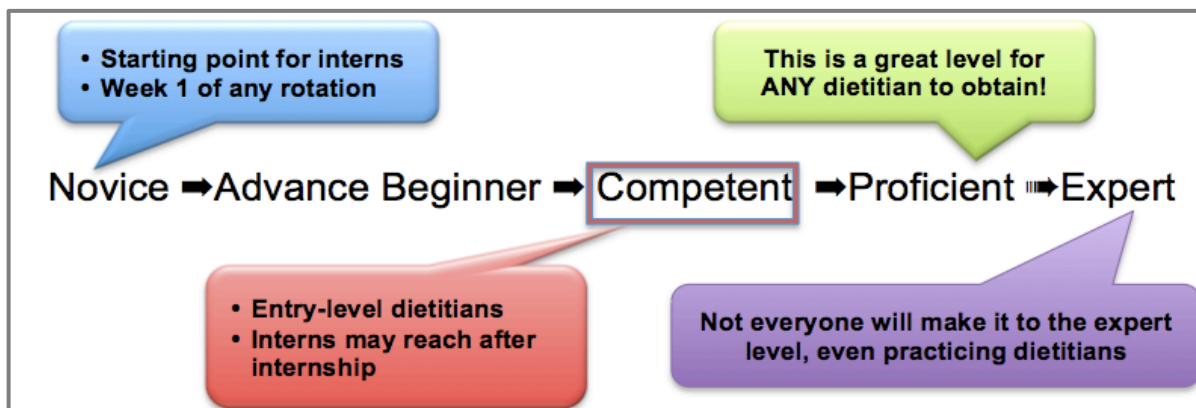




Intern Learning Model



The Dietetic Practice Experience is a nine-month internship during which students gain exposure to clinical, ambulatory, community, WIC, management and food service areas of dietetics. A preceptor may acquire an intern during any of the learning stages listed below. A quick way to determine where your intern is in their learning process is to consult the table below and ask your intern questions about their experiences and comfort level. The stages of learning are not linear; interns and practicing RDs may re-enter previous stages when moving to a new site, service, location, etc.

<u>NOVICE</u>	<u>ADVANCED BEGINNER</u>	<u>COMPETENT</u>
<p>Characteristics:</p> <ul style="list-style-type: none"> • Limited (if any) experience in respective field of rotation • Learning the lay of the land (not only how to get from point A to B, but how the organization, floor, service or business operates) • Textbook learner, difficulty recognizing learned concepts in real life examples • Carries around notes, refers to notes when answering questions • Relies heavily on memorization • Has a desire to get things “right” and is therefore not a risk-taker 	<p>Characteristics:</p> <ul style="list-style-type: none"> • Gaining some practical experience • Applying their textbook learning to observations • Characterizes learned examples into groups → Still difficult for intern to differentiate between extraneous experiences and “norms” • Will still seek help and guidance, require correction • Still unsure in certain situations but gaining confidence and independence 	<p>Characteristics:</p> <ul style="list-style-type: none"> • Increased exposure to experiences and norms– able to characterize examples into a hierarchy of importance • Higher engagement and independence • Willing to take risks • Realizes it is unrealistic to always “get it right” • Further reading/textbook learning makes <i>more</i> sense now that intern possess concrete examples for applying the knowledge • NOTE: The intern may or <u>may not</u> master this stage by the end of their rotation → When evaluating your intern offer feedback on how they can move to entry-level RD proficiency in the future

Interns will vary in how quickly they move through these stages. Some interns might cross from Novice to Advanced Beginner in the first couple of weeks of a rotation, or they might take longer to move through these stages. It is important to check in regularly with interns to see where they are at and identify anything to help them move through the learning process. We follow the Academy of Nutrition and Dietetics guidelines that students should be ready to perform as entry-level RDs after completing their nine-month internship.

Novice

The intern has been learning without any hands-on experience. People in this stage have a lot of anxiety about the field, so they use concrete rules and “cheat sheets” to make it through the challenges they face. They often fill their notebooks with reference manuals, notes, and ‘cheat’ sheets. The novice intern is still relying on memorization and is preoccupied with getting things “right.” There are many opportunities for novice learners to gain real examples of how to apply their clinical “book” knowledge. Preceptors can help by explaining their thought processes and actions when assessing/treating a patient as the student is shadowing them. Especially in the early stages of the internship, patience with the intern and allowing them to observe others applying clinical knowledge is both valuable and important.

Analogy (Learning how to cook): The person requires a specific recipe. They follow the recipe to perfection and make a grocery list of every item to be purchased. If they forget one of the ingredients, they return to the store to get it as they have not yet learned how to improvise and identify foods that might be useful as a substitute.

Advanced Beginner

The intern learns to characterize experiences into examples, as they have now gained some practical knowledge and can apply textbook learning to actual experiences and examples. It is still challenging to categorize which of their experiences are extraneous and which are important, so learning is still progressing slowly. They require guidance, constructive criticism/correction and still need to seek help in identifying important learning opportunities.

Analogy: The cook has learned that just because a recipe calls for whole milk does not mean he cannot substitute another form of milk. He realizes that the milk provides the liquid and that using lower fat milk is a simple way to decrease the calories without ruining the end result. However, he still does not know all of the situations when substitutions are acceptable. For example, he has learned with the milk that he can decrease calories by choosing low-fat milk, so when making custard, he decides to use egg whites instead of egg yolks. Unfortunately, he will discover that the end result is entirely different in this case.

Competent

The intern has been exposed to many clinical examples and has established a hierarchy of importance for when and how to assess a patient and things to look for given their diagnosis. The intern has a higher engagement in independent practice and is willing to take risks, realizing it is unrealistic always to be “right.” Any further reading or research the intern makes *more* sense and contributes more to their knowledge than previous textbook learning as they now have actual experiences to “hang” that information on.

An intern should be competent by the end of the internship; however, they will remain in this stage even when hired as an entry-level dietitian. Depending on the position for which a dietitian is hired, it could take 6 months to 1 year for the individual to be fully “competent,” as it is defined in this model.

Analogy: The cook is trying more complicated dishes and purchasing new cookbooks for different ethnic cuisines. They have picked up some key examples of what ingredients are necessary for cooking (when it is appropriate to substitute egg whites for egg yolk) but still have more to learn. Now they can come up with a handful of basic dishes without a recipe because they have learned how certain foods complement each other. They have started making stir-fries and stews, but they still follow directions for quiche.

Proficient

As people in this stage are talking to patients, they can be intuitive about the whole diagnostic picture and what might be going on nutritionally. They act quickly and appropriately. They have learned to notice key signs and symptoms and

identify key questions to ask both patients and the medical team. Proficient RDs can take quick actions based on their experience. At this point, decision-making has transitioned from what was learned in school to being based more on experience.

Analogy: The cook can now prepare complex dishes without a recipe and modify recipes to make them cheaper, lower-calorie, sweeter, more colorful, or a different texture. If he wants to learn an entirely new dish, he will have to look at a recipe, but it will not take long to learn the new concept, and he can soon incorporate that new recipe into his regular use. Proficient cooks are effective at preparing quality meals. They have learned how to change recipes to accommodate their own needs/goals for cooking and can prepare many dishes without recipes.

Expert

This dietitian has vast experience and knows what to do almost immediately regardless of the service/patient population. His or her knowledge is so broad that he or she no longer “sweats the small stuff” and knows when and where to take risks. Experts are active participants in the field and may offer talks/seminars to educate others in the field and may be asked to help participate in writing textbooks, manuals, curriculums and/or research articles. Not all dietitians will reach this level and may not want to. Many dietitians may instead prefer to be proficient in many different areas of dietetics over the course of their career, happy to provide quality care to their patients and work effectively with their healthcare team.

Analogy: The cook has worked very hard to become an expert and can open his own restaurant or bakery. He can create his own recipes and might even make his own cookbook for novice cooks to learn from. Not all cooks will reach this level.

Information was adapted for use by UW dietetic preceptors from Dreyfus, SE and Dreyfus HL.
A five-stage model of the mental activities involved in directed skill acquisition. February 1980.
Published by Operations Research Center at University of Berkeley.