, Spring). Perceived benefit of mentoring: A report from dietetic internship preceptors. *DEP-Line*, 25, 1.
- Westra, R., & Graziano, M. (1992). Preceptors: A comparison of their perceived needs before and after the preceptor experience. *The Journal of Continuing Education in Nursing*, 23, 212-215.
- Williams, J., Baker, G., Clark, B., Ehnis-Roebuck, Gupta, L., Johnson, J., Nix, L., & Petrillo, S. (1993). Collaborative preceptor training: A creative approach in tough times. *The Journal of Continuing Education in Nursing*, 24, 153-157.
- Wilson, M. (2002). Dietetic preceptors perceive their role to include a variety of elements. *Journal of the American Dietetic Association*, 102, 968-974.
- Wilson, M. (2001). *The preceptor in dietetics education*. Chicago, Illinois: American Dietetic Association.

- Wolf, K., & Dunlevy, C. (1996). Impact of preceptors on student attitudes toward supervised practice. *Journal of the American Dietetic Association, 96*, 800-802.
- Yin, R. (2003). *Case study research design and methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Yin, R. (1993). *Applications of case study research*. Thousand Oaks, CA: Sage.
- Young, S., Theriault, J., & Collins, D. (1989). The nurse preceptor; preparation and needs. *Journal of Nursing Staff Development, 5*, 127-131.

APPENDICES

Appendix A: Sample Access Letter

Appendix B: Interview Guides

Appendix C: Focus Group Agendas

APPENDIX A: SAMPLE ACCESS LETTER

SAMPLE LETTER USED FOR GAINING ACCESS TO INTERNSHIPS

Sample Letter Used for Gaining Access to Internships

Dear Program Director,

My name is Mary Kathryn Gould and I am a doctoral student at Marshall University in Huntington, West Virginia. I am also a registered dietitian and teach in the Department of Dietetics at the university as well. In the past, I have served as a preceptor and currently work with many preceptors through Marshall's Dietetic Internship, so I have a great interest in the topic of preceptors, especially with regard to preceptor training. My prospectus has recently been approved by my dissertation committee and I have been granted permission to begin collecting data on my study titled *Perceptions of Preceptor Training in the Dietetic Supervised Practice Experience*.

Currently there is a lack of information on preceptor training in the field of dietetics. There is no definition of what formal training is, and we do not know how program directors, preceptors, and interns perceive the training or its possible effect on the internship experience. For these reasons, the purpose of my study is to add to the body of knowledge concerning formal dietetic preceptor training.

My research design is a qualitative, multi-site case study and I will be conducting research at three dietetic internships that offer training to their preceptors. Back in October of 2005, I sent an e-mail on the Dietetic Educators of Practitioners Listserv and you responded that your program offers formal training to preceptors. I would very much like to have your program be one of the internships in my study. I do realize that research can be time consuming, but I will make every attempt to be as unobtrusive as possible throughout the study.

Because this is a qualitative study, I plan to collect data by conducting interviews, observations, and reviewing various documents. With regard to the interviews, I would like to speak with program directors, preceptors, and students. These interviews may be individual or in focus groups depending on what is most convenient for the program. I would also like to observe the preceptor training if possible. I understand that some internship may offer preceptor training on-line and others may offer it every other year; nonetheless, if it is possible, I would like to participate in the training programs. Concerning document reviews, documents such as vision and mission statements of the internship and agendas for preceptor training may be helpful in better understanding the internship as a whole.

I anticipate spending 1 to 3 days on site for the collection of data. Informed consent from participants will be obtained and the issue of confidentiality will be addressed. No real names will be used in any documents produced from the study and participating internships will be given pseudonyms. There will not likely be any personal benefits to participating in the study, but the findings may be beneficial to other program directors and the dietetics profession. The information gained may be used to modify or improve existing preceptor training programs; or, for those internships not offering

preceptor training, the information could be used to decide whether to implement a formal program.

I would like to talk to you further about the possibility of having your program participate in my study. I will call you to provide more details; however, if you have any questions prior to my call, please do not hesitate to contact me at 304.696.3364 or gouldm@marshall.edu. Thank you for your time and I look forward to speaking with you soon.

Very truly yours,

Mary Kathryn Gould, MS, RD, LD
Marshall University Doctoral Student

APPENDIX B: INTERVIEW GUIDES

PROGRAM DIRECTOR INTERVIEW GUIDE

PRECEPTOR INTERVIEW GUIDE

STUDENT INTERVIEW GUIDE

PROGRAM DIRECTOR INTERVIEW GUIDE

General questions to ask program directors in each location.

Interview expected to last 1 ½ - 2 hours, may have to interview twice depending on program director's schedule.

1. Why did you think it was important to train preceptors?
2. What steps did you take to implement preceptor training in your program?
3. Describe the preceptor training program.
4. What are the challenges of initiating a formal preceptor training program?
5. Describe some of the benefits of offering preceptor training.
Get in-depth information on perceived benefits and probe for complete list.
6. What kinds of surprises have happened along the way?
7. What effect do you think preceptor training has had on the internship?
Probe for examples and description.

PRECEPTOR INTERVIEW GUIDE

General questions to ask preceptors in each location in individual or group interviews. Individual interviews expected to last 1 hour, group interviews expect to last 1 ½ hours.

1. What are your overall impressions of preceptor training? How so?
2. Describe what you most appreciate about preceptor training? Anything else?
3. Describe what you think is the least beneficial aspect of preceptor training?
Others?
4. How has your precepting style changed since you have attended training for your role?
5. Describe how preceptor training has affected your relationship with the internship. Students.

STUDENT INTERVIEW GUIDE

General questions to ask students in each location and in group interviews.
Interviews expected to last 1-1 ½ hours.

1. As a student, what do you want to gain from the supervised practice experience?
2. Describe what you like most about your internship? Anything else?
3. Describe your least favorite aspects of the supervised experience?
4. Describe preceptor behaviors/characteristics you find to be most beneficial in helping you learn? How does this help you?
5. What are the least effective preceptor behaviors/characteristics?

How do preceptors affect the way you perceive your internship experience?

APPENDIX C: FOCUS GROUP AGENDAS

PRECEPTOR FOCUS GROUP AGENDA

DIETETIC INTERN FOCUS GROUP AGENDA

Agenda
Focus Group Discussion
Dietetic Preceptors

1. Purpose of preceptor training
2. Value of preceptor training
3. Least beneficial aspect of training
4. Advice for improvement
5. Changes in precepting style
6. Effect on relationship with program/ interns

Comments:

Agenda
Focus Group Discussion
Dietetic Interns

1. Most beneficial preceptor characteristics
2. Least effective preceptor characteristics
3. How is the internship experience affected by the preceptor?
4. What do you like most about your experience?
5. What do you like least about your experience?

Comments:

