

Benefits, Barriers, and Motivators to Training Dietetic Interns in Clinical Settings: A Comparison between Preceptors and Nonpreceptors

Rayane AbuSabha, PhD, RD; Colette Muller, MS, RD; Jacqueline MacLasco, MS, RD; Mary George, MS, RD; Erica Houghton, MS, RD; Alison Helm, MS, RDN

ARTICLE INFORMATION

Article history:

Submitted 28 February 2017
Accepted 9 August 2017

Keywords:

Preceptor
Dietetics education
Barriers and challenges
Supervised practice
Experiential learning

2212-2672/Copyright © 2017 by the Academy of Nutrition and Dietetics.
<http://dx.doi.org/10.1016/j.jand.2017.08.009>

ABSTRACT

Background The shortage of supervised practice sites in dietetics is associated with fewer numbers of preceptors available to supervise interns, especially in the clinical setting.

Objective To identify clinical dietitians' perceived benefits and challenges of training dietetic interns and to determine key motivators that would entice nonpreceptors to volunteer for the role.

Design Registered dietitian nutritionists working in clinical settings completed a semi-structured, audiotaped interview followed by a brief questionnaire.

Participants Clinical dietitians working in hospitals, long-term care facilities, and outpatient clinics (n=100) participated: 54 preceptors and 46 nonpreceptors.

Statistical analysis Qualitative analysis was conducted using an iterative process to identify and code common themes. *T* tests were used to compare mean differences between the opinions of preceptors and nonpreceptors.

Results Preceptors had approximately 5 more years of experience (mean=14.27±12.09 years) than nonpreceptors (mean=8.83±9.72 years) ($P < 0.01$). Furthermore, preceptors reported twice as many benefits to mentoring interns (mean=6.7 mentions/participant) as nonpreceptors (mean=3.4 mentions/participant), including knowledge gains and staying current. Lack of time was consistently noted as a barrier in interviews and rated as the greatest barrier in the survey. Both groups rated receiving continuing professional education units (CPEUs) for precepting as the greatest potential motivator for taking on interns.

Conclusions Incentive programs should be developed to entice nonpreceptors to take on interns. These programs should include extensive training on the preceptor role and how to alleviate the burden of time spent supervising interns and should provide a significant number of CPEUs to make the added workload worthwhile.

J Acad Nutr Diet. 2017; ■■■■■.

THE 2011 DIETETICS WORKFORCE DEMAND STUDY projected that by 2020, only 75% of the demand for registered dietitian nutritionists (RDNs) will be met.¹ One of the key recommendations was to identify the factors that affect the supply and demand to avoid increased outside competition and ensure a thriving future for the profession.¹ The shortage of supervised practice sites for students is the primary factor currently affecting the supply of nutrition and dietetics practitioners.²⁻⁴ In 2016, of the 5,944 eligible dietetics internship applicants, only 3,004 students were matched, leaving 50% of graduating students without an internship to complete their required supervised practice.³ The number of internships available to students has remained stagnant for many years because of the inability to expand the number of practice sites.^{1,5} At each practice site,

one or more preceptors volunteer their time to mentor dietetic interns, exposing them to real-life experiences and preparing them for their future roles as practitioners.⁴⁻⁶ Without an increase in available preceptors willing to supervise interns, growth in the number of practice sites, and thereby internship slots, is unlikely.^{3,5}

Serving as a preceptor is a way for an RDN to give back to the profession, and many RDNs have expressed a sense of pride in training interns to become entry-level practitioners.^{7,8} The benefits of mentoring interns include improvement in academic and professional skills of the preceptor,⁹⁻¹⁴ savings in training time when interns are hired after graduation,^{8,14-17} and implementation of interns' research projects.^{8,12} Interns' staff-relief activities can also result in cost savings for the facility.^{10,18}

Despite the numerous reported advantages to acting as a preceptor, the barriers often seem to outweigh the benefits. Time constraints, lack of support and recognition for preceptor efforts, increased workload, and burnout are commonly cited barriers to preceptorship.^{7,19} Lack of time, in particular, has consistently been reported as the primary deterrent to mentoring interns and has also been seen across other allied health disciplines.^{7,15,20-24} Preceptors report other challenges that make them hesitate to volunteer, including added paperwork, lack of resources, difficult or unprepared students, and lack of compensation.^{19-22,25-27}

Although the benefits and barriers to preceptorship have been thoroughly studied, the key motivators have rarely been examined. Rewards such as receiving an award,^{4,7} developing an electronic mailing list devoted to addressing preceptorship issues,⁷ and receiving continuing education credits^{7,10,12} have been mentioned in a limited number of studies; however, no research has examined the primary motivators that would convince a nonpreceptor to accept dietetics interns. The purpose of this study was to identify clinical dietitians' perceived benefits and challenges of precepting interns and to determine the principle motivators that would entice nonpreceptors to volunteer for the role. Clinical dietitians working in clinical settings were specifically chosen because they have been shown to be the limiting factor in expanding internship slots.^{28,29}

METHODS

Study Participants and Design

The study included a qualitative semi-structured interview, followed by a brief survey to determine clinical dietitians' perceptions of the challenges and benefits of and motivators for precepting interns. Using purposive sampling technique, a group of 13 graduate students recruited clinical dietitians who worked at their local hospitals, outpatient clinics, and long-term care facilities across the United States. Graduate students were enrolled in an online master's program and were each instructed to recruit eight clinical dietitians from within their communities. Students knew in advance whether each participant was a preceptor or nonpreceptor. Semi-structured interviews were used for data collection to reduce possible bias; in addition, students received training for a total of approximately 7 hours on research ethics and standardized data collection protocols, 4 of which were synchronous via Skype. All interviews were conducted and recorded in person or by telephone between November 2015 and February 2016.

Two sets of interviews and surveys were developed, one set for preceptors and another for nonpreceptors. For this study, a preceptor was defined as an RDN who, at the time of the study, was acting as a field supervisor or was planning to become a field supervisor in the following year. A nonpreceptor was defined as an RDN who had not supervised interns in the past year and did not have plans to precept in the upcoming year. Any RDNs who had supervised interns in the past but did not plan on supervising interns the following year were also counted as nonpreceptors. All protocols for data collection were approved by the college's institutional review board, and individual participants provided oral consent before completing the interviews. No remuneration was provided for participation.

Data Collection Instruments

Qualitative interviews were chosen because little was known about the key motivators and opinions of clinical dietitians who are not preceptors. Because several students conducted the interviews, semi-structured interviews were used to help define the areas to be explored and guide the dialogue, yet allow flexibility for elaboration of information.³⁰ The interviews took between 30 and 45 minutes to complete. In interviews, preceptors were asked for information regarding supports for the role, as well as benefits and challenges of the role. Interviews with nonpreceptors were similar but also included questions about the reasons for not taking on interns and possible motivators that would entice them to accept an intern.

Once an interview was concluded, each participant was asked to take a brief 15-item survey that required less than 10 minutes to complete. The survey gathered demographic information including the participant's work setting and number of years of work experience. In addition, the survey asked both groups to rate, by using a 5-point Likert scale (1="not important" to 5="very important"), a list of factors related to barriers, benefits, motivators, and deterrents related to preceptorship. The survey and interview questions were pilot tested with 15 RDNs for readability and redundancy and revised accordingly.

Data Analysis

Recorded interviews were transcribed verbatim for content analysis. One investigator reviewed all the transcripts for accuracy then used thematic coding to analyze the interviews following a three-step process.³¹ During the first pass, all themes that emerged from the data (n=59) were noted, and quotes were coded within these themes using the "cut and paste" method.³² During the second pass, the initial themes were reorganized, collapsed into other themes, or split into different ones for a final total of 40 themes. For example, "having a heavy workload" was combined with "too busy," and "intern help" was split into "intern projects" and "staff relief." For the last and final pass, the themes were organized around six major categories that emerged. Saturation of themes was achieved with 13 interviews with preceptors and 18 interviews with nonpreceptors. All other interviews were used to confirm findings and enrich the data. Ten percent of transcripts were coded by a second investigator to establish inter-rater agreement of the coding procedure. Coding results were compared, and differences were discussed to arrive at the final version of codes. Initially, coders achieved a 67% intercoder agreement, which was raised to 89% after the negotiated agreement method was used.

Survey data were analyzed using SPSS for Windows (version 23.0, 2015, SPSS Inc). Descriptive statistics were run to depict participant demographic characteristics, as well as average Likert scale ratings of key themes. Independent *t* tests were used to determine whether participants' ratings on the survey differed by education level, years of experience, or status as a preceptor.

RESULTS

A total of 124 clinical dietitians were contacted from 14 states across the United States, of whom 100 (80.6%) agreed to participate: 54 were preceptors and 46 were nonpreceptors.

Download English Version:

<https://daneshyari.com/en/article/8571922>

Download Persian Version:

<https://daneshyari.com/article/8571922>

[Daneshyari.com](https://daneshyari.com)