

Impact of FEM on Precepting
NDEP Roundtable Discussions at FNCE
October 22, 2018

Pre-FNCE Questions/Comments/Issues

- How to educate preceptors on new FEM? What strategies, as a profession, should we think about?

On-Site Table Questions/Issues/Concerns

1. Getting the word out to preceptors/educating on the new model
2. Changing the traditional approach to precepting students
3. Engaging preceptors with Competency-Based Education
4. Are there set FEM programs now?
5. If ISPPs are discontinued will programs need to provide more slots and/or distance options?
6. How would you describe the future dietetic profession? Is it tiered? Should programs consider educating all levels?
7. Competency evaluation: longitudinal evaluation and tracking?
8. How do we let preceptors know?
9. What can NDEP/ACEND/CDR create to get information out to practitioners?
10. How can we continue to encourage practitioners to be preceptors?

Discussion

1. Software for tracking of outcomes
 - ACEND is looking at different programs where this is going to help programs
2. Competency Based Education
 - How to train preceptors
 - Give CEUs for training
 - Need to train on FEM first
 - Show them tool to use for evaluation
3. Get out to local/state dietetic affiliates to educate practitioners

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4. Use a standard rubric vs. ACEND “mandated” form to show how to evaluate attainment of competencies and to allow program autonomy
5. New competencies/performance indicators feel more like a checklist than it should
 - not all weighted evenly
 - some broad, some are narrow
6. Cluster items together – for example:
 - Domains (Professional, Knowledge, Skills) should be clustered/mapped and include what is expected from students (critical thinking) = map to competencies
 - Preceptors do scoring of cluster of activities that show student’s grasp of meaning of why they’re doing it
7. Need preceptor involvement in process to map activities to competencies
8. Development of new tools need preceptors involved in order to increase buy-in
9. For preceptors:
 - Webinars, Lunch & Learns, about FEM (multiple times/year)
(go through Clinical Nutrition Manager group – email blast)
 - Need to engage preceptors
 - Share basics with preceptors
10. Challenge has been that we have the 2017 ACEND Standards and simultaneously have FEM Standards at the same time
11. Need to get enough preceptors
 - increasing number of programs with supervised practice requirements competing for slots
12. Precepting students:
 - Do we sit down with industry (Morrison, Sodexo, Aramark) to make sure /encourage importance of precepting
 - Training to hire graduate students/fill a need
 - Not common belief that contract company holds back on precepting
 - Campaign to promote precepting
13. Discussed future of ISPP with FEM
 - Tiered education model of Associates, Bachelors, Masters, Doctorate/Practice Doctorate
14. FEM focuses more on generalist
 - 7 “areas” (?)

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15. How to change tradition model of precepting?
 - add more simulation, technology experiences to make sure achieving same things
 - This doesn't make less preceptor time or make it easier (with simulation & technology)
 - Possibly decrease time students spend in clinical setting
 - Better prepare students before they start rotations

16. Role of clinical faculty on site for rotations to work with student cohorts – does this work?