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**DIETETIC STUDENTS' LIVED EXPERIENCE
WORKING WITH PRECEPTORS:
A PHENOMENOLOGY**

by

Mary-Pat Torres Maciolek

A Dissertation

Submitted to the
Department of Education Services and Leadership
College of Education
For the degree of
Doctor of Education
at
Rowan University
August 15, 2017

Dissertation Chair: Kathleen Crabill, Ed.D.

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Dedication

To my family.

Acknowledgments

It is surreal to be at the end of this scholastic journey. Like most life-altering decisions, I did not fully understand what I was getting into when I started the doctoral program. There were definitely times when I felt the need to walk away. Luckily, for me, I am blessed with family, friends, and colleagues who did not let me succumb to the frustrations and roadblocks along the way.

An amazing woman walked into one of my early courses in the Ed.D. program, and my life was forever changed. Dr. Casey Crabill, who moved from instructor to mentor, offered expertise and counsel, every step of the way. Casey, the wisdom, encouragement, and guidance you have provided since day 1 have been steady and for that, a simple thank you just does not seem to be enough. Drs. Janet Reid-Hector and MaryBeth Walpole, the perspective and knowledge you provided as I worked to create a finished product is a testament to the educators you are. There was never a time when your recommendations were not spot-on, and I am in awe of the knowledge you possess. I am fortunate to have found these three remarkable women in my dissertation journey, and I do hope you realize the impact you have had on me, as well as countless other students during their careers. You are truly an inspiration.

This research was possible because of the participants who agreed to take time from their very busy lives and share personal stories so I may complete this study. I am honored by your commitment to our chosen profession and am confident the profession of dietetics is better because each of you are a part of it.

To my colleagues, who have picked up the slack and kept me in the loop as I focused on this research, thank you. To the program directors, who facilitated the

connections needed to locate participants for the study, thank you. To my family and friends, who always asked how it was going and listened to hear my reply, thank you.

To KK, who has spent more time with the APA Style than anyone not writing a dissertation should, thank you. The hours you spent reading and editing and formatting are too numerous to count. Each one mattered, more than you know.

To my husband and my children, this is OUR accomplishment. Your unwavering encouragement, support, patience, and faith that I could do this... oh, what a blessing you all are. Thank you. To my grandchildren, who joined our family during this journey, your hugs, smiles, and giggles are the best motivation in the world. I love you all, for always and forever.

Abstract

Mary-Pat Torres Maciolek
DIETETIC STUDENTS' LIVED EXPERIENCE WORKING WITH PRECEPTORS:
A PHENOMENOLOGY
2016-2017
Kathleen Crabill, Ed.D.
Doctor of Education

The majority of the research conducted on the preceptor model has focused on Allied Health professions other than dietetics. This phenomenological study sought to understand the preceptor experience in dietetics education as revealed by the individuals who had the experience. The purpose of this phenomenological study was to describe the preceptor experience from the perspective of dietetic education graduates in order to understand the impact of the preceptor experience component of the educational process on the professional growth of dietetics education graduates. The August 2016 ACEND Update reveals no significant progress in the match rate for applicants into supervised practice experiences (Appendix A). The match rate has decreased from 52% in 2011 to 49% in 2015. Efforts have resulted in the number of available openings for supervised practice in dietetic internships increasing by 15.6% since 2004, but the number of applicants has skyrocketed by a disproportional 112.5% since 2001 (Gulotta, 2016). The preceptor shortage in dietetics is a significant concern for preparing future dietetics professionals. Through narrative inquiry, six key themes emerged that highlighted the unparalleled experience provided by the preceptor model in dietetics education.

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Chapter 1

Introduction

The medical model of teaching rests on the principle of “see one, do one, teach one” (Farwell, 2009, p. 198). In professional education, this strategy serves as the link between didactic knowledge and practical skills. The most common model for educating entry-level healthcare practitioners involves two components: in-class learning and coursework (didactic) and experiential learning under the guidance of a preceptor (supervised practice). The model for educating nutrition and dietetics professionals encompasses these two components (“Accreditation,” 2016). The allied health disciplines require, as part of accreditation mandates, that students complete a specific number of hours in the clinical setting where entry-level competency can be assessed. These clinical rotations, while coordinated by the educational institution, most often require a practitioner to oversee the hands-on training of the student. This individual is often referred to as the *preceptor*.

The preceptor provides the real-life experience for a student. The preceptor in professional education connects the didactic knowledge with the clinical practice for the entry-level practitioner. 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 (Conklin & Simko, 1995). Murphy (2008) described a preceptor as “a specialized tutor who gives practical training to the student in the role of teacher, coach, facilitator, resource person, and evaluator” (p. 14). Preceptors act as resources and encouragers as they guide students to successfully perform skills and make appropriate decisions (Baltimore, 2004).

The fundamental premise of the preceptorship model is that a one-to-one relationship provides effective teaching/learning (Chickerella & Lutz, 1981). This principle presupposes that preceptors are an essential component of the education process in the clinical areas as their responsibilities include teaching, instructing, supervising, and serving as a role model for a student. While the majority of the literature focuses on nursing education, a consistent theme across professional education disciplines advocates that educators in professional education programs, as well as practitioners, are duty-bound to prepare competent practitioners (Alexander, 2006; Barker, 2010; Beebe, 2003; Conklin & Simko, 1995; Cornell, 2009; Farwell, 2009; Huling, 2001; Mantzorou, 2004; Skrabel et al., 2006; Taylor, Hasseberg, Anderson, & Knehans, 2009). Dr. Ulric Chung, former Executive Director of the Accreditation Council for Education in Nutrition and Dietetics (ACEND) stated, “I believe it is the professional duty of every practicing [dietitian] to precept students” (Roberts, 2010, p.1). Barker (2010) noted, “preceptors are the vital link between the concepts and evidence-based approaches to care and the realities of actual practice” (p. 145). Without the preceptor, professional education as we know it would cease to exist, as preceptors are the important principal bridge between the education and practice settings. All professional education curricula incorporate supervised practice experience with hands-on application, which is supervised by a competent practitioner.

The Academy of Nutrition and Dietetics, (formerly, the American Dietetic Association, or ADA, January 2012), the professional association for dietetics, and the Accreditation Council for Education in Nutrition and Dietetics (formerly, the Commission on Accreditation for Dietetics Education, or CADE, January 2012), which is

the accrediting agency for all dietetics education programs, have each declared the dietetics profession to be at a critical juncture with regard to supervised practice experiences. The CADE 2009 Annual Report noted that the demand for supervised practice sites has been rising and exceeds the 1997 peak demand, with no significant increase in the number of supervised practice sites since 2003. This sparked a number of initiatives to enhance the match rate for supervised practice in dietetics education programs. Recognizing the urgency of the preceptor shortage to the survival of the profession, the members of the Accreditation Council for Education in Nutrition and Dietetics (ACEND) executive board took steps to develop long-term solutions for professional dietetics education programs with the creation of task forces focused on various aspects of the preceptor shortage. ACEND continues to take steps to increase awareness of the shortage and now requires dietetics education programs to notify current and prospective students of the significance of the shortage. In June 2009, a moratorium was placed on all new didactic programs in dietetics education, which are the avenue for the bachelor's degree in dietetics, in an attempt to limit the number of students eligible for supervised practice experience. In 2013, ACEND reaffirmed its moratorium, *unless* all qualified students are able to obtain an internship. An aggressive campaign has been launched to enlist member commitment to precept a future dietetics practitioner. Some examples of this awareness initiative include the introduction of a *National Preceptor Month* every April, the creation of a preceptor database, nationally recognized *Preceptor of the Year* awards, and continuing education credit to preceptors, effective in June 2017. Despite recent initiatives, the August 2016 ACEND Update reveals no significant

progress in the match rate for applicants into supervised practice experiences (Appendix A). The match rate has decreased from 52% in 2011 to 49% in 2015. Efforts have resulted in the number of available openings for supervised practice in dietetic internships, which have increased by 15.6% since 2004; however, the number of applicants has skyrocketed by a disproportional 112.5% since 2001 (Gulotta, 2016). This is an issue that must be addressed in order for the preceptor model in dietetics education to continue as an avenue for preparing future dietetics professionals. The support of the professions' membership is vital to sustain the profession and must be recognized as an investment in the future of the profession. If the profession of dietetics is not able to meet the demand for competent dietetic professionals, less qualified individuals will likely fill the need. Many allied health professions are seeing more and more of their responsibilities assumed by other, less qualified personnel ("Demand for U.S. Health Care Workers," 2002).

Of the 19 community colleges in the state, BKT Community College supports an enrollment of 13,000+ students in credit programs, 7,600+ full-time and 5,600+ part-time with an average graduation class of 1200+ students. BKT Community College is one of two community colleges in the state to offer an Associate in Applied Science Degree in Dietetic Technology. As part of the accredited curriculum, the dietetic technology student must complete a minimum of 450 hours in a variety of clinical settings (Accreditation, 2009). Each year, the placement of students in supervised practice experience rotations becomes more difficult, as fewer practitioners are willing to assume responsibility for a student in the workplace. The Associate in Applied Science Degree in Dietetic Technology is offered in the RJD Department. As the Chairperson of the RJD

Department, I found this shortage to have a direct impact on the ability to provide the mandated clinical rotations for enrolled dietetic technology students. Without the partnership of preceptors, the dietetic technology program would not be able to fulfill the required supervised practice experience hours. My experience with various allied health education programs confirms what is noted in the literature, as all health disciplines cite increasing difficulty in securing preceptors for clinical rotations. The BKT dietetic technology program has experienced this shortage firsthand. Each year, there are fewer practitioners willing to assume the role of preceptor. Caldwell-Freeman and Mitchell (2000) noted, “Providing academic and supervised practice experiences that will meet future practice needs requires dietetics educators to cope with the many challenges of a changing external environment...” (p. 157). The profession of dietetics is encountering a preceptor shortage that is of significant concern for program survival.

Conceptual Framework

According to Maxwell (2005), the conceptual framework of a study – the system of concepts, assumptions, expectations, beliefs, and theories that supports and informs the research – is a key part of the design. It is primarily a conception or model of what is out there that the researcher plans to study, and of what is going on with these things and why. Miles and Huberman (1994) defined a conceptual framework as a visual or written product, one that “explains, either graphically or in narrative form, the main things to be studied – the key factors, concepts, or variables – and the presumed relationships among them” (p. 18).

The conceptual framework I used in this study postulates that without an experience, there can be no true learning or real understanding of a concept or situation,

and that the basis of all experiential learning is that experience matters. This Constructivist Theory reasons the individual progresses from experiences to learning (Pagán, 2006). Learners construct new ideas or concepts based on their past and current knowledge. As a theory, constructivism is based on observation and scientific theory about how people learn. Constructivism maintains that people construct their own understanding and knowledge of the world through experiencing things and reflecting on these experiences. Inquiry, when thoughtfully conducted, is an activity that “leads to significant student involvement, conceptual understanding, and action” (Jones, Flohr, & Martin, 2015, p. 115). Social constructivism suggests that learners create their own meanings from experience with a social, interactive environment, although this depends on an individuals’ capacity or confidence. The constructivist model, as applied to students involved in experiential education, has enabled educators to emphasize the idea that learners are engaged in “meaning-making” (DiFrancesco, 2011). Bruner noted that constructivist theory is an active learning process where students learn best by constructing new ideas and concepts by interpreting them through comparison with previous knowledge (Pagán, 2006). This study used a more traditional approach, as a constructivist inquiry paradigm will “rely as much as possible on the participants’ view of the situation” (Creswell, 2007, p. 20), thus enabling the researcher to identify emergent themes. The framework in Figure 1 depicts Kolb’s Model of Experiential Learning and provides the general framework that guided the early stages of my study.

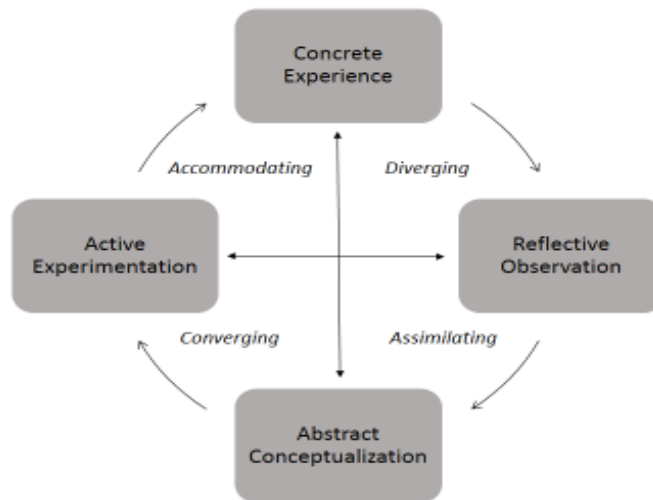


Figure 1. Kolb's model of experiential learning.

Kolb's model of experiential learning articulates that knowledge is created through the transformation of experiences. Kolb stated that individuals learn best when they can cycle through all forms of learning. The learning processes, as illustrated by Kolb (1984), lie in the foundations of four adaptive learning modes that create the experiential learning cycle. Concrete Experiences (CE) establish the foundation for observation and call for the learner to be involved in experiences, actually performing and experiencing an activity. Reflective Observation (RO) requires that the learner understand the meaning of thoughts and situations by carefully watching and listening, using discussion and analysis to uncover how and why things are happening. The sharing equates to reflecting on what the learner discovered and linking it to past experiences, which can then be applied in the future. Abstract Conceptualization (AC) requires the learner concentrate on thinking and analyzing to deepen the understanding of a situation

and determine what key themes or issues emerged from the experience. Active Experimentation (AE) focuses on the learner making practical applications based on the experience; actually applying the knowledge they gained from the experience. Kolb asserted that the learning process can begin for students at any one of the four modes and should be viewed as a continuous cycle (Harrison & Leitch, 2008).

Kolb also provided a typology of learning styles and suggests that individuals have a preference for one over the others. “Because of our hereditary equipment, our particular life experiences, and the demands of our present environment, we develop a preferred way of choosing among the four learning modes” (Kolb & Kolb, 2009, p. 42). According to Harrison and Leitch (2008), an assimilator grasps experience by thinking and theorizing then transforming the experience by watching and reflecting; a converger grasps experience by thinking and theorizing then transforming the experience by doing and applying; a diverger grasps experience by feeling and doing then transforming the experience by watching and reflecting; and an accommodator grasps experience by feeling and doing then transforming the experience by doing and applying. Kolb (1984) stated, “through their choices of experiences, people program themselves to grasp reality through varying degrees of emphasis on apprehension or comprehension” (p. 64). It is the individual life experiences that shape an individual’s learning style.

Experiential Learning Theory (ELT) can be seen as the learning theory that is characterized by the following six propositions (Kolb, 1984):

- “Learning is best conceived as a process, not in terms of outcomes” (p. 26).
- “Learning is a continuous process grounded in experience” (p. 27).

- “The process of learning requires the resolution of conflicts between dialectically opposed modes of adaptation of the world” (p. 29).
- “Learning is a holistic process of adaptation to the world” (p. 31).
- “Learning involves transactions between the person and the environment” (p. 34).
- “Learning is the process of creating knowledge” (p. 36).

Experiential learning is constructivist by nature as its basic premise is that learning is best achieved through actual experience. By participating in real-life activities, individuals are able to efficiently transform the knowledge learned from the classroom and textbooks into their own personal understanding. When accompanied by reflection, the effects can be long-lasting (Chan, 2012).

The framework in Figure 2 models Kolb’s Model of Experiential Learning and presents a visual interpretation of the complexity of issues surrounding the preceptor model in dietetics education and serves as the basis for the research problem in my study.

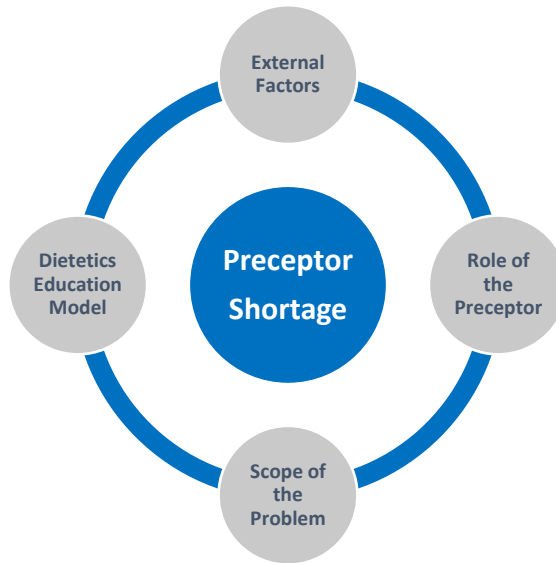


Figure 2. Framework of research study on Dietetic Students' Lived Experience Working with Preceptors

Purpose of the Study and Research Questions

The dietetics graduate today faces a different health care system from graduates in the past as the technology and knowledge explosion in the field of medicine has complicated the expected minimum entry-level requirements. The dietetics profession is committed to the preparation of practitioners who meet the demands of the current and the future health care needs of society. As the dietetics profession continues its mission to educate competent entry-level practitioners, the ongoing review of educational standards proves to be a challenging process.

Studies indicate that experiential learning is a critical component of allied health education (Dewey, 1974; Hickcox, 2002; Kolb, 1984; Schön, 1987). The literature provides a well-defined view of how the dietetics education model developed, as well as the role of the preceptor in that model (Gilbride, 1996; Murphy-Rozanski, 2008; Payne-Palacio & Canter, 2011; Rodriguez, 2010; Wolf & Robinson, 2002). External trends in

health care and education have had an impact on the experiential learning experience in the allied health professions and are a contributing factor to the current preceptor shortage (Bleich, Hewlett, & Santos, 2003; Cornell, 2009; Skrabel et al., 2006). What is lacking in the literature are the voices of the students on the significance of the preceptor experience in their educational process and on their professional practice upon graduation.

A lack of published research highlighting the impact of the preceptor experience on the dietetics practitioner motivated me to identify the essential elements, or essence, of the preceptor experience in dietetics education. The purpose of my research study was to describe the preceptor experience from the perspective of dietetic education graduates in order to understand the impact of the preceptor experience component of the educational process on the professional growth of dietetics education graduates. In this research study, I explored, from the perspective of the dietetic education graduates, those aspects of the preceptor experience that influenced their experience as a dietetics practitioner. The research questions I asked were intended to elicit thick descriptions of participants' lived experiences as students in the preceptor model and the factors they cited as meaningful to their professional growth.

Moustakas (1994) suggested two broad questions that focus attention on gathering data which will lead to a textural description and a structural description of the experience, and ultimately provide an understanding of the common experiences of the participants. Within the context of the research purpose and design, two research questions guided my study and provided the context in which to understand the ways the

preceptor experience, as the lived experience, impacted the dietetics practitioners' performance in practice. Research questions that directed my research project were:

1. What significance do dietetic education graduates assign to their interactions with preceptors during the supervised practice component of the dietetics education curriculum?
2. How do dietetics education graduates describe and interpret their experiences with preceptors in relation to their professional growth as dietetics practitioners?

Significance of the Study

The preceptor shortage continues to be a significant concern with regard to the success of the dietetics education model. Hostetler (2005, p. 16) proposed, "Good research is a matter not only of sound procedures but also of beneficial aims and results. The ultimate goal of researchers and practitioners is to serve people's well-being." Preceptorship is increasingly time- and resource-intensive. The clinical facilities, as well as the practitioners, find it difficult to sustain the demand for clinical education of future practitioners. Allied health education is an evidence-based and applied practice discipline. Clinical education is defined as "the integration of knowledge and skills associated with patient care" (Scholtz, 2000, p. 13). Effective clinical education is paramount in preparing competent practitioners and clinical practice is where nursing knowledge is grounded. The clinical learning environment is the single most important resource in the development of competent, capable, and caring professionals (Ousey, 2000). The continuing decline of the number of preceptors has prompted allied health professions, including dietetics, to consider alternatives to the one-on-one preceptor experience. Like most allied health professions, the dietetics profession is exploring new

initiatives to support supervised practice competencies currently based in the preceptor model. Valiga and Rizzolo (2008) noted the following:

Technology has the potential to assist faculty and students in the teaching/learning process; [however] students need to be exposed to a wide range of ideas and concepts that will help them develop the knowledge, skills, and values needed to engage in nursing practice, help them manage an increasingly complex and chaotic world, spark their personal interests, cultivate their individual talents, and sow the love of learning and leadership that help [a] profession to grow. (p. 291)

New technologies are becoming more common in the education of all allied health professionals, including dietetics. Patient simulations and virtual reality are moving to the forefront of modern methods of professional education, with the majority of the technology currently grounded in the nursing profession.

The basis of all experiential learning is that experience matters. Experiential learning can be traced back to Confucius, China's most famous teacher, philosopher, and political theorist, 551-479 BC: "I hear, and I forget. I see, and I remember. I do, and I understand" (Gentry, 1990, p. 9). The literature reveals that most educators believe that without an experience, there can be no true learning or real understanding of a concept or situation. Dewey notes, "Education is not preparation for life; education is life itself" (Talebi, 2015, p. 1). While there is an abundance of research related to experiential learning theory, an extensive review of the literature reveals relatively few studies on the meaning of preceptor interaction from the perspective of the student-turned-practitioner. Jordan, Carlile, and Stack (2008) noted that learning occurs as a result of the preceptor

experience. Exploration of the students' lived experiences during supervised practice, and the interaction with the preceptor, is fundamental in order to determine whether the preceptor experience provides the unique qualities the preceptor model espouses.

Decisions regarding clinical teaching models must be developed using research, as opposed to tradition and habit (Putnam, 2009). As the dietetics profession moves towards new technology for supervised practice, my study sought to explore the essential components of the current preceptor model to understand whether the current model provides unique and critical experiences to the student learning process. My study endeavored to understand the preceptor experience from the perspective of the dietetics education graduate. An understanding regarding how the components of the preceptor experience influence the practitioner working in the field will enrich the understanding of the preceptor model and thus guide the usage of the preceptor model in professional education moving forward, as well as inform decisions on alternative experiences in the future.

The information I collected from this study contributed to the understanding of the preceptor experience by listening to the graduates' stories and reflections and revealing how the preceptor experience influences their current practice. My study explored related areas that have been addressed in the literature, such as experiential learning, the dietetics education model, the role of the preceptor, the scope of the preceptor shortage, and preceptor motivation and rewards. The results of my study will provide insight into the lived experiences of the clinical component of dietetics education and may inform the future of dietetics education while weighing the impact of the development of future initiatives in dietetics education.

Overview of the Chapters

Chapter One included an introduction to the preceptor model in dietetics education, the conceptual framework that informed this research study, the purpose of the research study, the research questions that directed the study, an overview of the preceptor shortage in dietetics education, and the significance of the study.

The second chapter included a review of the current literature that focused on the following five areas: Experiential Learning Theory; the Dietetics Education Model; the role of the preceptor in allied health education; specifically dietetics education; the scope of the preceptor shortage in dietetics education; and preceptor motivation and rewards.

The third chapter of this dissertation included the methodology; the role of the researcher; the research design; an overview of the pilot study; data collection methods; study demographics; data analysis methods; and limitations of the study.

In the fourth chapter, I introduce the participants in the research study as well as the six key themes that emerged in the study. A discussion of each of the six themes follows, enriched by participant quotes.

In the final chapter, I share my conclusions and recommendations for practice, recommendations for research, recommendations for leadership, implications for leadership, and final reflections.

Chapter 2

Literature Review

To ensure a comprehensive review of the literature, I conducted a thorough search using electronic databases across disciplines. This chapter is organized into five sections that form the foundation of the literature review. The review of the literature traces the origins of experiential learning and Experiential Learning Theory in education today; summarizes the history of dietetics education and the dietetics education model, with a focus on the origins of supervised practice experience; examines the role of the preceptor; summarizes the scope of the preceptor shortage, with special emphasis on the dietetics profession; and calls attention to the role of preceptor motivation and rewards with regard to the preceptor shortage. I examined the literature related to the history of dietetics education in order to fully understand the evolution of the preceptor model. I also examined the literature related to clinical education and experiential learning for documents addressing the role of the preceptor in the educational process, and the role of the preceptor in clinical education.

In preparation for this research project, I explored issues related to allied health education, such as the preceptor-student relationship, where the preceptor not only teaches, but guides the student via example and instruction; issues regarding the behavior and attitudes of the professional (Beebe, 2003; Burns, Beauchesne, Ryan-Krause, & Sawin, 2006; Leinster, 2009; Mamchur & Myrick, 2002; Myrick, 1988; Putnam, 2009; Skrabel, et al., 2006); the role of the preceptor as the foundation for the education model, where the preceptor serves as the bridge between the classroom and the real world (Barker & Pittman, 2010; Beebe, 2003; Burns, Beauchesne, Ryan-Krause & Sawin, 2006;

Fox, Henderson, & Malko-Nyhan, 2006; Hetzel-Campbello, 2007; Hyrkäs & Shoemaker, 2007; Mantzorou, 2004; Murphy, 2008; Myrick, 1988; Myrick, & Barrett, 1994; Ortman, Mann, & Arsenault, 2010; Taylor, Hasseberg, Anderson & Knehans, 2009; Hyrkäs & Shoemaker, 2007; Smedley & Penney, 2009; Wilson, 2002); the importance of training the preceptor, not only for their role as a preceptor, but also on the abilities of the student(s) they are to precept (Baltimore, 2004; Hasseberg, Anderson & Knehan, 2009; Hitchings, 1989; Luhanga, Dickieson, & Mossey, 2010; Mamchur & Myrick, 2002; Myrick & Barrett, 1994; Öhrling & Hallbert, 2001; Warren & Denham, 2010); and the intrinsic motivation and extrinsic motivation to become a preceptor, as well as any perceived rewards of serving as a preceptor (Blum, 2006; Fox, Henderson, & Malko-Nyhan, 2006; Taylor, Hasseberg, Anderson & Knehans, 2009; Hetzel-Campbell & Hawkins, 2007; Hyrkäs & Shoemaker, 2007; Kruzick, Anderson, Litchfield, Wohlsdorf-Arendt & Oakland, 2003; Mantzorou 2004; Ortman, Mann, & Arsenault, 2010; Stone, Ellers, Holmes, Orgren, Qualters & Thompson, 2002; Usher, Nolan, Reser, Owens & Tollefson, 1998; Wolf & Robertson, 2002). The focus of my literature review is grounded in nursing education, where most of the research and the reports on experiential learning in the health professions has evolved. However, there were a limited number of studies that focused specifically on the preceptor model in dietetics education and these studies assisted in developing the foundation for my literature review (Gilbride & Conklin, 1996; Jay & Hoffman, 2000; Kruzick, et al., 2003; Taylor, Hasseberg, Anderson & Knehans, 2009; Wolf & Dunlevy, 1996; Wolf & Robertson, 2002).

Experiential Learning Theory

Experiential learning is a fundamental method of human learning. The value of experience as a tool in the creation of knowledge and the fostering of human development was seen as early as Aristotle: “[There] using the language of knowledge is no proof that they possess it” (as cited in “History of Experiential Learning,” 2001, ¶ 1). In this statement, Aristotle suggested that theory is not understood until a person has the ability to apply it. The individual studies the theory; however, full understanding is only achieved through experience and reflection. This early concept by Aristotle has been repeated in the literature on experiential learning.

A pragmatic approach to learning, espoused by William James (1842-1910), and the progressive education movement initiated by John Dewey (1859-1952) in the 1920s and 1930s, gave rise to experiential learning programs in schools throughout the latter two-thirds of the twentieth century (as cited in “History of Experiential Learning,” 2001). Jordan, Carlile, & Stack (2008) stated that learning results from experience. Many theorists look at experience from an educational perspective, analyzing the way in which people interact with experience in order to learn from it. Burnard (1992) traced the roots of experiential learning to the work of Dewey. Dewey (1933) emphasized conscious reflection as an important part of learning. Dewey claimed reflection is a rational approach that begins with the experience of a problem, which is then given serious and systematic consideration in light of the grounds that support it (Dewey, 1933). Schön (1987) pointed out that the knowledge possessed by professionals and experts is seamlessly integrated into the performance of their expert action. Putting experiential learning theory into practice offers something substantial and enduring (Kolb, 1984).

Experiential learning programs and practices espouse a student-centered approach designed to develop the individual and to encourage learning as a lifelong process (Hickcox, 2002). Kolb (1984) noted that one of the strengths of experiential learning practices is that they are based on a theory of what learners need to grow and to develop.

The underlying philosophy of experiential learning is based on John Dewey's supposition that the nature of experience is continuous and the experiential learning process is of fundamental importance to education and adult development (Chan, 2012). Piaget (1999) emphasized learning as a lifelong process of discovering knowledge, assimilation, and accommodation of learning from experience and knowledge. Lewin (Smith, 2001) developed a four-stage cycle of action research with reflection, planning, action, and observation. Building from the theories of these philosophers, Kolb stressed the role of experience in the learning process (Clark, Threeton, & Ewing, 2010). The work of David Kolb, and his associate Roger Fry, provided the central reference point for discussion. Kolb (1984) wrote that the learning process often begins with a person carrying out an action and seeing the effects of the actions; the second step is to understand the effects of the action; the third step is to understand the action; and the last step is to modify the action given in a new situation. Kolb's Experiential Learning Model is used today as one of the standards to support the use of learning through experience outside the traditional classroom (Steffes, 2004).

The foundation of experiential learning is based on the premise of active engagement by the student. Experiential learning occurs when certain activities are carried out, and a range of skills and competencies are developed, thus providing the avenue for students to cultivate the measurable competencies required of practitioners in

the field. Competency is the ultimate goal of the supervised practice experience (Hudak, 2006). Both Schön and Kolb presented reflection as an important means of improving future practice and competence. “Reflection therefore can be *on* practice, *in* practice, and *for* practice” (Carlile & Jordan, 2007, p. 31). The experiential experience inspires the shift from student-centered curricula and teacher-centered instruction in didactic coursework, where the primary goal is information transfer, to student-centered experiences that stimulate the learning process. Reflection is a way of processing experiences in order to learn from them. Encouraging student reflection as a means to processing the experience enables the student to learn from the experience and then use that experience as a foundation for future learning and future experience.

When an individual works in a supportive environment, they perform at a higher level than they do when working alone (Leinster, 2009). Leinster postulated that clinical exposure is insufficient; the student must be an active participant in order for clinical learning to take place. This requires structure and planning, as well as active engagement of the student. “Constructivist theories suggest the need for interaction with others if learning is to occur” (Leinster, 2009, p. 31). The constructivist approach emphasizes learners actively construct their own knowledge rather than passively receive information presented to them from teachers and textbooks. From a constructivist perspective, knowledge cannot simply be given to students; students must construct their own meanings (Stage, Muller, Kinzie, & Simmons, 1998). Schön (1983) noted that reflection-in-action takes place while the learner is undertaking the task and thinking their way through it, in the presence of a mentor who challenges the learner to actively question their execution of the task.

There is a hierarchy of knowledge in professional education: basic science, applied science, and technical skills of day-to-day practice. The clinical practice, supervised by a preceptor, prepares students for “competence in the indeterminate zones of practice” (Schön, 1987, p. 9). Schön (1987) maintains practicums are reflective in that they aim at helping students learn to become proficient at a kind of reflection-in-action and, to be effective, they depend on a mutually reflective dialogue of coach and student. Dewey (in Archambault, 1974) reported:

The student cannot be *taught* what he needs to know, but he can be *coached*: He has to *see* on his own behalf and in his own way, the relations between means and methods employed and results achieved. Nobody else can see for him and he can't see just by being 'told,' although the right kind of telling may guide his seeing and thus help him see what he needs to see. (p. 87)

The preceptor as coach supports the student as he or she builds on basic knowledge and progresses from the novice stage to the competent stage, where entry-level practice begins.

External Factors

The literature sheds light on the magnitude of the shortage of clinical sites for a variety of allied health professions. While most of the information regarding preceptors and the preceptor model focuses on allied health fields other than dietetics, the shortage of preceptors is a collective concern throughout professional education programs that utilize the talents of the preceptor as part of the curriculum. Sedgwick and Harris (2011) stated many programs are faced with organizational and operational challenges such as high patient acuity levels, shorter patient hospital stays, staff shortages, and a heavier

workload for employees. Along with the fields of nursing and dietetics, other practice areas that cite concerns regarding the lack of preceptors include midwifery, social work, clinical psychology, as well as the allied health professions across the spectrum of medical education. According to Cornell (2009, ¶ 2), “The demand for clinical preceptors for [Physician Assistant] students has never been greater, and supply simply isn’t keeping pace. Many Physician Assistant programs face a critical shortage of preceptors and clinical sites.” Skrabal et al. (2006) noted that “a variety of factors has produced an increased demand for qualified pharmacist preceptors, including workload issues, an increasing number of pharmacy schools, and increased experiential load in the pharmacy school curricula” (p. 605). In addition to physician assistant and pharmacy, paramedic students need preceptors who have a willingness to teach and a desire to see the profession improve as a direct result of their interaction with the students (Beebe, 2003). With regard to nurse practitioners, McComas (2015) stated that schools are “pouring out students but then countless students are struggling to find preceptors.” The preceptor shortage has become a universal concern to all allied health professions.

The productivity loss of employees is a concern to agencies that accept students for supervised practice. One study cited the loss of practitioner productivity was an issue for community physicians who were precepting third year medical students. The study revealed physicians who precepted students saw 1.4 fewer patients and spent 51 minutes longer at work than physicians who did not have students with them (Levy, Gjerde, & Albrecht, 1997). With regard to the impact of the preceptor shortage, Bleich, Hewlett, and Santos (2003) noted there was a diminished supply and an increased demand for professional nurses. A shortfall of 340,000 RNs is projected in the United States by 2020,

which is three times larger than the 2001 shortage (Auerbach, Buerhaus, & Staiger, 2007). Preceptors have a significant impact on both the training and retention of nurses. However, the reluctance of practitioners to serve as preceptors exacerbates the nursing shortage. An analysis of data on dietetic programs revealed that 3,795 individuals applied for 2,520 clinical rotations, which translates to a shortage of 1,275 sites. This results in 33% of individuals who apply for supervised practice not afforded the experiential learning experience required for entry-level practice (“Accreditation,” 2009). Most recent figures from 2015 indicate the match rate has increased to 49%. While this is a positive indicator, the number of applicants for supervised practice has increased to 112.5%, making an acceptable match rate to a supervised practice even more inaccessible (Gulotta, 2016). Many gifted students who are interested in a career in the dietetics profession are being denied the opportunity because of an insufficient number of preceptors. Judith C. Rodriguez, PhD, RD, FADA, past-president of the American Dietetic Association, proclaimed at the 93rd annual meeting of the American Dietetic Association, “Every other profession is able to provide entry-level supervised practice – no other profession faces greater disparities” (2010). This should be a concern to each and every dietetics practitioner.

The current preceptor shortage in dietetics education is due primarily to external issues. The health care industry has fewer dietetics professionals on staff, creating increased responsibilities in the workplace. This, coupled with the time required to precept a student, has created a reluctance, and in many dietetics education programs, a refusal to accept dietetic students to precept. The shortage has also created more competition for those clinical sites and preceptors who are willing to accept a student to

precept (Hetzel-Campbell & Hawkins, 2007). Many clinical sites support multiple partnerships with colleges and universities, which further strain both the practitioners and the facilities. The challenges facing the health care industry in general are beyond the control of the dietetics profession, yet these challenges impact the future of the dietetics profession. Dietetics education programs are dependent on these external agencies to educate future dietetics professionals. A multitude of changes in health care, business, and public health agencies has changed the dietetics profession (Kruzich, Anderson, Litchfield, Wohlsdorf-Arendt, & Oakland, 2003). The preceptor shortage has been intensifying over recent years and has reached a magnitude that threatens dietetics education and the dietetics profession.

The Dietetics Education Model

As far back as 2500 B.C., there is evidence of the connection between food and health through the carvings on Babylonian stone tablets revealing the first known written dietary recommendation (Payne-Palacio & Canter, 2011). The early twelfth century records the first written hospital menu in Britain. However, prior to the eighteenth century, beliefs regarding diet were based on insufficient scientific evidence. Florence Nightingale, considered by many as the Mother of Modern Nursing, served as the superintendent of nurses in British military hospitals, where she established the foodservice for the troops in the nineteenth century (Murphy-Rozanski, 2008). With training from medical school lectures and a three-month cooking course, Sarah Tyson Rorer (1849-1937) is considered to be the first American dietitian. She opened the Philadelphia Cooking School in 1878 and taught students food values, chemistry, physiology, and hygiene. At the request of three well-known physicians, Rorer

established the first diet kitchen and dietary counseling service. In 1899, at the Lake Placid Conference on Home Economics, the term *dietitian* was first defined as “...persons who specialize in the knowledge of food and can meet the demands of the medical profession for diet therapy” (Payne-Palacio & Canter, 2011, p. 11).

Payne-Palacio and Canter (2011) noted that it was not until World War I, when 41% of the military draftees in Great Britain were found to be in poor health and unfit for military duty, due most commonly to nutritional status, that nutrition received national recognition. In the United States, 356 dietitians served in the armed services at that time. Providing both nutritional expertise and food conservation techniques, these duties elevated the recognition of dietitians in the healthcare setting. In 1917, in lieu of the annual American Home Economics Association meeting, two dietitians, Lenna Frances Cooper and Lulu G. Graves, organized a special meeting of 98 people. This led to the formation of the American Dietetic Association, with 38 charter members on record (Payne-Palacio & Canter, 2011).

According to Payne-Palacio and Canter (2011), one of the first actions of the American Dietetic Association (ADA) was the establishment of a teaching section, to provide guidance on the education and training of dietitians. In 1923, dietetic educators first outlined the courses they believed were necessary to prepare a student for dietetics practice. Throughout its history, the dietetics profession has recognized the value of a planned clinical experience in developing a successful practitioner (Gilbride, 1996). Experiential education, or supervised practice experience, has been a component of dietetics education programs since 1927 (“Commission,” 2000). In 1927, the ADA approved the *Outline for Standard Course for Student Dietitians in Hospitals*. This

document required that students have a baccalaureate degree with a major in foods and nutrition and at least six months of training in a hospital under the direction of a dietitian. Throughout the years, the ADA has been dedicated to the education of future professionals, modifying educational standards to meet the ever-changing needs of the marketplace (Payne-Palacio & Canter, 2011). The American Dietetic Association (now the Academy of Nutrition and Dietetics) began program accreditation in 1974 for Dietetic Internships and Coordinated Undergraduate Programs. Five years later, in response to changes in higher education, the ADA discontinued its process of *approving* programs through document review and began using the same accreditation process for all dietetics education programs, which included an on-site evaluation visit by a team of peer reviewers. The United States Department of Education (USDE) currently recognizes the quality and effectiveness of ACEND as the accrediting agency for nutrition and dietetics education programs. ACENDs scope of accreditation includes baccalaureate- and graduate-level Coordinated and Didactic Programs in Nutrition and Dietetics, post baccalaureate Nutrition and Dietetic Internships, and associate degree Nutrition and Dietetic Technician Programs (“Accreditation,” 2016).

ACEND Standards of Education are reviewed and updated every five years to reflect trends in health care and higher education. Current educational requirements outline specific knowledge, skills, and competencies that are met in both the didactic setting and the supervised practice experience. Competency-based education allows for flexibility in experiences and supervised practice settings to achieve the necessary end result, which is a competent entry-level practitioner. Supervised practice experiences are based on the ACEND Foundation Knowledge and Competencies for Dietetic Technician

Education. The Dietetic Technician, Registered (DTR®) currently requires an Associate in Applied Science degree with a minimum of 450 hours integrated during the course of study. In April 2013, based on the recommendations from the Academy of Nutrition and Dietetics Council on Future Practice, the Commission on Dietetic Registration made the decision to change the education requirements for the Dietetic Technician, Registered/DTR® national credentialing exam from an Associate in Applied Science Degree to baccalaureate degree, beginning in 2024. The requirement for 450-hours of supervised practice experience remains the same for the new degree requirement. The Registered Dietitian (RD) currently requires a baccalaureate degree plus 1200 hours of supervised practice experience. In April 2013, based on the recommendations from the Academy of Nutrition and Dietetics Council on Future Practice, the Commission on Dietetic Registration made the decision to change the education requirements for the Registered Dietitian (RD®) national credentialing exam from an baccalaureate degree to a master's degree, beginning in 2024. The requirement for 1200 hours of supervised practice experience remains the same for the new degree requirement. While the option exists for the supervised practice experience to occur simultaneously with the degree pursuit, the most common avenue is a dietetic internship following the degree. Preceptors in acute and long-care facilities, public health, community, schools, and business and industry are recruited to provide the supervised practice programs in all dietetics education.

The Academy of Nutrition and Dietetics has affirmed the three-pronged approach to training dietetics professionals: didactic knowledge, supervised practice, and examination. The supervised practice in dietetics is an example of experiential learning.

Experiential learning focuses on the direct experience of the student that involves a wide range of strategies and techniques and occurs when changes in judgments, feelings, knowledge, or skills result for a student as the result of living through an event (Houle, 1980; Jordan, Carlile, & Stack, 2008; Keeton, 1976). As previously stated, some form of experiential learning has been a component of dietetic education since 1903, when the need for practical experience as a part of training for student dietitians was recognized by Corbett, the department dietitian for the Department of Public Charities in New York City (Lanz, 1983). The need for supervised practice experience in the training of dietetic professionals continues to be recognized as an integral component of the dietetic education process. The preceptor role cannot be replaced by didactic training, nor can it adequately be tested by current examination techniques. The supervised practice experience is vital in preparing students and providing the skills they need to be entry-level practitioners. According to Murphy-Rozanski (2008), it is unrealistic to think that academics alone can prepare an individual for real-world application in practice. The preceptor model is the cornerstone of dietetics education and the preceptor's role is a critical component of the dietetics education model. The preceptors offer the student the transition from beginning student to entry-level practitioner (Wolf & Robinson, 2002). Myrick (1988) noted the most important behaviors of the preceptors which contribute to increasing the students' critical thinking abilities are role-modeling, facilitation, guidance, and prioritization. Schön (1987) expressed concerns regarding the incongruence between what professional schools were teaching and what practitioners entering a profession needed to know. According to Schön, graduates completing professional programs particularly lacked preparation to practice competently in

situations where basic professional knowledge or theories cannot be applied to guide practice. Schön stated the practicum setting allows students to practice the theory learned in the classroom and to develop not only the skills needed by their profession, but also the conventions, constraints, languages, and appreciative systems of their profession.

The Role of the Preceptor

The concept of preceptorship can be traced back thousands of years. The terms *mentorship* and *preceptorship* are often used synonymously; however, many believe that there are fundamental differences in these two terms (Mantzorou, 2004; Steffes, 2004). In the literature, there is common agreement that mentorship focuses on the interpersonal elements of the relationship, while preceptorship focuses on the teaching and instruction issues (Mantzorou, 2004). The origin of the term *mentor* dates to the time of Homer, specifically to *The Odyssey*. Homer described his hero, Odysseus, preparing to set out on an epic voyage, but his son, Telemachus, had to remain behind. Odysseus asked a trusted friend, Mentor, to guide and counsel Telemachus in his absence. From this ancient literary figure, mentor has come to mean “one who helps guide a protégé through a developmental process” (as cited in “Iowa State University,” 2002, p. 2).

This process can be the transition from childhood to adulthood or from student to entry-level practitioner or from entry-level practitioner to expert professional. In ancient times, an apprentice would learn an art or a craft under the guiding hand of a master. It was assumed that every craftsman or artisan would take on a student; it was his duty to do so, for the sake of the profession. The craft professions have used the “learn by doing” method for centuries, through apprenticeships and journeyman certification, to pass expertise from one generation of workers to another (Steffes, 2004). This tradition is

carried out today and is exemplified in the modern version of the ancient Hippocratic Oath given to aspiring physicians: [I will] “gladly share such knowledge as is mine with those who are to follow” (Beebe, 2003, p. 43). Florence Nightingale wrote that nursing “is impossible to learn from any book, and that it can only be learnt in the wards of a hospital” (as cited in Blum, 2006, p. 3). Collins, Brown, and Newman (1989, p. 454) noted cognitive apprenticeship is “the focus of learning through guided experience on cognitive and metacognitive processes.” The impetus of the preceptor model today is the relative inability of new nursing graduates to assume full patient care responsibilities in accordance with employer expectations immediately upon acquiring staff positions, a trend frequently referred to as *reality shock* (Myrick, 1988). The new graduate must have the opportunity to practice before assuming full responsibility for their new position; thus, the preceptor role has evolved as a vital aspect of clinical education. The preceptor serves as a role model for critical thinking and asks the questions that promote critical thinking of nursing students (Murphy, 2008). Immersion in the role of the practitioner, particularly as a student, provides significant groundwork for the individual’s early socialization, easing reality shock and increasing retention as new graduates enter the workforce (Murphy, 2008).

Mentoring has become an organized field of practice (Cuerrier, 2004). In 1995, the United States Congress defined mentoring as “...a relationship in which a more experienced person facilitates the broad development of a less experienced person on a regular basis and over an extended period of time (as cited in “California Dietetic Association,” 2003, p. 2). Mentors are recognized as an authority in their field, interested in the career development of those they mentor, and are willing to commit time and

emotion to a relationship in order to help others advance within their career (Carey & Campbell, 1994). Blum (2006) asserted that models similar to mentor relationships were called preceptor relationships, as this concept was adapted to relationships of a shorter duration and proclaimed that nursing knowledge comes alive in the practice setting. Barker (2006) defined a preceptorship as a time-defined relationship with externally defined objectives, and has as its goal the instruction of a neophyte in the proficiencies of a new role. Unlike mentoring, preceptorships are frequently short term, dependent on the length of the student's course (Barker & Pittman, 2010). This relationship can be described as a cognitive apprenticeship in which theoretical knowledge can be linked to practice (Smedley, 2008). Armitage and Burnard (1991) concluded that the mentor role is more about monitoring performance, whereas the preceptor role is more about enhancing competency.

Scope of the Problem

While professionals in allied health fields have put forth research regarding preceptors and the preceptor model, much has been conducted outside of dietetics and has focused on the characteristics of a preceptor, as well as the advantages and disadvantages of the preceptorship (Wilson, 2002). However, consistent throughout the literature is the fact that the role of the preceptor has become an essential component in the educational process (Burns, Beauchesne, Ryan-Krause, & Swain, 2006).

The literature review indicates the key barriers to being a preceptor include the time needed to train students often exceeds the time normally required to perform job responsibilities; the additional paperwork involved in precepting which includes scheduling and evaluations; the lack of preceptor training; and the lack of institutional

support and resources (Winham et al., 2014). Health care re-engineering and staff reduction means health sciences professionals with the ability to function as preceptors and mentors have increased responsibility, increased workload, and increased workload acuity (as cited in “Council of University Teaching Hospitals,” 2010). Trends in today’s health care environment reveal providers are not entering or are leaving the medical profession due to various personal dissatisfactions with the profession, the facilities, and/or the increasing number of employment options in business and non-medical sectors (as cited in “State of the Health Care Force,” 2001). This trend has a direct impact on the clinical education of future allied health professionals; thus, an understanding of the significance of clinical education and the preceptor is especially important.

Preceptor Motivation and Rewards

The requirement and value of the preceptor in dietetics education is recognized in terms of the professional accreditation requirements. The literature review revealed the intrinsic rewards of the mentoring relationship offer benefits to both the preceptor and the student. Intrinsic motivations reflect a direct connection between the act of helping others and characteristics or qualities within the volunteering individual. Hopkins and Smith (1997) described intrinsic motivation as the will to act based on personal internal standards, values, and needs, while extrinsic motivation is based on a reason external to the action. Kramer, Hinojosa, and Brasic-Royeen (2003) discussed intrinsic motivation as a way to classify human purpose. Gagne and Deci (2005) described intrinsic motivation as “people doing an activity because they find it interesting and derive spontaneous satisfaction from the activity itself” (p. 331). The literature review also revealed intrinsic purposes are believed to be experienced within the person, without any sense of coercion

or external gain. They are motivations related to the person's values, morals, and/or spiritual convictions. Intrinsic motivation is usually tied to a higher level of satisfaction, or long-term well-being for the individual or a society (Alexander, 2006). In looking at why some individuals choose to engage in certain roles and activities, and others do not, Stone (2005) found the answer is in the person's intrinsic motivation.

The students' knowledge and skills enhancement are advanced by the mentor relationship. "Mentors awaken our confidence in our capacity and work with us on how we view ourselves" (Klein & Dickenson-Hazard, 2000, p. 18). Mentors not only give back to the profession when sharing their wisdom, insights, and experiences, they often derive personal satisfaction that comes from helping others realize their potential. In the mentoring process, the mentor also improves their own professional competency (Huling, 2001).

Mentors motivated to engage in volunteer service activities have been recognized as a leading indicator of future volunteering intentions. It is recognized that both intrinsic and extrinsic motivations are involved in the mentors' desire to volunteer. The literature review explained that intrinsic motivation is often the driving force to precept a student. Preceptors note the opportunity to share knowledge and expertise, to improve teaching skills, to enhance professional knowledge, and to enjoy a fresh outlook and new ideas that students bring to the workplace as benefits to being a preceptor (Winham et al., 2014). Serving as a preceptor for dietetic students provides intrinsic rewards that augment both personal and professional growth. Preceptors agreed that working with students increased knowledge in their areas of practice and that they received a sense of satisfaction and achievement from teaching and mentoring students. They also concurred

that changes and projects completed by students contributed extrinsic rewards to the foods and nutrition department (Gilbride, 1996).

Extrinsic motivations are rewards for volunteering service that have no direct connection to the helping behavior (Raman & Pashupati, 2002). In an effort to enhance preceptor involvement in clinical education, extrinsic rewards are often considered. Suggestions for extrinsic rewards for preceptors include tuition vouchers, continuing education courses, and campus privileges at the college where the dietetics education program is housed, as well as letters or certificates of appreciation, and invitations to college-sponsored events (Campbell, 2007). However, studies demonstrate that external rewards presented to a person for performing an activity made that person feel as if they were performing that activity simply to receive a reward, and thus lowered their intrinsic motivation (Grove, 2008). In addition, the behavior initiated by extrinsic rewards will often not be sustained over time (Finkelstein, 2010; Grove, 2008; Neck & Houghton, 2006; Robinson, 2010). Preceptors generally view training for their role as a preceptor, and preparation for the individual student, as essential for taking on the challenge of precepting (Campbell, 2007). Although tangible benefits can be measured, intangible benefits such as the preceptors' sense of satisfaction and their increased knowledge are more difficult to measure (Ortman, Mann, & Arsenault, 2010). While both intrinsic and extrinsic motivations explain reasons why an individual agrees to serve as a preceptor, these factors alone will not be sufficient to resolve the preceptor shortage in allied health education.

This literature review supported experience as a tool in education and included general requirements of professional education in allied health disciplines with the

primary focus on the history of dietetics education. The historical review of the dietetics education model underlines the role of the preceptor in allied health education, specifically in dietetics education. An in-depth examination of the origins of the preceptor model and its value to dietetics education followed. My literature review offered insight into the motivation of the preceptor as a means to more fully understand the logic behind a practitioner's engagement in the preceptorship of a future practitioner.

The findings in the literature revealed that, from the onset, the dietetics profession has recognized the value of dietetic students' active engagement in the learning process. Experiential learning has been a part of the dietetics education model since its development. As external factors continue to affect the sustainability of the preceptor role in dietetics education, the focus appears to be shifting towards technology as a possible substitute for the preceptor. As the dietetics profession begins to explore certain technologies, such as simulation and virtual reality, the value of the preceptor needs to be assessed.

Chapter 3

Methodology

It is presumed that a person comes to the human sciences with a prior interest as a teacher, a nurse, or a psychologist. The research method choice should “maintain a certain harmony with the deep interest that makes one an [educator, nurse, psychologist] in the first place” (van Manen, 1990, p. 2). As a program director, I work directly with preceptors from various supervised practice experience rotations for dietetic students. A lack of published research evaluating the impact of the preceptor experience on graduates’ professional growth in the workplace generated my interest to identify, from the lived experiences of the graduates, how various components of the preceptor experience added to their professional growth as they moved into professional practice. Faculty and administrators consistently articulate the value of the preceptor experience. However, there is very little focus on whether dietetic education graduates concur with this viewpoint. While my literature review recognized and espoused the relevance of the preceptor model in professional education (Barker & Pittman, 2010; Gilbride & Conklin, 1996; Jay & Hoffman, 2000; Luhanga, Dickieson & Mossey, 2010; Myrick, 1988; Murphy, 2008; Schön, 1987; Smedley & Penney, 2009; Valiga & Rizzolo, 2008; Wilson, 2002), there is limited attention on the experience from the student-turned-graduate perspective (Atkins & Gingras, 2009; Hasseberg, 2003; Hudak, 2006; Myrick, 1988). A lack of published research on how the preceptor experience influenced the graduates’ professional growth indicates the need to generate evidence from the perspective of the dietetic student turned dietetic graduate and dietetic practitioner. The purpose of my research study was to learn about and describe the meaning of the preceptor experience

from the perspective of dietetic education graduates in order to discover the impact of the preceptor experience on the professional growth of dietetic education graduates. Through the exploration of the lived experiences of dietetic education graduates who participated in a supervised practice experience under the guidance of a clinical preceptor during their education program, it was my intent to develop an authentic description of the preceptor experience in order to understand the impact of the experiential learning process on the professional growth of the dietetics practitioner.

My research questions sought to illuminate the lived experiences of the dietetics education graduate and serve to direct the study rather than predict the outcome. In order to develop an understanding of how the preceptor experience influences graduates' professional growth as garnered from the lived experiences of the graduates, a qualitative study using a phenomenological approach was the most appropriate research methodology.

Qualitative research provides opportunities to explore human issues that have previously been understood only by way of assumption, or simply not understood at all (Boswell & Cannon, 2011). It allows exploration of the life experiences of human beings in ways that respect and acknowledge the importance of all knowledge to be gained through subjective experiences and the importance of accepting different ways of knowing. Qualitative research is used to examine subjective human experience by using non-statistical methods of analysis and is often defined as research beyond numbers (Swift & Tischler, 2010). Creswell (2007) maintained that qualitative analysis arises from suppositions, a worldview, and a speculative lens, as well as research problems, that question the value individuals or groups attributed to a shared or singular problem.

Phenomenology searches for multiple meanings attributed to a phenomenon and tries to provide a comprehensive description, rather than an explanation, of the human experience. Cohen (2000) suggested that phenomenology is the most useful research methodology when the task at hand is to understand an experience as it is understood by those who are having the experience. The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence – a “grasp of the very nature of the thing” (van Manen, 1990, p.163). Pringle, Hendry, and McLafferty (2011) noted that understanding the human experience serves as the basis of a phenomenological approach to research.

Phenomenological inquiry brings to language the perceptions of human experiences (Streubert & Carpenter, 2011). “The word phenomenology is derived from the Greek for *to bring into the light*” (Pringle, Hendry, & McLafferty, 2011, p. 8). Phenomenological inquiry starts by asking what the nature of the meaning of the phenomenon is. It then seeks to explore the phenomenon from the perspective of those who experience it first-hand (Matua & Van Der Wal, 2015). “Phenomenology is both a branch of qualitative research and a mode of philosophical inquiry” (Randles, 2012, p. 11). According to Sadala and Adorno (2002), phenomenology reveals meaning as it seeks to understand a phenomenon rather than explain it.

Phenomenology, as a philosophical research tradition, was developed as an alternative to the empirically-based positivist paradigm (McConnell-Henry, Chapman & Francis, 2009). Reiners (2012) explained the positivist paradigm asserted that reality was ordered, rational, and logical. Consequently, positivists assumed objectivity measured knowledge and was independent of human interaction. The naturalistic paradigm was the

countermovement of the positivist paradigm and presumed that reality was not fixed, but based on individual and subjective realities. The philosophy of phenomenology aligned closely with the naturalistic paradigm. Phenomenologists assumed that knowledge was achieved through interactions between researchers and participants. Phenomenology explores and describes everyday experiences in order to generate and enhance an understanding of what the experience is like. Fain (2009) stated “phenomenology is a reflective philosophy focusing on exploration of the inner world of human beings with phenomenological interpretation deriving content immediately and continuously from the human experience” (p. 204). The information unearthed from phenomenological inquiry enriches the understanding of a situation. Phenomenological research is a strategy of inquiry in which the research identifies the essence of the human experiences about a phenomenon as described by the participants (Creswell, 2009). It is critical to note that generalizability is not the goal of phenomenology (Randles, 2012). The goal of phenomenology is to describe the lived experience and give voice to the participants and to illuminate the subjective experience of the individual. In phenomenology, perception is regarded as the primary source of knowledge and that the source cannot be doubted (Moustakas, 1994).

Over recent years, there has been “mounting frequency of nurses choosing to employ phenomenology as a means of understanding nursing phenomenon” (McConnell-Henry, Chapman & Francis, 2009, p. 7). As with the nursing profession, human interaction is at the core of practice in the profession of dietetics. The phenomenological approach enables the study of human issues by adding new perspectives and broadening our knowledge (Sadala & Adorno, 2002). Qualitative research can provide a more

complete exposition of a phenomenon, especially in a field like dietetics in which human behavior and behavior change play important roles (Harris, et al., 2009). Through the phenomenological approach, the “reality of people’s experiences and lives are not oversimplified and subsumed into a number or statistic” (Hoffman, Bennett, & Del Mar, 2009, p. 223). Phenomenology is a human science, not a natural science; it speaks of the meaning of the lived experiences of the humans, not the humans themselves. As an individual gives memory to a lived experience, their reflection will hold significance (van Manen, 1990). The whole person and the value of his or her experience is considered in phenomenological research (Balls, 2009). Phenomenological inquiry is interested in discovering meanings of phenomena from lived experiences rather than from universal principles. Therefore, the most essential meaning for a particular context is its essence (Giorgi, 2003). Phenomenology, as discussed by Husserl, is a return to the lived world, the world of experience, which [he] sees as the starting point of all science (Welton, 1999).

Phenomenology was introduced as an alternative to empirical science; however, phenomenology has a strong philosophical component to it. I quickly discovered through my literature review that before embarking on a phenomenological research study, some understanding of the broader philosophical assumptions should be identified. Following the advice proposed by Creswell (2007), I reviewed the works of the pioneers of phenomenology in order to gain a foundation and understanding of the philosophy behind the method. According to Burns and Grove (2007), phenomenology as a philosophy has been the basis for a number of approaches to research. When modern sciences were being rigorously defined by logical positivists, another group of philosophers envisioned a

different, more humanitarian approach to knowing and to evolving knowledge. The phenomenologists, as these philosophers came to be known, advocated the use of methods that described phenomena. They argued that human phenomena could not, and should not, be reduced to mathematical formulas (Krasner, 2001). The phenomenological movement began around the first decade of the twentieth century (Streubert & Carpenter, 2011). Franz Brentano (1838 – 1917) provided the basis for phenomenology, often referred to as the preparatory phase of phenomenology, and first stressed the ‘internal experience of being conscious of something’ (Groenewald, 2004). Brentano expanded the notion of phenomenon to include thought (Converse, 2012). Carl Stumpf (1848 - 1936), a student of Brentano, demonstrated the scientific rigor of phenomenology through his works (Streubert & Carpenter, 2011). Another student of Brentano, Edmund Husserl (1859 – 1938), is regarded as a prominent leader of the phenomenological movement. Husserl was the principal researcher during the German, or second phase, of the phenomenological movement and is often referred to as the *father of phenomenology* (Converse, 2012). Husserl believed that subjective information should be important to scientists seeking to understand human motivation and bring out the essential components of the lived experience specific to a group of people (Flood, 2010). The experience of perception, thought, memory, imagination, and emotion involve what Husserl described intentionality as “the idea that consciousness is always directed toward an object” (Creswell, 2007, p. 59). This is a key belief of phenomenology.

Husserl developed descriptive phenomenology, where “everyday conscious experiences were described while preconceived opinions were set aside, or bracketed” (Reiners, 2012, p. 1). Husserl’s focus was on finding the “essence” or true meaning of a

phenomenon (Dowling & Cooney, 2012). The concepts of essences, intuiting, and phenomenological reduction were developed during this German phase (Speigelberg, 1965). A student of Husserl, Martin Heidegger (1889 – 1976) introduced the concept of being there in the lived-world (Groenewald, 2004). Heidegger suggested rather than focusing on people or phenomena, the “focus should be on Dasein, being-in-the-world” (Finlay, 2008, p. 8). Heidegger developed phenomenology into a hermeneutic, or interpretive, philosophy, rejecting Husserl’s emphasis on description and instead argued that phenomenology involved the business of interpreting (Bradbury-Jone, Irvine, & Sambrook, 2010). Heideggarian phenomenology, or hermeneutics, goes beyond the essences to interpret what people experience rather than what they consciously know (Flood, 2010). Heidegger was interested in interpreting and describing human experiences but believed that bracketing was not warranted, nor possible. Heidegger focused on the hermeneutics, the meaning of the phenomenon, and our understanding of the everyday world that is derived from our interpretation of it (Reiner, 2012). Maurice Merleau-Ponty (1908 – 1961), Gabriel Marcel (1889 – 1973), and Jean-Paul Sartre (1905 – 1980) were the prominent leaders of the French, or third phase of phenomenological movement. The primary concepts developed during this phase were the belief that all acts are constructed on foundations of perceptions or original awareness of some phenomenon (Streubert & Carpenter, 2011). They advocated that the true understanding of a phenomenon is gained only by experiencing it. Alfred Schultz (1899 – 1956) noted that neither common sense nor science could proceed without the strict consideration of what is actual in experience (Moustakas, 1994). The emergence of current descriptive phenomenological research has been guided by Giorgi and the Duesquesne Studies

(Finlay, 2009). Giorgi's projects developed a rigorous scientific phenomenological psychology inspired by Husserlian ideas, which aimed to study essences of phenomena as they appear in consciousness. In the past forty years, Duquesne doctoral students trained in phenomenological research methods have completed over 250 psychological dissertations. These works have led the phenomenological research movement to where it is today (Wertz, 2005).

Husserl phenomenology is descriptive, with the intent being to raise awareness of a phenomenon. Reflecting on the goal of my research study, which was to describe the meaning of the preceptor experience from the perspective of dietetics education graduates in order to discover the impact of the preceptor experience on the professional growth of dietetics education graduates as dietetic practitioners, I concluded that Husserl's descriptive phenomenological research methodology was most appropriate for my research study. Husserl described the intent of phenomenological research is to describe the phenomenon in question with as much richness of detail as possible, with the unique goal of describing the essences of the phenomenon that contribute to the understanding of meaning (Creswell, 1998, p. 33). My literature review stated the researcher generally starts with personal experience with the phenomenon and develops a desire to examine the phenomena to gain a more in-depth understanding. Fundamentally, phenomenology is a research methodology that is naturally linked to practice (Randles, 2012).

The discipline of dietetics lends itself to both quantitative and qualitative studies. However, the inability to quantitatively measure some phenomenon has enhanced the value of qualitative research in health-related fields. The holistic approach to the person is paramount in dietetics practice and lends itself well to examination by qualitative

methods. Phenomenology is recognized as a way of investigating experiences in health care research (Pringle, 2011). Krasner (2001) argued that human phenomena could not, and should not, be reduced to mathematical formulas. Jones (2001) noted that phenomenological research goes beyond factual accounts to look at common life experiences. Phenomenology is committed to descriptions of experiences, not explanations or analyses (Moustakas, 1994). Koch (1995) noted “the hallmark of a phenomenological inquiry is that its task is a matter of describing” (p. 28). Wearing a qualitative lens helps us see, hear, contemplate, and interpret the world and complex human events in new ways; this is the gift of qualitative research. The words of Van den Berg, translated by van Manaen (1997, p. 41) profoundly capture the spirit of phenomenology:

[Phenomena] have something to say to us – this is common knowledge among poets and painters. Therefore, poets and painters are born phenomenologists. Or rather, we are all born phenomenologists; the poets and painters among us, however, understand very well their task of sharing, by means of word and image, their insights with others – an artfulness that is also laboriously practiced by the professional phenomenologist.

Krasner (2001) stated that in qualitative research, subjective and complex human phenomena are described by the very people experiencing them.

Role of the Researcher

The phenomenological research method was appropriate for this study, as I am a Registered Dietitian, as well as a nutrition educator, with lived experiences and perceptions of the role of the preceptor in dietetics education. My personal experience

with the preceptor model, coupled with the current preceptor shortage in dietetics education, has stimulated a passionate interest in this dilemma. According to van Manen (1990), phenomenology is a philosophy of action always grounded in a personal and situated sense; thus, a person who turns to phenomenological reflection does so out of personal engagement. The researcher is intimately connected with the phenomenon and has a personal interest in whatever he or she seeks to know (Moustakas, 1994). Vagle (2014) stated that a “connection to the phenomenon is necessary to fully embed oneself in the phenomenon” (p. 58). The preceptor experience is a topic I have been fully immersed in for most of my career. This personal history inspired me to develop a deeper understanding of the preceptor experience and the impact the experience has on dietetic practitioners. However, in this phenomenological study, it was imperative that as the researcher, I set aside my personal experiences and focused on the voices and the descriptions of the participants. In conducting this phenomenological research study, my role as researcher was to serve as the data collection and data analysis tools for the study.

A literal reading of the data requires the researcher to separate, or bracket out, personal preconceptions during analysis (Moustakas, 1994). This entails the stripping away of the researcher’s preconceptions of a phenomenon in order to experience its pure essence and is the hallmark of Husserlian phenomenology (Kleiman, 2004). Husserl’s phenomenology emphasized a way of coming to know, through the actual experience of a phenomenon, with a goal of describing the experience of the phenomenon. Husserl was the first to argue that a different attitude is required for the phenomenological project. For Husserl, the aim of phenomenology is the rigorous and unbiased study of things as they appear in order to arrive at an essential understanding of human consciousness and

experience (Dowling, 2005). The phenomenological attitude involves a radical transformation in our approach, where we strive to suspend presuppositions and go beyond the natural attitude of taken-for-granted understanding (Finlay, 2008). The freedom from suppositions is termed *epoché*, a Greek word meaning to stay away or abstain, and allows a fresh way of looking at things (Moustakas, 1994). Husserl's concept of *epoché*, or bracketing, allows a fresh perspective toward the phenomenon to be researched and is the distinguishing characteristic of Husserlian philosophy (Dowling & Cooney, 2012). The purpose of bracketing is not so much a matter of doubting the existence of knowledge on a topic, but of disconnecting from that knowledge and trying to assume an attentive and naïve openness to descriptions of the phenomena, an uncertainty about what is to come, and a willingness to wonder about the experiences being brought to presence in the descriptions of the participants (Kleiman, 2004). Through *epoché*, we can grasp the essential, invariant structures of a phenomenon – its *essence* (Bradbury-Jones, Irvine, & Sambrook, 2010). Van Manen (1990) pointed out that essence is what makes a thing what it is. Husserl argued that to reach the essence, the researcher must bracket out the perceived reality of the world and set aside all one's presuppositions and biases of the experience (Cohen, 2000). In addition, Giorgi (2003) noted the researcher must withhold any existential claims and consider what is given precisely as it is given, as a presence, or a phenomenon. This essential process is called Transcendental-Phenomenological Reduction, which means the “phenomena is perceived freshly, as if for the first time, and it leads us back to the source of the meaning and existence of the experienced world” (Moustakas, 1994, p. 34). The notion of *epoché* has been challenged by some phenomenologists, such as Heidegger and Merleau-Ponty, who

believed that we can “only think back to our own being-in-the-world” (Moran, 2000, p. 160). However, Dahlberg and Dahlberg (2004) stated,

Meaningful experiences and finding essences belong to the life-world and the everyday manner of which we live our lives. Experience is, first and foremost, an engagement in a situation. Meaning is being born from a situation, rather than brought to the situation. The very point of life-world research is not ...to ‘lay out’ our own experience, but that of others. (p. 269)

Kleiman (2004) stated that neither bracketing nor existential claims means the researcher forgets all possible past knowledge, only that one holds in abeyance, or brackets, all past knowledge of the phenomenon that may influence its perception or originality in the present situation. Finlay (2008) stated that “researchers must wage a continuous, iterative struggle to become aware of, and then manage, pre-understanding and habitualities that inevitably linger” (p. 1). The process of bracketing is an iterative, reflexive journey that entails preparation, action, evaluation, and the advantage of this process is that the researcher’s energies are spent more productively in trying to understand the effects of one’s experiences rather than engaging in futile attempts to eliminate them (Porter, 1993). By acknowledging, examining, and putting aside ones beliefs, the researcher should attain native data (Koch, 1995). Bracketing allowed me to identify any personal biases and beliefs about the phenomenon and set them aside in order to fully understand the lived experiences of the participants, thus allowing me to view the phenomenon through the lens of the participants, free of any preconceived notions of the phenomenon, and enabled me to see the reality presented by the participants.

Research Design

Husserlian phenomenology was used as the philosophical underpinning for this study as its purpose was to describe the lived preceptor experience and how it impacts the dietetics professionals' actual performance in practice. Creswell (2007) stated the type of problem best suited for phenomenological research is one in which it is important to understand several individuals' common or shared experiences. It is essential in phenomenological research that the participants be members of a group that have experienced the phenomenon under investigation. The aim of a phenomenological research study is to "determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (Moustakas, 1994, p. 13). Since the anticipated outcome of this phenomenological study was to uncover the meaning of the lived experiences of dietetic education graduates during their supervised practice experiences as they relate to the significance of the preceptor role, the participants were selected using a purposeful sample. Purposeful sampling requires that people are deliberately selected with an explicit purpose in mind, namely to address the research aim and because they are rich sources of data in relation to it (Marshall, 1996). The phenomenological study method allows the experiences of different individuals to be analyzed and compared to identify the phenomenon of the preceptor experience as told by the participants. This method allows participants who have a particular knowledge of the phenomenon to share that knowledge. Phenomenology does not seek to find one single answer or truth, but rather a coherent and legitimate account that is attentive to the words of the participants (Pringle, 2011). According to Moustakas (1994), the best method of obtaining data in phenomenological research is through interviews, noting that

in phenomenology, the researcher develops descriptions of the essences of the lived experiences, not explanations or analyses.

Van Manen (1990) stated,

Phenomenology is the study of essences. But the word ‘essence’ should not be mystified. By essence we do not mean some kind of mysterious entity or discovery, nor some ultimate core or residue of meaning. Rather, the term ‘essence’ is a description of a phenomenon. A good description that constitutes the essence of something is construed so that the structure of a lived experience is revealed to us in such a fashion that we are now able to grasp the nature and significance of this experience in a hitherto unseen way. (p. 39)

The intent of the interview process is to guide a conversation (Draper & Swift, 2010). The major instrument for phenomenological research is the open-ended interview in which methods and strategies are intended to reflect the experience (Bressler, 1995). I developed an Interview Guide (Appendix B) with core interview questions based on the key themes of the preceptor model I discovered in the literature review, as well as the research goal of this study. The interview questions were broad, open-ended questions that were informal and interactive, designed to generate discussions that would enable participants to share individual experiences. Vagle (2014) stated “the unstructured interview is the most popular strategy for it tends to be the most dialogic, open, and conversational...this technique starts with a clear sense of the phenomenon under investigation, then the interviewer needs to be responsive to the participant throughout” (p. 78). The interview process needs to be disciplined by the fundamental question that

prompted the need for the interview in the first place (Chan, Fung, & Chien, 2013). The interview protocol in this research study was unstructured and in-depth to allow honest and reflective accounts, allowing the participants' stories to unfold.

Human Subjects and Ethical Considerations

As part of my previous Rowan University coursework, I completed the National Institute of Health Office of Extramural Research training course entitled, "Protecting Human Research Participants." In addition, I also completed the Collaborative Institutional Training Initiative (CITI) Basic/Refresher Curriculum. Approval for this research study was granted from the Rowan University Institutional Review Board prior to the initiation of the research. *A Letter of Informed Consent for a Research Study Interview* (Appendix C) was prepared for participants and included the investigator's name and contact information as well as contact information for both the doctoral advisor and the institution overseeing the research study. The participants were informed that participation in this study presented minimal risks and that confidentiality would be maintained throughout the process using pseudonyms. Participants were also informed that demographic data and the original audiotape recordings and transcripts would be stored in a locked cabinet for a period of three years.

Pilot Study

Prior to the commencement of the research study, I conducted a pilot study involving two one-on-one interviews. The parameters of the solicitation and selection of participants were identical in both the pilot study and the core study. The pilot study allowed me to refine the methodology and to test the instrument to determine if the intent of the study was sound, as well as to verify that the Interview Guide (Appendix B) would

advance the purpose of the research questions. Husserl (1965) stated that interview questions can evolve, based on the interviewees' knowledge and experience. I anticipated that the study participants would identify subsequent questions that would drive the enhancement of the interview questions. Parahoo (2006) reinforced that the "role of the researcher is that of a facilitator to help respondents talk freely; therefore, the only interview questions should be those that seek clarification, illustration, or further exploration" (p. 321). As the participants described their lived experiences, it allowed further exploration of the phenomenon, thus bringing me into the participants' experiences with the phenomenon.

The pilot study shed light on how challenging it would be for me to thoroughly bracket out my preconceived thoughts as I listened to the participants describe their lived experiences. My early readings on bracketing offered a suggestion of a field journal as an aid to support efforts at bracketing during the data collection process. I agreed a field journal would benefit me as it would assist me in organizing my preconceived ideas, processing my assumptions, and honoring the ideals of phenomenological research. Carefully exploring my ideas and assumptions via a field journal enabled me to better understand and articulate more clearly their influences. In addition, a field journal allowed me to explore any beliefs I had that might compromise my ability to recognize the phenomenon of the preceptor experience that the participants are communicating. Finally, the field journal helped me to bracket my bias and assumptions, thereby allowing me to be more fully engaged in the participants' experiences and discover the essences of their personal experiences. The two pilot study interviews yielded rich descriptions of the preceptor experiences as lived by the participants and, while confirming that the research

design was sound, also reinvigorated me to move forward with the research study. I approached the next phase of the research study with renewed enthusiasm.

Data Collection Methods

It was my intention to describe the lived experiences of the participants so the reader connects to that experience and deepens their awareness of the issues the experience reflects. I relied on the principles of Creswell (2007), Lincoln and Guba (1985), Moustakas (1994), and Seidman (2006) to guide me at different stages of data collection and data analysis, which enabled me to apply the most valuable strategy for each step.

The goal of phenomenological research “is not to create results that can be generalized, but to understand the meaning of an experience of a phenomenon” (Converse, 2012, p. 31). Creswell (2009) noted that the researcher should purposefully select participants that would best help develop an understanding of the phenomenon. Purposeful sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases. This involved identifying and selecting individuals or groups of individuals that are especially knowledgeable about, or experienced with, a phenomenon of interest. In addition to knowledge and experience, the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive, and reflective manner is needed (Palinkas, et al., 2015). Purposeful sampling, where the participants meet some sort of predetermined criteria before being selected, is one of the preferred methods to use in a phenomenological study (Creswell, 2007, p. 128). Since my intent was to assess the impact the preceptor experience had on their professional growth in the workplace,

purposeful sampling was used. The participants I selected graduated from a dietetics education program at least two years prior to the interview and had been employed in the dietetics field for at least one year following graduation. These criteria enriched the graduates' points of view, as their professional experiences were beyond what was considered an entry-level practitioner. In addition, these criteria provided a deeper reflection by the participant on the meaning of the preceptor educational experience as it related to professional growth.

Qualitative methods place primary emphasis on saturation, i.e., obtaining a comprehensive understanding by continuing to sample until no new substantive information is acquired. The intended outcome of selecting information-rich cases is to “work with small samples of people, nested in their context and studied in-depth” (Miles & Huberman, 1994, p. 27). Creswell and Boyd (2001) recommended a phenomenological study should include around ten participants with long and in-depth interviews, in order to reach saturation. The important point is to “describe the meaning of the phenomenon for a small number of individuals who have experienced it” (Creswell, 2007, p. 131). The sample size in my study was purposefully small, consistent with the aim of phenomenology to uncover in-depth meanings and experiences (Baker, Wuest, & Stern, 1992). During the interview process, I began to hear many of the same stories from the participants. However, I decided to interview all participants that had been identified for the study. While the saturation of information was evident, I believed it was best to have more than enough information than not enough information.

My research study consisted of interviews with a pilot sample of two practitioners and a core study sample of ten practitioners. The pilot study was developed to establish

the effectiveness of the research design and the research questions to meet the purpose of the research study. Each participant experienced the phenomenon of preceptorship from dietetic education programs using preceptors as part of their planned curriculum and is currently working as a dietetics practitioner. Program directors using supervised practice during the dietetics educational program assisted with the recruitment of participants. I provided a letter of information to program directors in the geographical area who identified participants based on the stated criteria. I obtained a purposeful sample through dietetic internship program directors who forwarded a letter to graduates who met the predetermined criteria for the study (Appendix C). The dietetic internship directors forwarded the introductory letter to 226 potential participants, of which 41 responded to me directly expressing interest in participating in the pilot study. This 18% return rate yielded two interviews for the pilot study and 10 interviews for the core study. I gave consideration to individuals based on their geographical availability for face-to-face interviews as the visual cues and nonverbal behavior of a face-to-face interview would enhance the information revealed in the participants' stories. Potential participants were contacted via e-mail. After the final pool was determined, participants for the pilot study were selected randomly. Once the two pilot interviews were completed, I contacted the remaining potential participants through e-mail to inform them the interviews for the pilot study were completed and asked them if they would like to be contacted for the research study.

I contacted all participants by phone prior to the face-to-face interview. An introduction to the research study, as well as the details of their participation, took place during the initial phone contact. If the potential participant was interested in contributing

to the research study, an interview date and location were finalized. The interview setting was a convenient and comfortable location arranged by our mutual consent. Prior to the interview, I presented an overview of the research study and the research method that included the purpose of the study, the goal of the interview process, and how data would be shared. Each participant was given two copies of the *Letter of Informed Consent for a Research Study Interview* (Appendix C), which included my name as the investigator and contact information, as well as contact information for both my doctoral advisor and the institution overseeing the research study. Both copies were signed by the participant and me, and we each retained one copy with the original signatures. The participants' signature on the informed consent form indicated their willingness to take part in the research study. Utilizing the open-ended qualitative questioning method described, I then conducted personal one-on-one interviews with each study participant.

The Interview Guide (Appendix B), containing the core interview questions, was used in all interviews. I explained to the participants that I developed questions to guide our conversation, not to direct it. The goal of the interview conversation was to hear their stories and experiences with the preceptor experience, both positive and negative. The questions proved broad enough for informal interaction that inspired an honest and meaningful conversation about the participants' experiences with their preceptors during their dietetic internship. Each participant in the research study was no longer considered entry-level, as they had been employed for two or more years, which yielded insightful reflection regarding whether their preceptor experience has impacted their professional growth as a practitioner. Each interview was audiotaped to capture the words and tone of the participants and I transcribed each audiotape in order to maintain a closeness with the

data. In addition, I kept descriptive field notes during the interview, which allowed me to document tone of voice, body language, and other significant observations that the participants exhibited during the interview. Table 1 presents a summary of data sources as they relate to the research questions.

Table 1

Summary of data sources

Research Questions	Data Sources
What significance do dietetic education graduates assign to their interactions with preceptors during the supervised practice component of the dietetics education curriculum?	<ul style="list-style-type: none"> • Transcripts from audiotaped face-to-face interviews conducted with participants • Researcher reflective field journal
How do dietetics education graduates describe and interpret their experiences with preceptors in relation to their professional growth as dietetics practitioners?	<ul style="list-style-type: none"> • Transcripts from audiotaped face-to-face interviews conducted with participants • Researcher reflective field journal

I informed the participants that demographic data was requested and was voluntary. I recorded and assigned a numeric identifier to the participants' demographic information which included the participants' names, ages, undergraduate (and graduate, if applicable) college/universities, dietetic internship programs and year, preceptor sites, Registered Dietitian® exam dates, years in practice, and employment history. As previously noted, I informed the participants that this data, along with the original audiotape recordings and transcripts, would be stored for a period of three years. Each interview ranged between 2.5 and 4.0 hours and was held in a convenient location for the participant. In an attempt to create a comfortable and casual atmosphere, I invited the

participants to meet over a meal. Since this invitation was accepted by each participant, the setting for all interviews was an eatery that offered a quiet area for our conversation.

Data Analysis Methods

The analysis phase in phenomenological studies is a process of preparing, organizing, and analyzing the data in a systematic fashion (Moustakas, 1994). Creswell (2009) outlined a specific, structured method of analysis of data in phenomenological research (Figure 3). The researcher reviews all data and develops a list of significant statements about how the individuals experienced the phenomenon. The significant statements are then grouped into larger units of information, called meaning units, or themes that provide greater insight into the lived experiences of the participants. A written description, called the textural description, describes *what* the participants experienced. This is followed by a structural description of *how* the experience happened. Finally, a composite description of the phenomenon incorporates both the textural and structural descriptions. This process of data analysis involves moving deep into understanding the participants' lived experiences and uncovering the *essence* of the experience thus representing the culminating aspect of the phenomenological study.

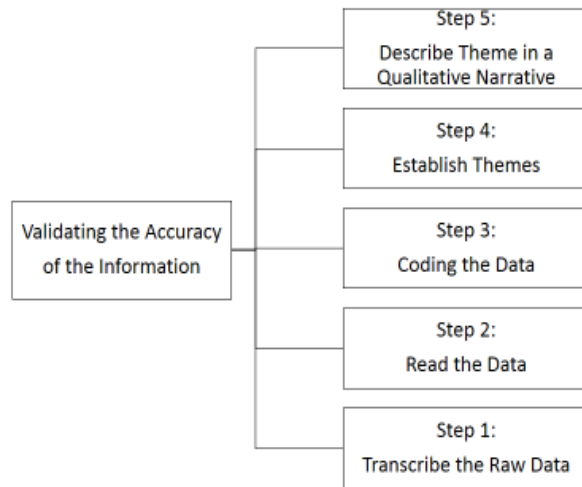


Figure 3. Creswell's Data Analysis Process

I employed Creswell's Data Analysis Process to engage in a systematic method of analyzing the data revealed in the interviews. In Step 1, I organized and prepared the data for analysis through the word-for-word transcription and my reflective field notes of each interview. As previously noted, the process of transcription was time-consuming and tedious and generated a substantial amount of text. However, I do believe my personal connection with the material in the interviews was enhanced by personally transcribing each interview as it ensured a closeness with the stories shared. In Step 2, I reviewed the data to obtain a general sense of the entire description and to reflect on its overall meaning. I read and re-read the descriptions, both the text alone and also listening to the recordings while reading the text, to get a true understanding of the stories that were told. The transcriptions, along with my reflective field journal, enabled me to get a true sense of what the participants were sharing. As Creswell stated (2009, p. 150), this allowed me to "get a sense of each interview as a whole, before I began breaking it into parts." In

Step 3, the transcribed interviews were coded using a color-coded index card system categorized by participant and by quotes. This detailed analysis and coding process organized the material into categories and themes. It is in this step that the meaning of the stories began to take shape and the descriptive wording began to surface. In Step 4, I used a coding activity to generate descriptions of the themes that emerged as major findings. Although the number of index cards and colors became overwhelming, the visual allowed me to organize the data into categories that emerged during this coding process. According to Moustakas (1994), a dimension of Phenomenological Reductions is horizontalization, which allows every statement, or horizon, to be relevant to the topic and have equal value. Moustakas explained, “Horizons are unlimited. We can never exhaust completely our experience of things no matter how many times we reconsider or view them... When we horizontalize, each phenomenon has equal value as we seek to disclose its nature and essence” (p. 95). Thus, horizontalizing the data allows meanings to emerge. These meanings were clustered into themes. The themes represented multiple perspectives as revealed by the participants and were labeled and categorized, using the color-coded index cards. The themes were read and reread in an effort to sift out the ones that were most significant. As a result, several themes emerged from the data that connected the experiences of all the participants. In Step 5, I determined how the descriptions and themes should be represented in the findings and presented them in narrative form. This composite description includes both the description of *what* the participant experienced (textural) as well as *how* the experience happened (structural). The anecdote is the most common device by which people talk about their events. Anecdotes allow people to reflect in a concrete way on experiences, as the anecdote

recreates the experience, not reasons for the experiences (van Manen, 2014). The participants' anecdotes were compiled and presented in a narrative form to best represent the lived experiences of each participant. An accompanying introduction to each participant is included in Chapter 4 in order to acquaint the reader with the participants.

As the essences emerged, each one was validated with direct quotes from the transcripts as well as information gleaned from my reflective field journal. The essences uncovered were then clustered into themes. The final step in preparing and presenting the composite description was to listen to each audiotape one last time. This activity allowed me to go full circle with the participants' stories in order to be certain I captured the essence of their experiences.

In phenomenological research, the researcher must be mindful that data collection and data analysis occurs simultaneously. As previously noted, data analysis in qualitative research consists of preparing and organizing the data for analysis then reducing the data into themes through a process of coding and condensing codes (Creswell, 2007). There are various schools of thought on using software for the coding process. Clarke (2009) pointed out that manual coding can help develop an intimacy that might not have been achieved otherwise. Seidman (2007) noted there is a significant difference between what one sees in a text presented on paper and the same text shown on a screen, and that one's response is different as well. I decided that manual coding would maintain the closeness to the data that is paramount to phenomenological research.

Seidman (2005) stated that interviewers who transcribe their own tapes come to know their interviews better. Thus, I elected to transcribe each recording personally and typed each recording verbatim. Data was compiled from the recordings of each of the

participants along with the reflective field notes, which provided further insights from the actual interview. While dedicating myself to the manual transcribing and coding process, I completely underestimated the time this activity would take. However, I do believe this immersion into the data allowed me to stay deeply connected to the stories and thus the manual transcription and the manual coding processes enhanced the emergence of the themes. I read each transcript numerous times, both the hard copy alone as well as the hard copy while listening to the audiotape, in order to fully immerse myself in the details. This allowed me to personally connect with both the participants and their stories and provided a more perceptive sense of the interviews during the data analysis process. I reviewed the information and analyzed the information to uncover key associations in content, as well as to foster a better sense of the data, in order to answer the question posed by van Manen (1990), “Is this what the experience is really like?”

The phenomenological approach asks what it is like to have a certain experience. The goal is to explore deeply a specific phenomenon and describe the experience of that phenomenon under study, not to interpret or generalize to theories or models. Husserl feared an attempt to interpret the participants’ contributions might lead to misunderstanding the essence of the experience (Dahlberg & Dahlberg, 2004). Krefting (1991) pointed out that researchers need alternative models appropriate to qualitative designs that ensure rigor without sacrificing the relevance of the qualitative research. I employed the model of trustworthiness proposed by Guba (1981) for assessing qualitative rigor in this research study. Table 2 compares the quantitative research and the qualitative research approaches, as well as the strategies I used in this research study to establish rigor. Scientific rigor is valued because it is associated with greater worth of research

outcomes. Where quantitative research is explanatory and deductive, qualitative research is exploratory and inductive. Quantitative research questions are best answered with numbers, where qualitative research questions are best answered with words (Claydon, 2016). According to Creswell (2009), “validity does not carry the same connotation in qualitative research as it does in quantitative research, nor is it a companion of reliability or generalizability” (p. 190).

Rigor is defined differently for qualitative research because the desired outcome is different from that in quantitative research. In qualitative research, rigor is associated with openness, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all of the data (Burns and Grove, 2007, p. 91). Rigor, in qualitative terms, and reliability/validity in quantitative terms, are ways to establish trust or confidence in the findings of a research study. Rigor is useful for “establishing consistency of the study methods over time and provides an accurate representation of the population studied” (Thomas & Magilvy, 2011, p. 49). The Oxford dictionary (2007) defined rigor as “the quality of being extremely thorough, exhaustive, or accurate” (p. 1174). Lincoln and Guba (1985), in their work on naturalistic inquiry, were the first to address rigor in their model of trustworthiness of qualitative research via the basic question of qualitative research rigor, “How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” (p. 290). Lincoln and Guba (1985) proposed a model that addresses four components of trustworthiness that are relevant to qualitative research: (a) truth-value (credibility); (b) applicability (transferability); (c) consistency (dependability); and (d) neutrality (confirmability). They further argued that in qualitative

research, the concept of internal validity should be replaced by credibility, the concept of external validity should be replaced by transferability, the concept of reliability should be replaced by dependability, and the concept of objectivity should be replaced by confirmability. When the criteria of internal validity/credibility, reliability/dependability, and objectivity/confirmability have been met, then the results are presumed to be trustworthy/rigorous.

Table 2

Summary of strategies employed to establish trustworthiness

Quantitative Strategy	Qualitative Strategy	Criteria used in this study
Internal Validity	Credibility	Member checking Bracketing Reflexivity
External Validity	Transferability	Dense demographic description Thick participant experience description
Reliability	Dependability	Audit trail Dense description of research methods
Objectivity	Confirmability	Audit trail Reflexivity

Credibility. Credibility, similar to internal validity in quantitative terms, is the element that allows others to recognize the experiences contained within the study through the interpretation of participants' experiences. A qualitative study is considered credible when it "presents an accurate description of the human experience that people who also share the same experience would immediately recognize" (Krefting, 1991, p. 218). This is similar to what van Manen (1990) referred to as the *phenomenological nod* as a way of demonstrating that good phenomenological description is something that we can nod to, recognizing it as an experience that we had or could have had. Credibility

is a “goal rather than a product that depends on the relationship of the conclusions to the reality” (Maxwell, 2005, p. 105). Credibility determines whether the findings are accurate from the standpoint of the researcher and the standpoint of the participants (Creswell, 2009). To establish credibility, a researcher will review the individual transcripts, looking for similarities within and across participants. Member-checking involves returning to the participants to ensure that the descriptions accurately represent their experiences. However, my literature research revealed Giorgi (1988) had advanced a case against the use of participants as validators of the findings on the grounds that this would be asking the participant to evaluate their own description, thereby exceeding the role of participant. In addition, Kleiman (2004) indicated,

Returning to participants for verification suggests the descriptions of experiences that were given during the first visit are no longer pre-reflective. They are instead meta-reflective, that is, focused on what was *said* about the experiences, rather than *describing* the experiences as they came to presence. (p. 18)

According to Webb (2003), an attempt to validate data interpretation with participants is not consistent with a phenomenological approach. While there appears to be no absolute approach, it is consistent in the literature that the researcher select and follow an appropriate methodological framework. With these conflicting theories, I determined it was appropriate to provide a summary of the transcript to the participant for feedback and comment. This member-checking strategy confirms the accuracy of the findings and respects all divergent views while allowing a mechanism to establish credibility and enhance rigor, while remaining true to the goals of this research study.

Another strategy I used to establish credibility is reflexivity, which is the key thinking activity that helps us to identify the potential influence throughout the research process (Chan, Fung, & Chien, 2013). Bracketing was employed to meet the needs of reflexivity. Reflexivity refers to the “assessment of the influence of the researchers’ own background, perceptions, and interests; it requires the researcher to engage in continuous self-critique and self-appraisal (Krefting, 1991, p. 218). I was consistently cognizant of the obligation to bracket personal bias and beliefs about the phenomenon and set them aside in order to fully immerse myself in the lived experiences of the participants and to be as transparent as possible throughout the process. I maintained a field journal throughout the study to record and reflect on personal assumptions and feelings, thus heightening my awareness of any bias. I reflected upon and clarified any potential bias on the topic in a devoted endeavor to not allow my beliefs and assumptions to shape the data collection process or the reporting.

Transferability. Transferability, similar to external validity in quantitative terms, is the ability to transfer research findings of a particular inquiry with other participants or settings. Research is transferable when the findings fit into contexts outside the study situation that are determined by the degree of similarity or goodness of fit between the two contexts (Lincoln & Guba, 1985). As long as the original researcher presents sufficient descriptive data to allow comparison, he or she has addressed the problem of transferability. If the assumption is made at the beginning of the study that the findings are descriptive in nature, the transferability criterion may not be relevant (Sandelowski, 1986).

The demographics of the study participants were similar to the demographics of the profession of dietetics. The 2016 Commission on Dietetic Registration Registered Dietitian (RD) demographics reveal at the national level, 96.2% of RDs are female and 82% of RDs are Caucasian. In the state where the study was conducted, 97.1% of RDs are female and 75.7% of RDs are Caucasian. In this research study, there were 11 female participants, or 91%, and one male participant, or 9%. There were 11 Caucasian participants and one Hispanic participant. The participants ranged from 25 – 63 years of age, with an average age of 34 years old. Three of the participants indicated dietetics was their second career, thus they had previous work experience not related to the profession of dietetics. Current employment settings included private practice, clinical responsibilities in acute care facilities, and clinical responsibilities in rehabilitation centers, out-patient clinics, and corporate wellness. Three of the participants hold management positions in their employment setting. All have current preceptor responsibilities in their employment positions. The participants represented five undergraduate programs and three supervised practice programs, for a total of eight dietetics education programs, accounting for approximately 146 preceptor experiences in a variety of settings.

Another recommended strategy I used in this research study to establish transferability was the thick descriptions of the population studied that includes narratives of the demographics of the study, thus allowing transferability judgments to be made. I personally transcribed the audiotapes and then listened to each audiotape after the narratives were formed, in an effort to further enhance the depth of the thick descriptions. Additionally, the thick descriptions of the participants' experiences from the verbatim

transcripts provide a measure of transferability that allows judgments about the degree of similarity that may be applied to all, or part of, the findings in another setting or context. According to Moustakas (1994), it is necessary to develop these individual textural descriptions of the participants' experiences from the verbatim transcripts in order to construct a universal description that highlights key information and details from each participant, thus allowing emerging themes to surface.

Dependability. Dependability, similar to reliability in quantitative terms, occurs when another researcher can follow the decision trail used by the original researcher (Thomas & Magilvy, 2011). An audit trail is achieved by (a) describing the specific purpose of the study; (b) discussing how and why the participants were selected for the study; (c) describing how data was collected and how long the data collection lasted; (d) explaining how the data was reduced or transformed for analysis; (e) discussing the interpretation and presentation of the research findings; and (f) communicating the specific techniques used to determine the credibility of the data. I have provided in Chapter 3 a detailed progression of this research study. All data collected for this study will be stored for three (3) years following the completion of my research.

The comprehensive step-by-step description of the research method I used in this study described the purpose of the study, the purposeful sampling process, the data collection and data analysis details, and the presentation of the research findings, thus providing a detailed audit trail and enhancing the rigor of this research study. This description of data gathering and data analysis provided additional insight into the uniqueness of this study, as well as how another study of this phenomenon might replicate this approach in the future. In addition, the dense description of the population

studied, that includes descriptions of the demographics of the study, further established transferability.

Confirmability. Confirmability, similar to objectivity in quantitative terms, occurs when credibility, transferability, and dependability have been established. Guba (1981) described the audit trail as the major technique for establishing confirmability. In addition, Thomas and Magilvy (2011) stated confirmability requires a self-critical attitude on the part of the researcher about his or her own preconceptions. The researcher must be reflective, maintaining a sense of awareness and openness to the study and unfolding results. During each interview, I made a conscious effort to allow the participants to lead the conversation in order to discover their personal experience with the phenomenon. Miles and Huberman (1994) identified four characteristics that are necessary to assess the trustworthiness of the human instrument: (1) the degree of familiarity with the phenomenon; (2) a strong interest in the conceptual or theoretical knowledge; (3) the ability to take a multidisciplinary approach, as opposed to a narrow grounding or focus in a single discipline; and (4) good ‘investigative’ skills, which are developed through literature review and course work. The topic of the preceptor model in all allied health fields, most specifically the profession of dietetics, is one in which I have been entrenched for 25+ years. While a positive factor with regard to the qualitative researcher-as-instrument, my personal experience challenged me to maintain neutrality. Van Manen (2003) explained, “when one orients to a phenomenon one is approaching the experience with a certain interest” (p. 40). It is the interest in the phenomenon that brought me to this topic. Throughout this research process, I strived to remain true to the purpose of this study and ensure that the information presented exclusively represents the

lived experiences of the participants and provides greater meaning of the preceptor phenomenon.

The aforementioned strategies, used by other researchers previously, provided the foundation upon which I present the findings. I have made every effort to compose a composite description that allows the reader to enter the world of the preceptor experience. As van Manen noted (1990),

Anecdotes can teach us...the significance of anecdotal narrative in phenomenological research and writing is situated in its power: (1) to compel: a story recruits our willing attention; (2) to lead us to reflect: a story tends to invite us to a reflective search for significance; (3) to involve us personally: one tends to search actively for the story tellers' meaning via one's own; (4) to transform: we may be touched, shaken, moved by story – it teaches us; (5) to measure one's own interpretive sense: one's response to a story is a measure of one's deepened ability to make interpretive sense. (p. 121)

The stories shared by the participants provided a personal look into their lived experiences and sheds light on the phenomenon being studied.

Limitations of the Study

My study contains some limitations inherent to qualitative research methodology and beyond the control of the researcher; however, I have given careful consideration to minimize the impact any limitations might have on the study. What makes phenomenological interviewing distinct is its focus on understanding a personal life story and the meaning attached to the experience (Cornett-DeVito & Worley, 2005).

Moustakas (1994) stated that the best method of obtaining data in phenomenological

research is through interviews. However, the use of interviews can be problematic as they can be influenced by perceptions and expectations, as well as by the ability to recall past events. “When respondents are asked to recall their actions, intentions, or understandings, their memories may be incomplete or inaccurate; they may give shortened or simplified accounts of complex events and their reports may be influenced by their perceptions of the researchers’ expectations” (Thatcher, 2010). Thus, honesty and self-awareness of the participants should be considered as potential limitations to the study. In addition, the self-reporting nature of the instrument and bias in the participant responses cannot be controlled. Richards and Mores (2007) stated that in phenomenological research, participants should be judged not in terms of the accuracy of their recall of the actual event, but in terms of the accuracy of how they felt, or experienced or perceived, the event at the time.

Another limitation associated with phenomenological research involves the interview, audiotape, and transcription process. Although I transcribed each interview verbatim, the affective component of the interview may be overlooked in the transcript. This limitation was minimized through my use of a reflective field journal, which enabled me to bracket any biases or assumptions I may have experienced with the phenomenon. Moustakas (1994) suggested that in a phenomenological study, a researcher’s biases and perceptual distortion are a potential issue, of which the researcher must be aware. This highlights the need for bracketing during the interview process, which allowed me to remain aware of perceived ideas and maintain active listening, without comments. A potential influence on this research was my prior knowledge of the preceptor experience. This factor was controlled through the use of bracketing. In bracketing, or epoché, the

researcher “sets aside their experiences, as much as possible, to take a fresh perspective towards the phenomenon under examination” (Creswell, 2007, p. 60). The use of a reflective field journal allowed me to record my thoughts during the interview process and avoid any potential bias I may have regarding the story unfolding before me.

While the demographics of the participants in this research study are proportional to the demographics of the profession of dietetics, the sample is predominantly Caucasian and female. I was cognizant of the desire for diversity in the study sample; however, participant response, geographical location, and availability to participate were essential for the face-to-face interview. With regard to locating and selecting research participants, Moustakas (1994) explained,

General considerations include: age, race, religion, ethnic and cultural factors, gender, and political and economic factors. Essential criteria include: the research participant has experienced the phenomenon, is intensely interested in understanding its nature and meanings, is willing to participate in a lengthy interview and (perhaps a follow-up interview), grants the investigator the right to tape-record, possibly videotape the interview, and publish the data in a dissertation and other publications. (p. 107)

With regard to diversity in the profession of dietetics, the Academy of Nutrition and Dietetics has several initiatives at both the national and state affiliate level to enhance recruitment and retention of leadership development for individuals in underrepresented groups. The Academy Diversity Committee recommends policies and strategies with regard to increasing diversity in the profession and serves as a resource for diversity projects that strive to increase members’ understanding and awareness of issues related to

diversity and cultural competence through activities that support the Academy's strategic plan ("Diversity Committee," 2016).

My study was limited by the size of the sample and the resulting boundaries on diversity. Miles and Huberman (1994) advocated for a small sample size in phenomenological research in order to uncover in-depth meanings and experiences. Creswell and Boyd (2001) recommended approximately 10 participants for a phenomenological study. Moustakas (1994) suggested a maximum of 10 participants. Polkinghorne (1989) recommended that researchers interview from 5 – 25 individuals who have all experienced the phenomenon. While a smaller sample number of participants allowed for a richer depth of analysis, the smaller sample size is not intended to be generalizable. The face-to-face interview is a critical component to the phenomenological interview process as observing facial expression, body language, and tone of the conversation are relevant to the story being shared. Since a small purposeful sample of participants was selected based on their experience with preceptors, the age, gender, and ethnic diversity of the participants may be limited by the geographical availability and the pool of participants who have completed the experiential learning component in a dietetic internship program. Thus, geographical location of the participant within the state in which the study was conducted is a limitation.

In addition, the geographical location of the study was a limitation as well. All preceptors were located in the same geographical location. Careful attention was given to ensure the participants were recalling stories about many different preceptors. While there were a few participants that had experiences with the same preceptor, their stories centered around the personal interaction they had with the preceptor experience.

Finally, as this study was conducted in the northeast and purposeful sampling was used, it is not possible to generalize the findings to the greater population of dietetics education graduates who participated in a supervised practice experience under the guidance of a clinical preceptor during their education program.

In Chapter Three, I detailed the methodology for this research study. The objectives, the research rationale and design, the data collection methods, the data analysis methods, and the study limitations were presented. Chapter Four provides the findings of the research study.

Chapter 4

Findings

The goal of phenomenological research is “not to create results that can be generalized, but to understand the meaning of an experience” (Converse, 2012, p. 31). The purpose of this research study was to describe the preceptor experience from the perspective of dietetic education graduates in order to understand the impact of the preceptor experience component of the educational process on the professional growth of dietetics education graduates. This research study explored, from the perspective of the dietetic education graduate, those aspects of the preceptor experience that impact their competency as dietetics practitioners. Through the exploration of the lived experiences of dietetic education graduates who participated in a supervised practice experience under the guidance of a clinical preceptor during their education program, it was my intent to develop an authentic description and deeper meaning of the preceptor experience to understand the impact of the experiential learning process on the professional growth of the dietetics practitioner.

In this study, I utilized face-to-face interviews with twelve participants who graduated from a dietetics education program at least two years prior to the interview and had been employed in the field of dietetics for at least one year following graduation. I analyzed the data utilizing the methodology outlined in detail in Chapter 3. The first section of Chapter Four includes an introduction and narrative description of each participant. The second section of this chapter provides the results of the data analysis from the participants’ interviews, with verbatim quotes. Each participant was assigned a pseudonym in order to safeguard participant confidentiality.

Presentation of Participants

All of the participants in this research study are Registered Dietitians (RD[®]) who had been precepted during their dietetics education program following completion of their bachelor's degree and a competitive process for placement in a preceptorship/dietetic internship. Each participant was assigned a pseudonym and is introduced in alphabetical order, based on the assigned pseudonym. There were eleven female participants and one male participant ranging in age from 25 to 63 years of age, with the average age of 34 years old. The number of years since the preceptor experience was the same as the number of years as an RD and ranged from 2 years to 10 years, with 5.5 years as the average years of practice. Current areas of practice included: clinical nutrition manager in an acute care facility ($N=3$); dietitian in a corporate setting ($N=3$); clinical dietitian in an acute care facility ($N=2$); outpatient dietitian ($N=2$); clinical dietitian in a rehabilitation facility ($N=1$); and private practice dietitian ($N=1$). The participants represented eight dietetics education programs with approximately 146 preceptor experiences. Since each clinical rotation is guided by detailed checklists that contain behavioral objectives based on specific competencies, the participants work with many preceptors during each rotation to ensure all objectives and competencies are met. While the rotations vary in length, there are a total of 1200 hours that encompass the experiential learning component in the dietetic education preceptor model.

Charlotte was a 31-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for seven years. After completing her undergraduate degree in nutrition, she pursued a combined Dietetic Internship/Master's Degree program. Initially employed as a per diem clinical dietitian in an acute care

facility, she is currently a clinical nutrition manager in an acute care facility. Charlotte described herself as a “book person” and found the “whole applying [the knowledge] thing in an internship to be confusing.” She stated the pace of the daily activities were “overwhelming because I couldn’t write anything down, I just had to think on my feet and I hated that.”

Ella was a 35-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for seven years. She had worked in a variety of jobs prior to pursuing a college degree. After completing an undergraduate degree in nutrition and a dietetic internship, Ella was hired as a clinical dietitian in an acute care facility, a position she holds today. Ella described herself as a “self-starter who prefers to figure things out on her own.” She recalled the most challenging tasks as the most rewarding tasks, and noted the preceptor experiences she remembers the most are the ones that “really tested her.”

Felecia was a 27-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for four years. After completing her undergraduate degree and a dietetic internship, Felecia worked as a clinical dietitian in corporate wellness. She is currently employed as a clinical dietitian in an acute care facility. Felecia’s first job was the result of her performance in one of the rotations during her dietetic internship. She believed the job offer was based on her “work ethic during the internship rotation.”

Fran was a 39-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for seven years. Dietetics is her second career as she holds an MBA degree in business. After working in the business field for 10 years,

she found the work “unfulfilling” and decided to pursue a career in dietetics. Fran completed an undergraduate degree in nutrition, followed by a dietetic internship. After working in clinical practice in an acute care facility, Fran is now employed by a major corporation providing health and nutrition information to their employees. Fran felt as an older student, she sometimes knew more “about the real world than some of her preceptors, but maybe not the world of dietetics.”

Gabi was a 35-year-old Hispanic female Registered Dietitian (RD) who had been practicing in the profession of dietetics for seven years. After completing an Associate Degree in Dietetics, Gabi completed an undergraduate degree in nutrition followed by a dietetic internship. She worked full time as a clinical dietitian and is currently employed as a part-time out-patient pediatric dietitian. Gabi believed she was “well-prepared for the challenges of a dietetic internship because she had hands-on experience during her associate degree requirements.” She approached the dietetic internship as a “continuation of what she had started a long time ago.”

Greg was a 25-year-old Caucasian male Registered Dietitian (RD) who had been practicing in the profession of dietetics for two years. After completing an undergraduate degree in nutrition, followed by a dietetic internship, Greg was employed in an acute care facility, serving both in-patient and out-patient clients. He recently accepted a position as a nutrition counselor in a corporate work setting. Greg summarized his preceptor experiences as “the most challenging in any education that I ever had. Definitely rewarding. But, I would never want to go back and do it again!”

Lynn was a 63-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for four years. Dietetics is her second career

as she spent most of her professional life in elementary education while raising a family. Years later, her lifelong interest in food and health led her to pursue an undergraduate degree in dietetics, followed by a dietetic internship. Lynn currently works for an acute care facility as an out-patient dietitian. Lynn shared her experiences as the “more mature intern who had some very interesting experiences dealing with young preceptors.”

Natalie is a 29-year-old Caucasian female Registered Dietitian (RD) who has been practicing in the profession of dietetics for five years. After completing an undergraduate degree in nutrition and then a dietetic internship, she worked as a clinical dietitian in an acute care facility. Natalie is currently serving as a clinical nutrition manager in a different acute care facility. She described her entire preceptor experience as “inspirational.”

Olivia was a 28-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for five-and-a-half years. After completing her undergraduate degree followed by a dietetic internship, Olivia worked as a clinical dietitian in an acute care facility. She is currently employed as a clinical dietitian in a rehabilitation facility, while also pursuing a graduate degree in nutrition. She recalled hearing the dietetic internship referred to as “nutrition boot camp... and it was true!” The internship experience was “intimidating and frustrating...I feel like I crammed my entire education into a 10-month program where you really cement what you have learned.”

Whitney was a 35-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for seven years. Dietetics is her second career as she holds an undergraduate degree in finance. Prior to her dietetics career, Whitney worked in the finance field for a few years and eventually “realized finance

wasn't my thing." Since nutrition and health had always been an interest, she decided to pursue her passion and completed an undergraduate degree in nutrition, followed by a dietetic internship. After working in both clinical practice and corporate wellness, Whitney is currently in private practice where she serves as a consultant to a number of corporate wellness clients. Whitney approached her internship with the goal of developing a relationship with her preceptors because she believed "that was the best way to learn." She reflected on her preceptor experience and revealed "that wasn't a good idea because most of the time I felt like I was in the way, so I changed my goal to 'just get through it.'"

Winnie was a 28-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for three-and-a-half years. After completing her undergraduate degree, followed by a dietetic internship, Winnie worked in research for a few years. She is currently a consultant for a corporate wellness program while pursuing a graduate degree in nutrition. Winnie revealed her preceptor experience was filled with good and bad stories, but "I learned from each one of them."

Zoe was a 34-year-old Caucasian female Registered Dietitian (RD) who had been practicing in the profession of dietetics for eight years. Zoe has two undergraduate degrees: one in psychology, and one in education. Afterwards, she pursued a degree in dietetics and completed a dietetic internship. After working in long-term care, foodservice, and clinical dietetics, she is currently pursuing a doctorate degree in nutrition. Zoe noted she has "discovered her passion: dietetics and education" and hopes to one day focus on a full-time career in education.

Emergent Themes

These brief descriptions of the 12 participants are presented to introduce the person describing their lived story of the preceptor experience, and reveal whether the experience influenced their role as a dietetics practitioner. Each individual participant brought a unique experience to this study. According to Moustakas (1994), “In phenomenology, perception is regarded as the primary source of knowledge, the course that cannot be doubted (p. 52).” As the stories were told and reflected upon, common themes began to emerge that intimately connected the lived experiences of the participants. Moustakas spoke of epoché, or bracketing, which Creswell (1994) stated “does not allow the researcher’s meanings and interpretations or theoretical concepts to enter the unique world of the informant/participant” (p. 54). According to Seidman (2007),

...the researcher is in a “dialectical” process with the material. The participants have spoken, and now the interviewer is responding to their words, concentrating on his or her intuition and intellect on the process. What emerges is a synthesis of what the participant has said and how the researcher has responded. (p. 127)

The preceptor model has been an integral aspect of my professional practice and that connection is what led me to this research topic. However, I did not presuppose any conclusions regarding this study. I allowed the stories of the participants to unfold and the meanings to emerge in the data analysis. In an attempt to eliminate any potential biases, I maintained a field journal to record my personal thoughts and feelings. Through awareness and self-reflection, I fostered an unbiased look at the research data and

allowed myself to capture the essence of the lived experiences as shared by the participants.

Six key themes emerged through the frequent use of words and/or statements by the participants in the interviews and connected the experiences of all participants. The frequency with which the common topics were mentioned revealed their significance to the participants, and thus, formed the essence of the preceptor experience. The essence of the preceptor experiences, as told by the participants, is embodied in the following six themes: (1) The experience provided in the preceptor experience was unique and irreplaceable; (2) The attitude of the preceptor left a lasting impression on the future practice of the student; (3) Time spent with the preceptor in the supervised practice was the most worthwhile of their educational process; (4) Personal professional practice is a blending of characteristics from the preceptors they worked with; (5) Future professional behavior was impacted by the preceptor experience: and (6) Confidence was achieved through work with a preceptor. In Table 3, I provide an overview of the research questions and the six emerging themes.

Table 3

Overview of research questions and emerging themes

Research Questions	Emergent Themes
What significance do dietetic education graduates assign to their interactions with preceptors during the supervised practice component of the dietetics education curriculum?	<ol style="list-style-type: none"> 1. The experience provided in the preceptor experience was unique and irreplaceable.
How do dietetics education graduates describe and interpret their experiences with preceptors in relation to their professional growth as dietetics practitioners?	<ol style="list-style-type: none"> 2. The attitude of the preceptor left a lasting impression on the future practice of the student. 3. Time spent with the preceptor in the supervised practice was the most worthwhile of their educational process. 4. Personal professional practice is a blending of characteristics from the preceptors they worked with 5. Future professional behavior was impacted by the preceptor experience. 6. Confidence was achieved through work with a preceptor.

Theme 1. The experience provided in the preceptor experience was unique and irreplaceable.

“The one-on-one interaction with the patient, with the preceptor – that human element, that cannot be replicated. Cannot just get dropped into it. Need someone to guide you. Once you’re live, there is no turning back. It’s on you. You must observe the delicateness first.” ~ Fran

The primary and most compelling finding of this study was that every participant emphasized the time spent with the preceptor was a one-of-a-kind experience. The participants declared the hands-on experience gained in the preceptor experience was

unique and irreplaceable. Whitney revealed the uniqueness of the preceptor experience was as simple as just working in the hospital environment:

The hospital smell – the real smell. You just don't forget walking through those halls. There are things you see and smell that stay with you forever. You need the real thing: the smells, the sadness, the deaths. That is what helps you decide if you can work in that kind of environment.

The participants universally noted that, while the completion of the checklists measures competency, some of the most compelling experiences were the ones not listed on the checklists. Whitney recalled an opportunity “to observe a GI tube insert... I was in the right place at the right time. I was in the room and like, ‘Wow, look at that!’” Similar to Whitney, the other participants believed it was the unexpected life experiences with the patients that had the most impact on their learning. Another example was revealed in a story shared by Charlotte,

Where else are you going to walk into a room and ask an older gentleman about his bowel movements? You need to learn how to ask the uncomfortable questions. Won't learn that anywhere else! This type of conversation is not an easy one to have, but it is a necessary conversation nonetheless.

While role-playing was often cited as an educational method frequently used in the classroom setting, it still does not take the place of the real experience, as the example shared by Charlotte revealed. Greg shared a similar reflection in his interview:

We did role-playing in course work, but it's not like that in the real setting. The sounds of the setting – being present in the setting. The only way to get a real world experience is to be in the real world.

Each participant emphasized that the value of the experience in the real world setting cannot be underestimated. Fran recalled how her approach to patient care was altered by one experience in particular:

The real world is how you learn to be human: I had a patient who was in a motor vehicle accident – he survived, his wife did not. I am required to meet with this patient. Seriously? What nutritional information am I supposed to give this poor man? All I could do was make sure he was eating to heal. That’s all I could do.

Being placed into the real world setting compelled students to think outside the box. They arrived at the clinical sites primed with book knowledge, for these were the top students, the ones who matched to a dietetic internship. Yet, they are no longer in the world of textbooks. As Olivia explained,

I didn’t know the dynamics of a hospital until I was actually in one as an intern. There is no other way to learn than by being there. The supervised practice really cements what you learn in school. I don’t know how that would have happened otherwise.

All the participants indicated they were able to apply the knowledge acquired in the classroom while actively working in the supervised practice. However, most expressed anxiety about the hands-on clinical rotations.

The participants stated they understood the critical role the real world experience had on their educational process, but every participant was amazed at how much the experience shaped the learning process. The participants stressed that the classroom setting cannot replace what occurs in the field, noting that nothing can take the place of the real thing. Felecia expressed how “the real life experience forces the student into a

different comfort level.” The participants shared that working in the health care facility provided memorable experiences, both good and bad, that they would not have had otherwise. Fran noted that for as long as she could remember, she was always referred to as a skinny girl, a comment she never thought much about. Until one experience made her forever conscious of that description:

Once, when I walked into the patient’s room and introduced myself as a dietetic intern to the extremely obese patient, I could just see her facial expression change to one of annoyance and sadness – it just dropped. You don’t experience that unless you are in the real world. Eating and food are so personal. Cannot imagine truly understanding that without the one-on-one contact with the patient.

The participants indicated they did not fully understand the requirements of professional practice until they participated in the hands-on experience the supervised practice provided. Many participants were told how critical the supervised practice would be to their development, but few fully understood the full impact. Olivia noted it was the real world experiences that shaped her opinion of just how significant the actual experience would be on her practice:

Dietetics is such a hands-on field. I don’t know how I would know what to do without the time I spent with my preceptors. I cannot imagine working in a hospital without that experience with a preceptor – I would be like a deer caught in the headlights!

In addition to the exposure in the real world setting, the participants spoke of the role of the preceptor as being unique to the hands-on experience. As Whitney noted, “In the real world, you make a judgment call. The preceptor helps you make the right call.”

The participants remarked that despite what is taught in the classroom lectures, participation in the supervised practice was, according to Whitney, “stuff you just can’t make up - you just need to experience it...to be in it.” It was not only the unique experiences provided by the supervised practice that impacted the learning experience. The participants also noted how the practitioner performed his/her job as something that they can only learn by being in the real work environment. Fran noted,

The preceptor is critical for that human-to-human communication. How to approach a patient, a physician, a nurse who has just spent 10-hours with a patient screaming at her. Certain things must be experienced: the pain, the cultural restraints, the suffering. You need someone with experience to guide you.

Theme 1. The opportunities provided in the preceptor experience were unique and irreplaceable. This theme was at the core of every story told. Each participant shared that without the hands-on rotations with the preceptors, their learning would be incomplete. They believed they would have been unprepared to enter the workforce. In addition, they revealed that without the time spent with a preceptor, they would not be the practitioners they are today.

Theme 2. The attitude of the preceptor left a lasting impression on the future practice of the student.

“I remember the experiences that helped me the most – both the good ones and the bad ones. I still remember them.” ~ Greg

Each participant indicated that the attitude of the preceptor, both positive and negative, has left a lasting impression on their own practice. Zoe and Felecia shared that the attitude of the various preceptors continues to impact them to this day. As Felecia

stated, “Bits and pieces of the preceptors’ comments and actions pop into my head – unexpectedly – good and bad! Definitely impacts my daily practice.” While the majority of the participants remembered this interaction as being a positive recollection, some participants stated the negative attitude displayed by the preceptor was a very strong memory. A number of participants shared stories of the preceptor being “impatient,” “abrupt,” or “disrespectful.” Ella and Gabi proclaimed, “I learned what I *won’t* do in practice” when offering examples of preceptor-patient interactions. An example of this was a story Gabi recalled during an interaction between a preceptor and a patient regarding the inclusion of brown rice in her diet. The patient stated she could not afford brown rice, yet the preceptor continued to espouse the benefits of brown rice as if “she never heard the patient... she just kept talking about brown rice. It was so difficult to watch. It was so horrible. Finally, the patient just shut down and stopped listening.” Gabi confided that she still sees that patient’s face when she thinks about the exchange and it “breaks my heart.” When referencing the need to watch the preceptor interact with a client, Felecia noted, “Food is very personal. How we interact with the patient is the only way to understand just how personal it is. Otherwise, how do we ask someone to make a change?”

While all participants shared stories of something they believed the preceptor should have done differently, in most cases they softened their statements by acknowledging that the preceptor was very busy and working with a student added to their already heavy workload. Each participant recognized that having a student made the day longer for the preceptor. The time each preceptor took to work with the student and explain things actually took away from the time the preceptors had to do their own work.

While all participants noted the increased workload having a student entailed, those participants who are currently preceptors, or who have served as preceptors, mentioned they “really get it now” when they talk about the time constraints of being a preceptor. While only one participant recalled a “horrible” preceptor and struggled to find something positive to say about that particular rotation, the majority shared anecdotes that described the preceptor as “brilliant,” “kind,” and “patient.” Most stated that despite some negative experiences, the time spent with the preceptor was a very worthwhile experience, revealing “no experience was a bad experience.” Fran gave credit to the preceptors as being instrumental in how she practices today: “I don’t think I could do what I do today if I didn’t have someone helping me craft it. The human part of crafting. That’s what it is all about. That human aspect.”

Sometimes a student enters the supervised practice open to all areas of practice: nutrition care, foodservice management, public health, community, business, and industry. However, most of the time students express a specific interest in one or two areas, making it difficult to remain open to other areas of practice. Charlotte shared that she entered the dietetics major intending to work in nutrition care, specifically pediatrics. She credits her preceptor in the foodservice rotation with where she is today, “I ended up working in foodservice because of my preceptor. I never had a desire to work in foodservice before that rotation. I loved it then, and I absolutely love what I am doing today!” Winnie stated the impact of working with preceptors influences what she does in practice today, “I think I am a better practitioner and preceptor today because of each and every preceptor I worked with as a student.” Natalie revealed, “I definitely changed personally during the preceptor experience – for the better.”

Theme 2. The attitude of the preceptor left a lasting impression on the future practice of the student. At the very heart of each story was the attitude of the preceptor. The mindset of the preceptor was a strong influence during the supervised practice and remains a strong influence in the student, turned practitioner, today. While some stories expressed dismay at what the participants' viewed as negative preceptor behavior, the stories overwhelming touched on the positive attitudes of the preceptors.

Theme 3. Time spent with the preceptor in the supervised practice was the most worthwhile of their educational process.

“The book tells you how you’re supposed to do things, but the real world – the preceptor shows you HOW to do it. There is no other way to learn that.” ~ Greg

The participants remarked that the preceptor has the potential to influence the future of the dietetics profession as the time spent with the preceptor has a tremendous impact on how students develop into practitioners. The preceptors were recognized as role models, intended as both a complement in some stories, and as a criticism in other stories. Whitney noted that the hospital environment is “The only place where we connect with real patients. Everything up to that point is from the books. The preceptor helps us make the connection.”

Participants recognized the relevance of the classroom knowledge. However, they consistently acknowledged that it was in the practical experience where they applied that knowledge, resulting in their belief that it was the hands-on environment where they learned the most. Charlotte admitted that she was frustrated at the beginning of her first

rotation, crying daily as she drove to her clinical site. In the interview, she shared what made her cry:

I was so frustrated and upset. I had book smarts, but I had trouble with critical thinking skills. Up to that point, everything I did, I did well. But I quickly learned that book smarts don't cut it. I needed to apply it. I remember how patient my preceptor was; she took the time to explain. That made all the difference in the world to me. I needed to get out of the comfort of the classroom and deal with the real situations.

Charlotte acknowledged this became easier as she spent more time in the clinical rotations.

Greg indicated his preceptor experience continues to influence his daily practice. The hands-on experience taught him how to “think on his feet.” He acknowledged that his time spent in the clinical rotations was “how I learned how to apply my knowledge. There are too many variables that can only be experienced in the real world.” Charlotte told a story that affirmed the point Greg made about the real world experience the supervised practice provides. In one interview, Charlotte told me,

Experience teaches you to shift your focus. I had a patient who needed a low sodium diet instruction. He just had his leg amputated. While his diet is important to his health, that was not his main concern right now. I would have approached a case study much differently than I approached the real patient.

Fran shared a similar story, also about a low-sodium instruction:

I had a newly diagnosed cancer patient – was I really supposed to walk in and talk to him about not eating salt? Come on.... It is such a judgment call. The student

needs someone to guide that experience. To give you alternate ways to think about things. That is what the preceptor does.

The participants acknowledged their textbooks tell them what the protocol for a situation is, but it was the real world that told them if it is the right thing to do.

Gabi recalled a story of her preceptor counseling a patient, noting the compassionate tone of her voice, observing where the preceptor stood during the counseling session, as well as the sincere facial expressions she displayed during the session. Noting the kindness with which the preceptor counseled, she said she made a mental note to be that kind of preceptor. Already awestruck with how well the counseling session was conducted, during their conversation after the counseling session, Gabi was amazed by the observations the preceptor shared,

She noticed physical signs of malnutrition that we learned in class, but I totally missed. They were second nature to her. I didn't notice a thing! Add to that, she said the patient could not read. I totally missed that, too.

Gabi strives to emulate what she learned from that particular preceptor in her daily practice.

The participants also shared that they were able to move into their first professional positions because of the time they spent with the preceptor. Winnie declared that her "...first job was easier to adjust to because of the preceptor experience. I knew what I needed to learn and how to go about learning it. That was all because of the internship." In another interview, Olivia expressed a similar sentiment, "Many times you don't know what you're learning until after you are finished. No one could have predicted the lessons I would learn during the internship." Natalie, who now serves as a

preceptor, reflected on what kind of preceptor she hopes to be, as she recalled how her preceptors influenced both her current role as a practitioner, and as a preceptor:

The preceptor is there to help you put it all together and help you focus on priorities. My biggest challenge was the plan of care. How do I prioritize? What's least important? What's most important? The preceptor helped me figure that out. I hope I am able to do that for my students.

Each participant acknowledged the preceptor experience prepared them for their role as a practitioner and as a preceptor. It is interesting to note that all participants in this study also precept students in their employment setting.

The participants consistently described the clinical rotations as 'demanding' and 'overwhelming.' Just as consistently, the participants acknowledged that the greatest theoretical component of their education came from the classroom, but the skills that enhanced theory came from their work with the preceptor. Fran declared, "I cannot imagine not seeing seasoned professionals do their job before I was given that responsibility." The participants shared that their education in the classroom prepared them well, but each participant admitted the practice time in the field helped them, as Lynn's words captured, "more than I ever imagined was possible." Ella's comment reflected the opinion of each participant, noting the supervised field experience was "harder than the classroom, but most definitely worth it." Each participant revealed the supervised practice was essential in their ability to perform in their first job.

Theme 3. Time spent with the preceptor in the supervised practice was the most worthwhile of their educational process. Each participant shared that it was during the preceptor experience where they made the connection of theory to practice. Kolb's Model

of Experiential Learning (1984) is supported in this theme, as the basic premise of Kolb's Model is that learning is best achieved by actual experience. Each participant recognized that participating in the hands-on activities that the supervised practice provides transformed their knowledge from the classroom and textbooks into insight of skills and attitudes necessary for success.

Theme 4. Personal professional practice is a blending of characteristics from the preceptors they worked with.

“The preceptor helped me find MY way, not THEIR way.” ~ Fran

All participants shared that their personal professional style is a blending of characteristics from the various preceptors they worked with during the supervised practice. The participants believed there was a unique benefit of working with such a diverse group of preceptors. Not only the variety of ages, genders, and cultures, but also the breadth of personalities and practice styles provided an eye-opening opportunity into how different people perform in a variety of workplaces. Fran stated,

It was so interesting to see how different people do the same job. I was able to see there are so many ways to handle something. Both can be equally effective, just have different approaches. I was able to take what I liked, to take what worked, and develop my own style.

Gabi shared a similar story of her rotation working with oncology patients. There were two RDs who shared responsibility for the oncology floor. Gabi noted that, “Both RDs were brilliant and compassionate. They just had different ways of working with the patients and their families. Each approach was equally effective, just different. It was interesting to see the contrasting approaches.” Gabi acknowledged that, up to that point in

the preceptor experience, she believed there was only one way to do something – the way the book said to do it. Because of the preceptor experience, she realized there are many different ways to do something to get the desired results. Olivia expressed similar revelations regarding the benefit of seeing how different preceptors worked and how it has shaped the way she practices today:

Having the opportunity to learn how different preceptors do things was extremely helpful. I now see little bits of many preceptors in how I document in the chart, how I communicate with patients and colleagues. Working with a variety of preceptors gives you a nice little toolbox of things to work with. I use that toolbox every day.

In the interview with Charlotte, she noted that, “I think my practice is a combination of all my preceptors. I still find myself modeling some of my preceptors’ behavior and actions – all the good!” The participants shared it was not just the actions of their preceptors that influenced the participants’ current practice, but the preceptors’ personalities as well. For example, Lynn shared the following observation based on her preceptor experience:

When people love what they do, it really has an impact. On the patients. On their colleagues. On their students. You really get drawn into the excitement. I try to be enthusiastic in what I do because I remember how it felt.

The behavior and the attitude of the preceptor was a strong influence on the participant, both as a student and now as a practitioner.

The participants all expressed what makes the preceptor experience distinct is learning to apply knowledge into action. Natalie captured this universal thought,

“Learning a skill that you’re going to apply as a practitioner – that is what the preceptor experience provides.” The participants also shared they were able to embrace positive attributes, as well as rebuff negative attributes, creating a professional style that would work best for their own unique personality and career. Greg shared that he was able to learn from “Seeing how the preceptors did certain things [which] allowed me to take what I liked, and didn’t like, and develop my own style.” Beyond the checklists, beyond the hands-on learning experiences, there were also small words of wisdom the preceptors shared that the participants felt left an impression on them as students and remains with them today as practitioners. One such comment was shared by Natalie, who noted that she remembers a particular thought every day, “I still never say the word ‘just’ when talking to a student or a colleague or a patient. One preceptor pointed out “the word ‘just’ means you are in a hurry and that gives the wrong message.”

Theme 4. Personal professional practice is a blending of characteristics from the preceptors they worked with. The participants believed there was a genuine benefit to working with a variety of personalities during the supervised practice. Each preceptor brought unique qualities, opinions, temperaments, and behaviors to their professional practice. All participants shared they are a blend of all the preceptors they have worked with. Their professional personas have truly been inspired by the professionals they have worked with in their supervised practice.

Theme 5. Future professional behavior was impacted by the preceptor experience.

“I am a better practitioner because of the preceptors I worked with.” ~ Natalie

The participants indicated they learned about professional behavior while working with a preceptor in the workplace. The participants understood the role their classroom

instructors and professors had in the educational process, and they acknowledged the professionalism they displayed in and out of the classroom. Prior to the supervised practice, the participants believed they had an understanding of the role of the preceptor in the educational process, but all participants revealed they underestimated how critical the preceptor experience would be on their overall education. The participants shared stories of the professionalism-in-action in the workplace as having the strongest impression on them, even stronger than the professionalism displayed by classroom professionals. Since most of the participants were planning to work outside of academia, the preceptor was the professional example they most identified with, and the one that continues to influence their current professional practice. Greg stated that he “learned what was professionally appropriate from the preceptors I worked with. I also learned what was not professionally appropriate from the preceptors I worked with. Both examples continue to influence me daily.”

In addition to behavior modeling, participants revealed communication skills were refined during the preceptor experience. Communication skills are taught extensively in the dietetics curriculum with details focusing on patient interview techniques. Role-playing is also a very common technique used in the classroom environment. Still, the participants identified that the time spent with preceptors had the greatest influence on the development of their communication skills. Olivia noted, “Good communication skills are modeled after people that have them. It was such a good opportunity to see how everyone interacts.” In another interview, Charlotte said,

I thought I was a flexible person, until I worked with the foodservice preceptor!

She showed me how to be flexible *and* professional, both at the same time. I think

I would have cried otherwise, but watching the preceptor made me realize what I need to be and how I need to communicate when I am in charge.

Each participant described examples of how their preceptors exhibited professional behavior that the participant hoped to emulate themselves. The participants noted that sometimes professional behavior expectations needed to be discussed with a student in a manner that was more direct than just observation. Natalie shared a story of a conversation one preceptor had with a fellow student, a story that she freely shares with her current students:

It's funny to admit, but I learned how to dress for the profession. Not that I ever would, but I learned it's not appropriate to wear neon green shoes or fish net stockings if you want people to respect you. Especially in health care. You need to look professional. And, fish net stockings send the wrong message.

Theme 5. Future professional behavior was impacted by the preceptor experience. The participants credited the preceptor experience as the primary influence on what they consider professionalism. The demeanor of the preceptors, both positive and negative, served as a foundation to the professional behavior the student-turned-practitioner displays in daily practice. The participants shared they are careful to avoid the negative examples they witnessed during the supervised practice. Instead, they try to emulate the encouraging and compassionate qualities they observed as effective in the practice setting.

Theme 6. Confidence was achieved through work with a preceptor.

"I learned the best when [my preceptors] explained their thought process. Their experience and guidance helped me to do my best. Each time helped me realize that

I know more than I thought I did." ~ Winnie

The majority of participants indicated they gained professional confidence because of the preceptor experience. The participants expressed apprehension about the supervised practice component of their education as each participant indicated they had heard how difficult the clinical rotations would be. Each participant questioned whether they possessed sufficient theoretical knowledge to apply to the clinical setting. The participants also questioned whether they would be able to meet the expectations of the supervised practice experience and the preceptors. The participants shared stories that revealed the preceptors played a large role in minimizing these concerns. Most participants were anxious when their knowledge-base or their ability to handle a situation was challenged. In the early days of supervised practice, participants stated they believed it was a personal affront of their knowledge-base whenever a preceptor questioned them regarding an interaction with a patient. Lynn told me, “I felt like I had to keep proving that I deserved to be here. Then I realized, that’s exactly what I need to do!” Only Ella seemed energized by each challenge the early clinical experiences offered, “I liked when the preceptors challenged me; you’re not going to get much out of the experience otherwise. My preceptors encouraged me to think for myself. I learned that’s a very important trait for RDs.” While the other participants were not quite as enthusiastic about being challenged in the beginning of the supervised practice, each participant acknowledged the benefit of the subsequent challenges that came their way. In one interview, Natalie said, “The guidance the preceptor provided while [I was] performing an activity was invaluable to building my confidence, both as a student and now, as a dietitian.” Zoe revealed that she “learned how to advocate for myself and my specialty because of the encouragement I received from my preceptor. She was a great role

model.” The participants expressed gratitude for the guidance and support the preceptors provided each step of the way and admiration for the self-confidence the preceptor instilled with regard to the participants’ ability to perform duties and fulfill responsibilities. Significant statements from the participants affirmed that this confidence level gained strength as the supervised practice progressed and remains with them in their current professional practice. Olivia admitted, “I was reluctant to ask questions, but my preceptor encouraged me to ask as many questions as I wanted to. That gave me confidence then and what I learned by asking questions gives me confidence now.”

Providing counseling and making recommendations or decisions about patient care is a serious responsibility. The students who have reached a supervised practice experience have demonstrated a solid knowledge-base in the classroom setting. The participants noted it was an entirely different experience when they were required to think on their feet and not have textbooks in hand when making a decision. However, the participants expressed relief that there was a preceptor to look over their shoulder and guide them as they assumed responsibility for patient care. Gabi captured the collective beliefs of all the participants when she stated, “It helps to have that human behind you as you counsel.”

The participants appeared to gain confidence as they gained experience. Many stories revealed that observing the preceptors in action also helped to build confidence in the participants. Most were reassured by the fact that the preceptors were once in the participants’ positions and as Felecia noted, “Look at them now!” Likewise, Zoe noted, “Seeing how everyone interacts, especially the MDs and RDs. Cannot get that outside of supervised practice.” Participants believed that both the hands-on practice, as well as observations of their preceptors in action, contributed to their confidence level.

Theme 6: Confidence was achieved through work with a preceptor. All participants described tremendous anxiety as they approached the supervised practice. Each had heard unsettling stories that focused on the difficulties and awkwardness they would feel in the real-life setting of the supervised practice. Nonetheless, the participants shared that their preceptors put these fears to rest. The participants also spoke of how the preceptors worked diligently to build up confidence levels. The preceptors sought to provide experience and feedback that fostered confidence.

We learn every day from others and their stories. This chapter included a composite description of the participants interviewed for this study. Using their stories and their words, six themes emerged that connected the experiences of each participant. Their personal stories, as illustrated in Chapter 4, revealed the essence of the preceptor experience. Gabi shared, “I carry the experience with me every day.” Fran proclaimed, “It gave me my eyes.”

Chapter 5

Conclusions and Recommendations

Chapter 5 includes an overview of the study, research questions and related findings, conclusions, recommendations for practice, recommendations for research, recommendations for leadership, and final reflections.

Overview of the Study

There is an abundance of literature on experiential learning, the dietetics education model, and the role of the preceptor; however, little is written about the preceptor experience from the perspective of the dietetics education graduate working as a dietetics practitioner. The purpose of this phenomenological study was to gain a deeper understanding of the preceptor experience from the perspective of dietetic education graduates with the hope of developing an understanding of the full impact of the preceptor experience in the dietetics educational process on the professional growth of the dietetics education graduate functioning as a practitioner. While the literature review revealed a plethora of information on the value of the preceptor in the educational process, specifically in experiential learning, there was limited documentation on the value of the preceptor from the perspective of the student-turned-practitioner. There was a gap in the literature on how the preceptor experience impacts actual practice. This research study attempted to bridge that gap by providing insight into the preceptor phenomenon in dietetics education. The intent of this research study was to “look *at* what we usually look *through*” (Sokolowski, 2000, p. 50). This chapter includes an overview of the research study, the research questions and related findings with a review of the

literature for the associations to my findings, conclusions, recommendations for practice, recommendations for research, recommendations for leadership, and final reflections.

Since the number of dietetic students continues to increase and the number of available dietetic education preceptors continues to decrease, the profession of dietetics, similar to most allied health professions, is beginning to consider alternative teaching models (Issenberg & Scalese, 2008; McComas, 2015; Wilson, 2010). The majority of my professional career has been embedded in the preceptor model and it is this personal experience that led me to phenomenology as a research method. According to Randles (2012), phenomenological research is naturally linked to practice. Both my connection to the preceptor model and the purpose of the study made phenomenology the most appropriate research method to answer the research questions that guided this project. The descriptive phenomenological method supported the purpose of this qualitative research study as it enabled me to describe the essence of the preceptor model from the lived experiences of students-turned-practitioners, and to offer a deeper understanding of a phenomenon as experienced by several individuals.

In phenomenological research, the question grows out of an intense interest in a particular problem or topic. Moustakas (1994) explained it is the researcher's excitement and curiosity that inspires the research. Personal history brings the core of the problem into focus. As previously explained, there is an unprecedented shortage of available preceptors to meet the experiential learning requirements of future dietetics professionals (Gulotta, 2016). The purpose of my research study was to describe the preceptor experience from the perspective of dietetic education graduates in order to understand the impact of the preceptor experience component of the educational process on the

professional growth of dietetics education graduates. This understanding can provide insight as the profession looks to a future model of dietetics education.

As I reflected on the lived experiences of the participants, and the stories they told, it became clear that the relationship between the student and the preceptor is extraordinary. My research on preceptorship and mentoring revealed the origin of the relationship traced back to the time of Homer, specifically to *The Odyssey*. Homer described his hero, Odysseus, preparing to set out on an epic voyage, but his son, Telemachus, must remain behind. Odysseus asked a trusted friend, Mentor, to guide and counsel Telemachus in his absence. From this ancient literary figure, mentor has come to mean “one who helps guide a protégé through a developmental process” (as cited in “Iowa State University,” 2002, p. 2). While this appears to be the earliest example of mentorship, the literature on mentoring and preceptor consistently upholds the significant role experiential learning plays in professional development.

The participants in this study expressed that both theoretical knowledge and authentic experience were critical to their education as a dietetics practitioner. Each participant stated that the experience gained in the practice setting was an essential component of their education process. Experiential Learning Theory states the basis of all experiential learning is that experience matters and that true learning is the result of experience (Kolb, 1984). As presented in Chapter One (Figure 1), Kolb’s Experiential Learning model identifies four modes of grasping experience. These cyclical modes are Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation modes (Clark, Threeton, & Ewing, 2010). Kolb (1984) noted experiential learning practices are based on a theory of what learners need to grow and to

develop and represents a method for reflecting on experience that is non-linear and can begin at any point in the cycle. Schön and Kolb presented reflection as an important means of improving future practice. “Reflection therefore can be *on* practice, *in* practice and *for* practice” (Carlile & Jordan, 2007, p. 30). The literature described how active engagement by the student in the learning process, as well as the reflection of each learning experience, enhanced the overall outcome of the educational process (Dewey, 1933). The literature revealed the fundamental premise in constructivism is that people learn by constructing new ideas and concepts by interpreting them through comparison with previous knowledge. People attribute meaning to new ideas, and this process represents learning (Pagan, 2006). Constructivist theory asserts that students are able to construct their own meanings of each experience and use this knowledge to build upon each subsequent experience.

The words of the participants in this research study echoed the modes of grasping experience outlined in Kolb’s Experiential Learning Theory model (1984). The theories presented in the literature review were substantiated in the participants’ stories as each participant stated the experiential experience was the most indispensable aspect of their educational preparation. Gabi revealed that she still recalls an unfortunate exchange between one of her preceptors and a patient. In one particular story that Gabi shared, the preceptor disregarded the patients’ comments during the counseling session and instead continued to provide nutritional recommendations to the patient. Gabi revealed reflection-in-action as she often, in practice today, recalls that particular counseling session and does her best to avoid a similar exchange with a patient. As Gabi stated, “I learned what I *won’t* do in practice.”

Each participant in this study stated the learning that took place in the clinical setting allowed them to put the theory they learned in the classroom into practice with real patient situations. These experiences demonstrated the theory in action. Prior to the preceptor rotations, participants had spent time with role-playing and case studies. However, the participants clearly articulated that role-playing case study was not the same as the real world. The story Fran communicated about a patient who had survived a motor vehicle accident that his wife did not survive revealed the significance of the learning process Kolb (1984) presented. In this case, the protocol was to provide a low-sodium diet instruction to the patient. Fran was no longer in a role-playing case study, but was in a real experience and moved from experience with patients to reflection on each experience to thinking through this particular case and finally, to deciding to speak to the patient about eating to heal rather than the standard low sodium diet instruction. She pointed out that she incorporated some general low sodium information, but was able to integrate that aspect of care into a more compassionate dialog. As Fran stated, “All I could do was make sure he was eating to heal. That’s all I could do.”

Dewey (1933) emphasized reflection as an integral part of the learning process. The participants in this study credited the preceptor experience as essential to their development as a practitioner. Their work with the preceptor influenced the knowledge and attitudes they exhibit today in the workplace. Schön (1987) maintained the mentor who challenges the learner encourages reflection-in-action, which results in the learner constructing their own meaning of a situation. Natalie believed overcoming her lack of confidence was one of the first barriers she had to scale in order to move forward with the clinical rotations. The preceptors were instrumental in this process. As her preceptor

provided the guidance, Natalie was able to reflect on her experiences in the clinical rotations and to determine the most appropriate course of action for a patients' care. As Natalie stated, "The guidance the preceptor provided while [I was] performing an activity was invaluable to building my confidence, both as a student and now, as a dietitian." While many participants in this study were initially uncomfortable being challenged by the preceptor, all agreed it was in those situations where they learned the most. They were pushed to think through a situation and determine the best course of action. All participants expressed hesitancy at first, but acknowledged this was an essential exercise in building self-confidence. As Gabi noted, "It helps to have that human behind you as you counsel."

Chan (2012) pointed out both "positive and negative learning experiences will have powerful impacts on student learning" (p. 405). Knowledge and experience, accompanied by reflection, have long-lasting effects. Not one participant in this research study indicated the time spent with the preceptor was unproductive. Even negative encounters with a preceptor resulted in a worthwhile learning experience. Greg captured the spirit of this belief in his remark, "I remember the experiences that helped me the most – both the good ones and the bad ones. I still remember them."

Lopez and Willis (2004) stated that because descriptive phenomenology generally results in knowledge that is free of context and universal in nature, research guided by this framework will largely be geared towards understanding what it is like for a person or a group of people to experience a particular phenomenon. Hence, disciplinary knowledge is built using descriptive phenomenology by generating new knowledge about a poorly understood phenomenon so that others can know its *distinct* or *essential* features

(Streubert & Carpenter, 2011). This research study was an attempt to better understand the preceptor experience as it relates to the profession of dietetics.

Research Questions and Related Findings

The study was informed by a conceptual framework that suggested without an experience, there can be no true learning or real understanding of a concept or a situation and the fundamental principle for all experiential learning is that experience matters (Kolb, 1984; Pagán, 2006). The key factors in my conceptual framework that provided the foundation of this research project included external factors, the dietetics education model, the role of the preceptor, and the scope of the preceptor problem. External factors included the changing health care environment and how it impacts the availability of individuals to precept a student, as well as organizational and operational challenges such as staff shortages and shorter patient stays (Levy, Gjerde, & Albrecht, 1997; Sedgwick & Harris, 2011; Skrabal et al., 2006). Since the establishment of the first dietetics education program in 1927, experiential learning, or supervised practice, has been a component of all dietetics education programs (“Commission,” 2000). The three-pronged approach to training dietetics professionals continues to include didactic knowledge, supervised practice, and examination. Standards of Education are updated every five years to ensure competency for entry-level practitioners. The role of the preceptor is unique. The preceptor is the important link between didactic education and practice settings; thus, the role of the preceptor is a vital aspect of clinical education (Murphy, 2008). The scope of the preceptor shortage was found in the literature to be relevant to most allied health professions, including dietetics. The focus in the literature is on the productivity loss of employees who spend time with students, as well as the number of students in the allied

health fields being greater than the number of practitioners willing and/or able to precept (Gulotta, 2016; McComas, 2015; Rodriguez, 2010)

Constructivist theory maintains that learning is a dynamic process where the individual progresses from experience to learning through active participation in a situation and builds new ideas based on both past knowledge and current knowledge, not just through passive transmission of information from teachers and textbooks (Pagán, 2006). Kolb (1984) noted that people grasp reality based on individual comprehension. Through real-life encounters, the participants were able to transform the knowledge they gained in the classroom and through textbooks into a deeper understanding, one the participants stated has the greatest impact on their professional practice.

Within the context of the research purpose and design, two research questions guided this research project and provided the context to understand the ways in which the preceptor experience, as the lived experiential learning process, impacted the dietetics professional performance in practice. The two research questions that directed this research project, along with a short synopsis, are presented below:

1. What significance do dietetic education graduates assign to their interactions with preceptors during the supervised practice component of the dietetics education curriculum?

While most of the participants' stories revealed positive interactions with preceptors, there were some stories that spoke of negative experiences with preceptors. However, each participant in this study expressed that all interactions with preceptors, both positive and negative, were the most worthwhile of their educational process. Every participant believed the interactions with preceptors, and the knowledge, skills, and

attitudes they developed during the experiential learning component of their education, was incomparable – there was no other experience like it. Whitney mentioned the “real smell of the hospital” as something one can only experience during the supervised practice. Greg expressed the same awareness, noting the “sounds of the setting” were a prelude to the type of environment he would be working in as a practitioner. Olivia noted she had not realized the full impact of the supervised practice until she was in the experience and believed she would have been “like a deer in headlights” if she had not spent time with preceptors prior to her first job as an RD. It was in the preceptor experience that the participants observed they had the opportunity to connect with people; everything prior had been from a textbook. The preceptor experience cemented the knowledge from the classroom setting that had been the learning method thus far. The real world experience forced the participants into a different comfort level, under the guidance of an expert. The presence of the preceptor offered the support the participants needed as they were required to make decisions and helped build their confidence level. Each participant recognized the preceptor experience as the real world experience they needed to be a part of in order to fully understand “the pain, the suffering, the cultural restraints” that cannot be learned in a textbook. The participants in this study affirmed the significance of the preceptor experience cannot be underestimated.

2. How do dietetics education graduates describe and interpret their experiences with preceptors in relation to their professional growth as dietetics practitioners?

Participants in this study stated the interactions with preceptors during supervised practice continues to influence their current professional practice. Most participants find

themselves modeling skills and attitudes they learned from their various preceptors. While a few participants noted some preceptors provided examples of what not to do, the overwhelming majority emulate preceptor attitudes and behaviors in their own practice today. Zoe commented that to this day, “bits and pieces of the preceptors’ attitudes and comments pop into my head.” Whitney revealed that she is “a better practitioner today because of each and every preceptor.” Gabi noted that she still sees “little bits of many preceptors in how I chart and how I interact with patients and colleagues.” Greg acknowledged that, “the preceptors taught me how to think on my feet” and realizes just how important that characteristic is today, in his current position. Natalie observed the “professionalism in action” in the workplace during the supervised practice is something she recalls daily in her current position. She stated, “I am a better practitioner today because of the preceptors I worked with.” The participants described how they find themselves modeling various behaviors and attitudes of the preceptors they worked with. Many remarked that they try to emulate their preceptors’ kindness and sincerity and recognized that their personal professional style is a blending of all the preceptors they worked with. Gabi’s statement, “I carry the experience with me every day” captured the participants’ belief that their professional growth as practitioners is a direct result of their preceptor experiences.

A strength of phenomenological research is it provides an opportunity to capture the complexity and the richness of lived experiences, allowing the reader to entertain a new and deeper understanding. The stories shared by the participants of their personal experiences with the preceptors revealed key themes that serve to further our knowledge on the preceptor experience in dietetics education. As detailed in Chapter 4, six themes

emerged from the study that connected the experiences of all the participants: (1) the experience provided in the preceptor experience was unique and irreplaceable; (2) the attitude of the preceptor left a lasting impression on the future practice of the student; (3) time spent with the preceptor in the supervised practice was the most worthwhile of their educational process; (4) personal professional practice is a blending of characteristics from the preceptors they worked with; (5) future professional behavior was impacted by the preceptor experience; and (6) confidence was achieved through work with a preceptor. Through their stories, the participants revealed that the preceptors strengthened confidence, uncovered reality, instilled knowledge, and inspired professionalism during the preceptor experiences. The participants' stories revealed those attributes continue to guide their professional practice today.

Conclusions

Dietetics education, like most allied health fields, is at a crossroads. As new health care models unfold, the traditional education models are being assessed to determine if the way it has always been done is the way it should be done in the future. Technology will be a major influence as we train a new generation of health practitioners for the next century of medicine. As we examine trends and options in allied health education, specifically dietetics education, this study provides insight into the lived experiences of the participants in the clinical component of their education and may inform the profession as we explore the development of future innovative initiatives in dietetics education. In this research study, I looked at the preceptor experience in the dietetics education model and what the students-turned-practitioners realized from that experience. In learning what the essence of the preceptor experience is, we can more fully

understand what we cannot lose in the dietetics education model as we look for new ways to educate future dietetics practitioners. As I bring my study on the preceptor experience in dietetics education to a close, I submit the following conclusions:

The experiential learning opportunities provided by a preceptor are vital to competent practice. This study focused on the student-turned-practitioner with at least two years of professional practice prior to the interview. Since the participants were no longer considered entry-level practitioners, their stories provided a deeper reflection on the meaning of the preceptor educational experience as it related to professional growth. Every single participant in this study declared that the preceptor experience was the most valuable aspect of their dietetics education. While each participant acknowledged the didactic phase of their education was vital, they were resolute in clarifying it was the preceptor experience that brought their knowledge and skills to the forefront. The opportunity to practice, under the guidance of the preceptor, encouraged the student to use critical-thinking skills and make decisions regarding patient care. The encouragement and guidance from the preceptor instilled the confidence each participant needed to move into entry-level positions in the field. The participants affirmed Kolb's Model of Experiential Learning (1984) that learning is best achieved by actual experience. Each participant stated the opportunity to participate in real-life experiences, under the guidance of an experienced professional, enabled them to transform the classroom knowledge into a deeper understanding of the experience. With this enhanced awareness came the opportunity to observe and reflect the professional-in-action, as well as the ability to act on a situation, all with the support of the preceptor. This not only enhanced the competency of the participant, but it enhanced their confidence level as well.

The preceptor influence extends beyond the educational experience into daily practice of the graduate, in both action and attitude. The participants noted that observing how the preceptor functioned in the various workplace settings was as valuable a learning experience as the actual experience itself. The professionalism displayed through words and actions of the preceptors has had tremendous influence on who these participants are as practitioners today. Many participants noted they had not realized just how much of an influence the preceptor had on their own professionalism until they were in their first professional position. The participants recognized they were emulating their preceptors in many situations. They saw this as a positive outcome of the preceptor experience, although that outcome was not as apparent at the time of the preceptor experience.

The need to include an experiential component in dietetics education is evident. While this research study was limited to the twelve participants who consented to tell their stories, the conviction with which each participant stated that the experiential component of their education was the most relevant aspect of their dietetics education, is significant. The preceptor shortage in the dietetics education model has generated many discussions within the field regarding the value of the preceptor model. These discussions were the spark that led me to the topic of this research study. Finding virtually nothing on the preceptor experience from the perspective of the student-turned-practitioner, a research study was born. Hearing the stories of the participants in this study via the phenomenological method has made it very clear that the preceptor model in dietetics education, based on Kolb's Experiential Learning Theory (1984), is critical to the development of the dietetics practitioner and must be a part of any future model of

dietetics education. The participants expressed that it was not just the actual experiences during the clinical rotations that enriched their ability as practitioners. The opportunity to work with the preceptor in real-life situations, the ability to discuss the pros and cons of patient care and reflect on the most appropriate course of action for a situation, and then actually initiate a response and/or action was the reason each participant affirmed that the preceptor experience was irreplaceable. The participants stated that the transfer of knowledge through hands-on experience is the greatest benefit of the preceptor model.

Recommendations

The insights and knowledge that emerged as a result of this research study have significant value. The findings provide a deeper understanding of the preceptor experience, which may serve to guide future decisions for the dietetics education model. Drawing on the findings and the conclusions of this study, I propose four recommendations for practice, four recommendations for research, and four recommendations for leadership. Table 4 presents an overview of the recommendations. Recommendations for Practice include: maintain the role of the preceptor as an integral component of the educational preparation of future dietetics professionals; expand preceptor experiences to non-traditional practice settings; explore technological opportunities, including simulation, as appropriate complements to the preceptor model; and expand preceptor training to reaffirm the long-term personal influence the preceptor experience has on students. Recommendations for Research include: replicate this research study in other geographical locations throughout the United States; conduct a research study that examines intrinsic motivation as a potential attribute necessary to serve as a preceptor; conduct a research study exploring why certain individuals say ‘no’

when asked to precept a student; and address sampling limitations of diversity, ethnicity, and gender in future studies related to dietetics. Recommendations for Leadership include: increase funding for recruitment efforts at the state affiliate level to increase diversity in the membership; include a leadership studies component, with a focus on legislative policy, to the dietetics curriculum; collaborate with clinical practice settings administrators to develop long-term affiliations at the national level, the state level, and the program level; and present the findings from this research study in a professional publication and/or at a professional conference.

Table 4

Future Recommendations

Future Recommendations	
Recommendations for Practice	Maintain the role of the preceptor as an integral component of the educational preparation of future dietetics professionals.
	Expand preceptor experiences to non-traditional practice settings.
	Explore technological opportunities as appropriate complements to the preceptor model.
	Expand preceptor training to reaffirm the long-term personal influence the preceptor experience has on students.
Recommendations for Research	Replicate this study in other geographical locations throughout the United States.
	A research study that examines intrinsic motivation as a potential attribute necessary to serve as a preceptor.
	A research study exploring why certain individuals say 'no' when asked to precept a student.
	Address sampling limitations of diversity, ethnicity, and gender in future studies related to dietetics.
Recommendations for Leadership	Increase funding for recruitment efforts at the state affiliate level to increase diversity at the local level of membership.
	Include a leadership studies component, with a focus on legislative policy, to the dietetics curriculum.
	Collaborate with clinical practice settings administrators to develop long-term affiliations at the national level, the state level, and the program level.
	Present the findings from this research study in a professional publication and/or as part of a national conference.

Recommendations for practice. The participants in this research study affirmed what was discovered in the literature review with regard to the significance of the preceptor model in allied health education (Dewey, 1974; Hickcox, 2002; Kolb, 1984; Schön, 1987). The preceptor model used in dietetics education was identified by the

participants in this study as being fundamental to their development as practitioners. The participants indicated that the preceptors served a vital role in their education (Dewey, 1974; Giorgi, 2003; Kolb, 1984; Scholtz, 2000; Schön, 1987; van Manen, 1990). This role included teaching, instructing, supervising, and serving as a role model for the students. Considering the unique role the preceptor has in dietetics education, as described in the literature and by the participants of this study, there are notable implications for the future of dietetics education that may serve as a basis for future practice.

Maintain the role of the preceptor as an integral component of the educational preparation of future dietetics professionals. First and foremost, the preceptor must remain a fundamental element in the preparation of future dietetics professionals. The literature supports this component of education (Dewey, 1974; Kolb, 1984; Schön, 1987). The participants in this study support this component of education. There is a strong argument for experiential learning in all education, including the allied health professions. The challenge before us is to determine how we maintain this essential aspect of the educational process in light of the changes that are occurring in the landscape of education and health care. With regard to dietetics education, how do we maintain the experiential learning component of the dietetics education model with the current the shortage of preceptors in dietetics education?

Expand preceptor experiences to non-traditional practice settings. The traditional health care setting, such as acute and long-term care facilities, has served as the foundation for real world experiences in dietetics education. The participants in this research study affirmed the dietetics education model, especially the preceptor

experiences, have been an unparalleled model for learning. Each participant stated the preceptorship experience is unique and must be continued. The overwhelming consensus was the practitioner could not do what they do today in practice without the preceptor experience. Recognizing the difficulty in finding preceptors in traditional health care settings, those aspects that provide the learning experience and promote effective learning should be considered for implementation in settings other than traditional healthcare agencies (Bleich, Hewlett, & Santos, 2003; Levy, Gjerde, & Albrecht, 1997). Expanding the real world experiences to include more public health and community experiences, business and industry experiences, research experiences, and private practice and entrepreneurial experiences would lessen the demands on the traditional health care settings, as well as enhance the versatility of the dietetics practitioner. The participants agreed that there is no substitute for the hospital experience; however, exploring the suitability for experiences in emerging areas of practice would be extremely beneficial. As the role of the Registered Dietitian expands in society, so should the educational training experiences.

There has been increased interest in interprofessional education and practice (IPE) in the United States for a number of decades (Barnsteiner, Disch, Hall, Mayer, & Moore, 2007). Interprofessional education (IPE) has been defined as “occasions when two or more professionals learn with, from and about each other aiming to improve collaboration and the quality of care” (Barr, as cited in Earland, Gilchrist, McFarland, & Harrison, 2011, p. 135). According to Begley (2009), IPE is a process through which students are provided with learning opportunities with other professions aiming to improve client care and must be differentiated from multidisciplinary education and

learning, where students from different professions are taught together but there is little or no interaction between professions. Most allied health professional education takes place in silos as curricula differ across educational programs and, even when students are learning common skills and content, they usually do so with limited interaction with other allied health program (Barnsteiner et al., 2007). Hassmiller (2013), stated that

Clinical rotations that bring together medical students, nursing students, social workers, and others are a great way to foster interprofessional collaboration from day one. Working in teams on specific patient and population challenges solidifies and reinforces the value of each health profession's unique perspective. (p. 334)

Acknowledging that it is difficult to coordinate class schedules, especially across education programs, Hassmiller calls on academic leaders to “use creativity, persistence, and courage to really make interprofessional education a reality” (2013, p. 334). As IPE gains ground in the allied health professions, dietetics education program must design and implement IPE into the curricula. This will ensure dietetics professionals remain an integral part of the health care team. More importantly, this collaboration will enhance safe and quality care to clients. In addition, working with other allied health programs to develop IPE experiences will increase the likelihood that more opportunities for experiential learning experiences in nontraditional practice settings will evolve.

Explore technological opportunities as appropriate complements to the preceptor model. Healthcare simulations have been commonly used for more than twenty years, yet highly rigorous research concerning quality assessment, learning outcomes, patient outcomes, and skill transfer abilities of simulations is limited (Issenberg &

Scalese, 2008; Kardong-Edgren, Adamson, & Fitzgerald, 2010; Okuda et al., 2009).

Technology is moving forward at a rapid pace. Kenney (2014) noted,

There is a need for more research concerning the use and effectiveness of simulation in healthcare education in general, and the use and effectiveness of simulation in allied healthcare education in particular. Nearly every aspect of the practice and methodology requires more research; however, there are some areas where research may be the most beneficial. The future of simulation in allied healthcare education and training may partially rest in the ability of the simulation community to perform rigorous research which answers how and when simulation as a teaching method is as good as or better than other models, including clinical rotations (p. 187).

As allied health education programs explore technology as a viable teaching method, simulation is expected to replace the preceptor in certain practice settings (Kardong-Edgren, Adamson, & Fitzgerald, 2010; Kenney, 2014; Okuda, et al., 2009; Ryall, Judd, & Gordon, 2016; Issenberg & Scalese, 2008). As the future of dietetics education unfolds, the profession must address the increasing technical skills needed for practice while remaining focused on preparing students for the challenges they will encounter in the profession. Dietetics educators will need to research appropriate complementary teaching methods that will instill knowledge, skills, and attitudes of future practitioners while replicating the human interaction the traditional preceptor model embraces. Dietetic educators and decision makers must monitor the innovations of other allied health professions. This will inform the profession on the best course of action in order to meet the health care needs of the population at large. The dietetics profession must strive to be

the leader in the innovations of the future, especially as they relate to the study of foods and nutrition.

Expand preceptor training to reaffirm the long-term personal influence the preceptor experience has on students. The participants revealed that influential relationships were formed with their preceptors. The preceptor is often overwhelmed with the demands of their job and the demands of their students (Winham, et al., 2014). The preceptor should be reminded at the beginning of each supervised practice experience that their role as a preceptor has far-reaching implications. It should be emphasized that the behavior of the preceptor shapes the behavior of the future practitioner they are precepting. The participants in this study revealed they often reflect on their own experiences with their preceptors when they precept students today. It is recommended that the findings from this study be shared with current and future preceptors. There should be an avenue to provide training to preceptors that would provide information on how-to precept, as well as why-to-precept. An essential aspect of preceptor training should be reaffirming the personal relationship the preceptor forms with a student. The preceptor needs to recognize that their influence moves far beyond the competency checklists. This approach would have a long-lasting benefit to both the preceptor and the student.

Recommendations for research. As previously described, there is limited documentation on the efficacy of the preceptor model in dietetics education, specifically from the voice of the practitioner, and how the preceptor experience impacts actual practice. Thus, the potential for additional research studies related to the preceptor model in dietetics is vast.

Replicate this research study in other geographical locations throughout the United States. While the benefits of experiential learning are well-established, the preceptor influence on dietetics practitioners is an area of research that is largely unexplored. More studies that look at the preceptor experience from the perspective of the dietetic education student-turned-practitioner would add to the understanding of the impact of the preceptor experience in the educational process. Replicating this research study in other geographical locations within the United States would enrich the understanding of the preceptor experience in dietetics education and further inform the profession as it seeks plausible approaches to reverse the current preceptor shortage.

A research study that examines intrinsic motivation as a potential attribute necessary to serve as a preceptor. It was interesting to discover that all participants in my study currently serve as preceptors for dietetic students. While this was not a criterion for participation in the study, it was a noteworthy development. It would be fascinating to determine if there is a connection between the participants' willingness to volunteer for this research study and their willingness to serve as a preceptor. Information gleaned from a research study on intrinsic motivation would provide valuable insight into motivators to precept. In addition, a research study on intrinsic motivators as factors in serving as a volunteer preceptor would provide valuable data when investigating credible approaches to reversing the preceptor shortage.

A research study exploring why certain individuals say 'no' when asked to precept. As presented in Chapter Three, there were 226 potential participants who met the criteria outlined for this research study. While 41 individuals expressed interest in participating in the study, 185 did not respond. Recognizing personal circumstances

would prevent some from participating, it would be noteworthy to explore why these individuals did not want to participate. Extending the idea further, a research study that focuses on why some individuals say ‘no’ when asked to precept a student could provide valuable insight into reversing the preceptor shortage in dietetics education. As a profession, we must find ways to reverse the preceptor shortage; however, most important is discovering how to encourage people to say ‘yes’ when asked to volunteer as a preceptor.

Address sampling limitations of diversity, ethnicity, and gender in future studies related to dietetics. While no absolute number has been established for phenomenological research, the sample size recommended in the literature on phenomenological research is between 6 and 25 participants (Creswell & Boyd, 2001; Miles & Huberman, 1994). The sample size of this study was purposefully small, allowing in-depth meanings to come from the participants’ stories. Once no new information was revealed, the study had reached the point of saturation. A consequence of the small sample size resulted in limitations with regard to diversity. Although gender and ethnic diversity in my study were proportional to the dietetics profession in general, recommendations for further research include addressing the sampling limitations of diversity, ethnicity, and gender as described in Chapter Three.

Recommendations for leadership. The profession of dietetics faces an uncertain future with regard to its place in the healthcare system. While very few would argue the significance of good nutrition as it relates to good health, the dietetics practitioner is the best trained to lead the nation on the path of good health through good nutrition. A quick internet search of nutrition/diet-related books reveals unlimited resources available to the

consumer, many that have no scientific evidence to their credit. The potential for public harm is considerable. The members of the profession of dietetics strive to be the source of sound nutritional advice. The leaders of the profession, albeit all members of the profession, must continue efforts to be the resource for nutritional science information. This can be accomplished through leadership development, beginning at the point-of-entry into the profession – entry as a dietetics student. Wheatley (2006) states,

When an organization knows who it is, what its strengths are, and what it is trying accomplish, it can respond intelligently to changes from its environment... The presence of a clear identity makes the organization less vulnerable to its environment; it develops greater freedom to decide how it will respond. (p. 86)

Increase funding for recruitment efforts at the state affiliate level to increase diversity at the local level of membership. A more global recommendation for the profession of dietetics is for continued efforts on increasing diversity in the dietetics profession. As noted as a limitation in this study in Chapter Three, diversity within the profession of dietetics is weak. The Academy of Nutrition and Dietetics has several initiatives at both the national and state affiliate level to enhance recruitment and retention of leadership development for individuals in underrepresented groups. A recommendation is to provide sufficient funding from the national organization to the state affiliate level. This would enable the grassroots membership to develop and implement programs that would support both regional and national initiatives to increase diversity.

Include a leadership studies component, with a focus on legislative policy, to the dietetics curriculum. Dietetics practitioners have been prepared for practice using the

current dietetics education model, thus they understand the history of the profession well. They are in the best position to take the lead as the role of the dietetics professional evolves. Increased involvement in legislative issues that impact the health care of the population, in particular the nutritional needs of the population, is essential. However, a stronger leadership component is needed at all levels of the dietetics curriculum. A specific focus on legislative policy needs to be integrated into this leadership component. We, as a profession, have reached a point where leadership can no longer be an optional concentration. Adding a leadership studies component to the dietetics education curriculum would provide the knowledge, skills, and confidence needed to become a leader in the profession, as well as in the practitioner workplace. The leadership component should be geared towards the dietetics program level and provide basic knowledge of the legislative process and the skills to participate in legislative issues. Each dietetics education program should develop appropriate experiences based on specific competencies. The curriculum could include a short-term project requiring students to meet with legislators or a semester-long course on leadership development that incorporates experiences working directly with legislators. These activities would provide both the knowledge and skills to enhance ability and confidence in the political arena. We, as a profession, need to instill in future practitioners that the direction the dietetics profession takes, as well as who leads the way, is up to us. We, the members of profession of dietetics, need to be the ones to mandate the future direction of the dietetics profession.

Collaborate with clinical practice settings administrators to develop long-term affiliations at the national level, the state level, and the program level. The

arrangements for a clinical rotation with a preceptor are typically coordinated on an as-needed basis by the dietetics education program director. Given the uncertainty each new semester brings, long-term relationships with clinical practice settings should be a priority for dietetics educators. The preceptor model has always been dependent on outside agencies to provide the experiential component of dietetics education.

Practitioners in the clinical setting have always been under pressure to complete job responsibilities while precepting a student. As both the workload demands increase and the number of dietetics students seeking a preceptor increases, the practitioner is experiencing more pressure than ever before. Support of the clinical sites and the preceptors is vital. This can be a mutually beneficial relationship as the student learns to adjust to the real world work setting while the clinical site provides an initial orientation to a potential employee. Clinical agencies and dietetics programs should collaborate to develop long-term affiliations that benefit the educational program and the clinical site. This should be organized at the program level, the affiliate level, and the national level. This research study reveals just how critical the preceptor experience is to dietetics practice. Neither dietetics education professionals nor the healthcare sector will be able to solve the problem of the preceptor shortage alone. ACEND and the Academy of Nutrition and Dietetics need to take the lead in developing strategies to unite the education programs and the clinical agencies to cultivate long-term affiliations that serve both dietetics education and the clinical agency. This has long been a program-by-program initiative. The importance of the preceptor model to dietetics education requires a more universal approach to address the lack of sufficient numbers of preceptors for future dietetics practitioners.

Present the findings from this research study in a professional publication and/or as part of a national conference. The stories in this research study provided unique insight into the preceptor experience in dietetics education. As the purpose of this study was to describe the preceptor experience from the perspective of dietetic education graduates in order to understand the impact of the preceptor experience component of the educational process on the professional growth of dietetics education graduates, it is my intention to share the stories of the participants beyond the completion of this research study. The findings in this study have significant implications with regard to the future education of dietetics practitioners and should be shared with dietetics educators as well as dietetic practitioners. I believe it is my ethical responsibility, as a dietetics professional and as a dietetics educator, to share the knowledge and the insight the participants revealed. It would be an honor to tell their stories in a professional publication i.e., the Journal of the Academy of Nutrition and Dietetics and/or as part of a national conference, i.e., the Food and Nutrition Conference and Expo.

Implications for Leadership

It's time to realize that we will never cope with this new world using our old maps. It won't help to dust them off or reprint them in bold colors. The more we rely on them, the more disoriented we become. They cause us to focus on the wrong things and blind us to what's significant.

~ Margaret Wheatley, 2006, p. xi

This research study was the final step in the Rowan University Educational Leadership Doctoral Program. The focus on each students' growth as leaders was woven throughout every course, throughout every assignment. What began as a Leadership

Platform early in the Program grew into an ever-changing, ever-evolving leadership style that will serve to bring about understanding and change moving forward.

The profession of dietetics has a long history of providing science-based counsel with regard to nutritional health. The dietetics education model has provided a solid foundation of knowledge and skills which results in professional practitioners who are employed in a wide variety of settings. This research study affirmed, through the voices of the participants, that the experiential component of the dietetics education model is unique and irreplaceable, and must remain a part of the educational process of future dietetics professionals.

The recommendations presented in this study are aspirational, yet achievable. Some of the recommendations will be easier to achieve than others. Each of the recommendations will require leadership. As Kotter (1990) stated, “Leadership is about coping with change...it is about achieving a vision and requires motivating and inspiring” (p. 37). How does one bring about the change? Believing the change is necessary is essential. The evidence presented in this study informs the reader that the profession of dietetics is in the midst of a major shift in how we prepare future dietetics professionals. The purpose of this research study was to establish whether the preceptor experience is essential to the dietetics education model, from the perspective of those who actually experienced the process, and if the experience impacted their professional growth as practitioners. The convincing conclusion was a unanimous validation that the preceptor experience was the most relevant aspect of the dietetics education model. The participants acknowledged the essential role of the didactic component in the education model, and were very clear in their stories that the experiential learning that took place

under the guidance of the preceptor was the most significant and long-lasting experience of their education. The question now is how do we, as dietetics educators, preserve that component of the education model, given the changing landscape of healthcare and education.

Burns described the transformational leader as one who “shapes, alters, and elevates the motives and values and goals of followers” (in Wren, 1995, p. 103). If transformational leadership is the ultimate in leadership styles, one must incorporate a variety of leadership styles to reach the level that Burns described. The recommendations presented in this paper will require the leader(s) to delve deep into their leadership toolbox, as each recommendation will require a different style. The leadership style must fit the requirements and goals of a situation. Hersey and Blanchard pointed out, “The effective leader must not only know when to use a particular style, but also know how to make each style fit the situation” (in Wren, 1995, p. 210). The leader must be flexible in order to turn a particular style into an appropriate strategy.

The attributes of a political leader will be needed for the recommendations with a broader reach, such as developing long-term affiliations with clinical practice settings and increased funding for recruitment efforts to increase diversity as these recommendations require the leader to advocate with external constituents. Developing long-term affiliations with clinical practice settings will require negotiation skills, strong attributes for the democratic leadership style. With regard to strengthening the diversity of the dietetics profession as a whole, the social justice leaders will be challenged to participate in the conversation. We, as a profession, need to ensure we are providing equal opportunities for the underrepresented groups in the profession.

The recommendations related to the dietetics curriculum require a structural leadership approach as analysis of data is fundamental to establishing the elements of a leadership component in the dietetics curriculum. As presented in this research study, the ACEND Standards of Education are reviewed and updated every five years to reflect trends in health care and higher education. Educational requirements outline specific knowledge, skills, and competencies that are met in the didactic setting and the supervised practice experience. A leadership component that focuses on legislative policy will enhance the preparation of future dietetics professionals and will give the practitioners a confident voice at the table with regard to healthcare policy.

On a personal note, my current position as department chairperson and dietetics program director, as well as my experience as an elected officer in various positions at both the state and the national levels, creates a unique opportunity for me to initiate change. Initial areas of focus will be with regard to enhancing the preceptor training offered by our dietetics program, pursuing non-traditional practice settings for our students' experiential learning component, exploring long-term affiliations with clinical practice settings, and continued research to determine the practicality of incorporating some level of simulation into the dietetics curriculum. The flexibility of leadership styles employed to advance these objectives must fit the requirements and goals of a situation.

“If your actions inspire others to dream more, learn more, do more and become more,

you are a leader.” ~ John Quincy Adams

(Pozin, 2014, p. 1)

Final Reflections

The current landscape in the dietetics profession with regard to the preceptor shortage cannot be understated. The fact that an average of 50% of dietetics students each year are not able to secure the experiential learning component of their education speaks to the magnitude of the crisis (Appendix A). The professional association, The Academy of Nutrition and Dietetics, and its credentialing agency, The Accreditation Council for Education in Nutrition and Dietetics (ACEND), have unveiled a proposed future education model for dietetics. Over the next seven to ten years, demonstration programs at all levels of dietetics education will appear, and both the current and future dietetics education models will be thoroughly reviewed and assessed to determine how the profession will move forward.

The current conditions will awaken creativity. Science describes this as “order out of chaos” (Wheatley, 2006, p. 21). No one person nor any one program has the solution to the preceptor shortage in dietetics education. We must all work together to secure the most appropriate dietetics education model for the future of the profession. As stated in Chapter One of this research study, the profession of dietetics faces a monumental challenge. The data that emerged in this study provides valuable insight into the significance of the preceptor experience in dietetics education.

The stories described by the participants in this research study offer extraordinary insight into the preceptor experience and build on the understanding and knowledge of the uniqueness of the preceptor model in dietetics education. Finlay (2009) declared,

The best phenomenological research resonates and is potentially transformative. If phenomenological research can be likened to going on a voyage, we should

expect to be touched, surprised, and enchanted along the way as new vistas open before our eyes. (p. 480)

I have had the privilege of hearing the stories of dietetic practitioners as they shared their personal experiences with the preceptor model in dietetics education. Their stories have had a profound impact on both my personal life and my professional career and have contributed immeasurably to my scholarly development. Throughout this research study, I attempted to preserve the integrity of the phenomenological method. In doing so, it is my hope that the descriptions provided in this research study do justice to the participants and their lived experiences.

References

- Accreditation standards committee update. (2009, March). *CADE Newsletter*, 1, 5-6.
- Accreditation Council for Education in Nutrition and Dietetics. (2016). *ACEND Accreditation Foundation Modules: 2017 Standards – Module 1*, 1-9.
- Ahern, K. (1999). Ten tips for reflexive bracketing. *Qualitative Health Research*, 9, 407-411. doi: 10.1177/104973239900900309.
- Alexander, K. (2006). *Values based leadership: Practices in occupational therapy* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 1283960261)
- Armitage, P. & Burnard, P. (1991). Mentors and preceptors? Narrowing the theory-Practice gap. *Nursing Education Today*, 11, 225-229.
- Atkins, J. & Gingras, J. (2009). Coming and going: Dietetic students' experience of their Education. *Canadian Journal of Dietetic Practice and Research*, 70(4), 181-186.
- Auerbach, DI, Buerhaus, PI, & Staiger, DO. (2007). Better late than never: workforce supply implications of later entry into nursing. *Health Affairs*, 26, 178-185.
- Baker, C., Wuest, J., & Stern, P.N. (1992). Method slurring: The grounded theory/phenomenology example. *Journal of Advanced Nursing*, 17, 1355-1360.
- Balls, P. (2009). Phenomenology in nursing research: Methodology, interviewing, and transcribing. *Nursing Times*, 105: 31-33.
- Baltimore, J. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*, 35(3), 133-140.
- Barker, E. (2006). Mentoring – A complex relationship. *Journal of the American Academy of Nurse Practitioners*, 18, 56-61. doi: 10.1111/j.1745.2006.00102.x
- Barker, E. & Pittman, O. (2010). Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners*, 22(3), 144-149. doi: 10.1111/j.1745-7599.2009.00487.x
- Barnsteiner, J., Disch, J., Hall, L., Mayer, D., & Moore, S. (2007). Promoting interprofessional education. *Nursing Outlook* 55(3), 144-150. doi: 10.1016/j.outlook.2007.03.003
- Beebe, R. (2003). Training our future: Preceptor roles and responsibilities. *Fire Engineering*, 156, 43-45.

- Begley, C. (2008). Developing inter-professional learning: Tactics, teamwork and talk. *Nurse Education Today* 29, 276-283. doi: 10.1016/j.nedt.2008.09.006
- Bleich, M., Hewlett, P., & Santos, S. (2003). Analysis of the nursing workforce crisis: A call to action. *American Journal of Nursing*, 103(4), 66-74.
- Blum, C. (2006). *Development of an undergraduate preceptor model of practice education for nursing students utilizing participatory action research* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 1251874371)
- Boswell, C. & Cannon, S. (2011). *Introduction to nursing research: Incorporating evidence-based practice*. (2nd ed.). Sudbury, Massachusetts: Jones and Bartlett Publishers, LLC
- Bradbury-Jones, C., Irvine, F. & Sambrook, S. (2010). Phenomenology and participant feedback: Convention or contention? *Nurse Researcher*, 17(2), 25-33.
- Burnard, P. (1992). Defining experiential learning: Nurse tutors' perceptions. *Nurse Education Today* 12(1), 29-36. doi: 10.1016/0260-6917(92)90007-B
- Burns, C., Beauchesne, M., Ryan-Krause, P., & Swain, K. (2006). Mastering the preceptor role: Challenge of clinical teaching. *Journal of Pediatric Health Care*, 20, 172-183. doi: 10.1016/j.pedhc.2005.10.012
- Burns, N. & Grove, S. (2007). *Understanding nursing research – Building an evidence-based practice*. (4th ed.). St. Louis, MO: Saunders Elsevier
- California Dietetic Association. (2003). *The helping hand: A guide for dietetic mentoring programs*. Playa del Ray, CA: California Dietetic Association.
- Campbell, S. & Hawkins, J. (2007). Preceptor rewards: How to say thank you for mentoring the next generation of nurse practitioners. *Journal of the Academy of Nurse Practitioners*, 19, 24-29. doi: 10.1111/j.1745-7599.2006.00176.x
- Carey, S., & Campbell, S. (1994). Preceptor, mentor, and sponsor roles. *Journal of Nursing Administration*, 24(123), 39-48.
- Carlile, O. and Jordan, A. (2007). Reflective writing: Principles and practice, in C. O'Farrell (ed.) *Teaching Portfolio Practice in Ireland: A Handbook*. Dublin: All Ireland Society for Higher Education, 24-37.
- Chan, C. (2012). Exploring an experiential learning project through Kolb's Learning Theory using a qualitative research method. *European Journal of Engineering*, 37(4), 405-415. doi: 10.1080/03043797.2012.706596

- Chan, Z., Fung, Y., & Chien, w. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process? *The Qualitative Report*, 18(59), 1-9.
- Chickerella, B.G. & Lutz, W.J. (1981). Professional nurturance preceptorships for undergraduate nursing. *American Journal of Nursing*, 81(1), 107-109.
- Clarke, K.A.(2009) Uses of a research diary: learning reflectively, developing Understanding and establishing transparency. *Nurse Researcher*, 17(1), 68-76.
- Clarke, P. & Hassmiller, S. (2013). Nursing leadership: Interprofessional education and practice. *Nursing Science Quarterly* 26(4), 333-336.
doi:10.1177/0894318413500313
- Clark, R., Threton, M., & Ewing, J. (2010). The potential of experiential learning models and practices in career and technical education and career and technical teacher education. *Journal of Career and Technical Education*, 25(2), 46-62.
- Claydon, L. (2015). Rigour in qualitative research. *Nursing Standard* 29(47), 43-48.
- Cohen, M. (2000). Hermeneutic phenomenological research: A practical guide for nurse practitioners. CA: Sage Publications, Inc.
- Collins, A., Brown, S.J., & Newman, S.E. (1989). Cognitive apprenticeship: Teaching the craft of reading, writing, and mathematics. In L.B. Resnick (Ed.). *Knowing, learning, and instruction: Essays in honor of Robert Glaser* (pp. 453-494). New Jersey: Lawrence Erlbaum Associates.
- Commission on Accreditation for Dietetics Education. *Accreditation Manual for Dietetics Education Programs*. Revised 4th ed., Chicago, IL: The American Dietetic Association, 2000.
- Converse, M. (2012). Philosophy of phenomenology: How understanding aids research. *Nurse Researcher*, 20(1), 28-32.
- Cornell, S. (2009). Physician Assistant programs struggle to find preceptors. Retrieved May 6, 2010 from <http://physician-assistant.advanceweb.com/Article/Physician-Assistant-Programs-Stuggle-to-Find-Preceptors-2.aspx>
- Cornett-DeVito, M. & Worley, D. (2005). A front row seat: A phenomenological investigation of learning disabilities. *Communication Education*, 54(4), 312-333.
doi: 10.1080/03634520500442178
- Creswell, J.W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. CA: Sage Publications, Inc.

- Creswell, J.W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (2nd ed.). CA: Sage Publications, Inc.
- Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. (3rd ed.). CA: Sage Publications, Inc.
- Cuerrier, C. (2004). *Mentoring and professional development*. Retrieved from the Canadian Career Development Foundation website: www.crccanada.org/symposium
- Council of University Teaching Hospitals. (2001, May). *Models and best practices in recognizing and supporting preceptors and mentors*. Vancouver, BC: Author.
- Dahlberg, K. & Dahlberg, H. (2004). Description vs. interpretation – A new understanding of an old dilemma in human science research. *Nursing Philosophy*, 5: 268-273
- DiFrancesco, P. (2011). *The role of situated learning in experiential education: An ethnographic study of knowledge-construction process of pharmacy students during their clinical rotations* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3457396).
- Demand for U.S. Health care workers to grow as supply ebbs. (2002). *Nation's Health*, 32, 22.
- Dewey, J. (1933). *How we think: A restatement of the relation of reflective thinking in the education process*. New York: D.D. Heath.
- Dewey, J. (1974). *John Dewey on education: Selected writings*. (R.D. Archambault, ed.) Chicago: University of Chicago Press.
- Diversity Committee (2016). Retrieved from the Academy of Nutrition and Dietetics website: www.eatrightPRO.org
- Dowling, M. (2005). From Husserl to van Manen. A review of different Phenomenological approaches. *International Journal of Nursing Studies*, 44: 131-142. doi: 10.1016/j.ijnurstu.2005.11.026
- Dowling, M. & Cooney, A. (2012). Research approaches related to phenomenology: Negotiating a complex landscape. *Nurse Researcher*, 20(2), 21-27.
- Draper, A., & Swift, J.A., (2010). Qualitative research in nutrition and dietetics: Data Collection issues. *Journal of Human Nutrition and Dietetics* 24, 3-12. doi: 10.1111/j.1365.277X.2010.01117.x

- Earland, J., Gilchrist, M., McFarland, L., & Harrison, K. (2011). Dietetic students' perceptions and experiences of interprofessional education. *Journal of Human Nutrition and Dietetics*, 24, 135-143. doi: 10.1111/j.1365-277X.2010.01141.x
- Fain, J. (2009). *Reading, Understanding, and Applying Nursing Research*. (3rd ed.). Philadelphia: F.A. Davis Company.
- Farwell, A.L. (2009). Practitioner preceptors: A shortage of willing mentors. *Journal of Pediatric Health Care*, 23(3), 198-200. doi: 10.1016/j.pedhc.2009.02.009
- Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "Phenomenological Psychological Attitude." *Journal of Phenomenology Psychology* 39, 1-32.
- Flood, A. (2010). Understanding phenomenology. *Nurse Researcher*, 17(2), 7-15.
- Fox, R., Henderson, A., & Malko-Nyhan, K. (2006). A comparison of preceptor and preceptee's perceptions of how the preceptor's role is operationalized. *Journal of Clinical Nursing*, 15, 361-364.
- Gagné, M. & Deci, E.L. (2005). Self-determination theory and work motivation. *Journal of Organizational Behavior*, 26, 331-362.
- Gentry, J. (1990). *Guide to Business Gaming and Experiential Learning*. NJ: Nichols/GP Publishing.
- Gilbride, J. A. & Conklin, M.T. (1996). Benefits of training dietetics students in preprofessional practice programs: A comparison with dietetic internships. *Journal of the American Dietetic Association*, 96(8), 758-763.
- Giorgi, A. (1988). Validity and reliability from a phenomenological perspective. In *Recent Trends in Theoretical Psychology*. New York: Springer-Verlag.
- Green, A.J. & Holloway, D.G. (1997). Using a phenomenology research technique to Examine student nurses' understanding of experiential teaching and learning: A critical review of methodological issues. *Journal of Advanced Nursing*, 26, 1013-1019.
- Greenhalph, T. & Taylor, R. (1997). How to read a paper: Papers that go beyond numbers (qualitative research). *British Medical Journal* 315, 740-743.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods*, 3(1).

- Grove, C. (2008). *The importance of values-alignment within a role-hierarchy to foster teachers' motivation for implementing professional development* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 1597600571).
- Gulotta, D. (2016). It take two: Top tips for interns and preceptors. *Nutrition and Dietetics Educators and Preceptors NDEP-Line*, 4-6.
- Harris, J., Gleason, P., Sheean, P., Boushey, C., Beto, J. & Bruemmer, B. (2009). An introduction to qualitative research for food and nutrition professionals. *Journal of the American Dietetic Association*, 109(1), 80-90. doi: 10.1016/j.jada.2008.10.018
- Harrison, R. & Leitch, C. (2008). *Entrepreneurial Learning: Conceptual Frameworks and Applications*. New York: Routledge.
- Hasseberg, C. (2003). Dietetic preceptor educational needs from preceptor, student, and faculty perspectives. (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3082871)
- Hetzel-Campbell, S. & Hawkins, J.W. (2007). Preceptor rewards: How to say thank you for mentoring the next generation of nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, 19: 24-29.
- Hickcox, L.K., (2002). Personalized teaching through experiential learning. *College Teaching*, 50(4), 123-128.
- History of Experiential Learning. (2001). Retrieved from <http://www.experientiallearning.ucdavis.edu/history>
- Hitchings, K. (1989). Preceptors promote competence and retention: Strategies to achieve success. *Journal of Continuing Education in Nursing* 20(6), 255-260.
- Hoffman, T., Bennett, S., & Del Mar, C. (2009). *Evidence-Based practice across the health professions* (2nd ed.). Australia: Elsevier
- Hopkins, H.L., & Smith, H.D. (1977). Glossary. In H.L. Hopkins & H.D. Smith (Eds.). *Willard and Spackmans' occupational therapy* (5th ed., pp. 727-740).
- Hostetler, K. (2005). What is "good" education research? *Educational Researcher* 34(6). doi: 10.3102/0013189X034006016
- Houle, C.O. (1980). *Continuing learning in the professions*. San Francisco, CA: Jossey-Bass., Inc.

- Hudak, S.L. (2006). *Case study of selected students participating in experiential learning to determine the value added to the didactic program in dietetics* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3280773)
- Huling, L. (2001). Teacher mentoring as professional development. (ERIC No. ED460125). Retrieved from <http://www.vtaide.com/png/ERIC/Teacher-Mentoring.htm>
- Hyrkäs, K. & Shoemaker, M. (2007). Changes in the preceptor role: Re-visiting preceptors' perceptions of benefits, rewards, support and commitment to the role. *Journal of Advanced Nursing* 60(5), 513-524. doi: 10.1111/j.1365-2648.2007.04441.x
- Ingham-Broomfield, R. (2015). A nurses' guide to qualitative research. *Australian Journal of Advanced Nursing* 32(3): 34-40.
- Issenberg, S. & Scalese, R. (2008). Simulation in health care education. *Perspectives in Biology and Medicine* 51(1): 31-46
- Iowa State University. (2002, July). *Dietetic internship program – A handbook for preceptors*. Ames, Iowa: Department of Food Science and Nutrition
- Jay, A.F. & Hoffman, C.J. (2000). Benefits associated with serving as a preceptor for dietetic interns. *Journal of the Academy of Nutrition and Dietetics* 100(10), 1195-754.
- Jones, A. (2001). A condensed history of the phenomenology: The first and the second phases from Franz Brentano to Hans-Georg Gadamer. *Nurse Researcher*, 8 (4), 65-75.
- Jones, J., Flohr, B. Martin, M. (2015). Theories holding promise for supporting the constructivist behaviors of inquiry. *School Libraries Worldwide*, 21(2), 115-126. doi: 10.14265.21.2.009
- Jordan, A., Carlile, O., & Stack. (2008). *Approaches to learning: A guide for teachers*. NY: McGraw-Hill Companies
- Kardong-Edgren, S., Adamson, K., & Fitzgerald, C. (2010). A review of currently published evaluation instruments for human patient simulation. *Clinical Simulation in Nursing*, 6(1), e25-e35. doi: 10.1016/j.ecns.2009.08.004
- Keeton, M. T. (1976). *Experiential learning: Rationale, characteristics, and assessment*. San Francisco, CA: Jossey-Bass, Inc.

- Kenney, J. (2014). The future of simulations in allied healthcare education and training: A modified Delphi study identifying their instructional and technical feasibility. (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses Database. (UMI No. 3647837)
- Kleiman, S. (2004). Phenomenology: To wonder and search for meanings. *Nurse Researcher 11*(4), 7-19.
- Klein, E. & Dickenson-Hazard, N. (2000). The spirit of mentoring. Reflections on Nursing Leadership: *Sigma Theta Tau International (third quarter)*, 18-22.
- Koch, T. (1995). Interpretive approaches in nursing research: The influence of Husserl and Heidegger. *Journal of Advanced Nursing 21*: 827-836.
- Kolb, A., & Kolb, D. (2009). Experiential learning theory: A dynamic, holistic approach to management learning, education and development. In S. Armstrong, & C. Fukami (Eds.), *The SAGE handbook of management learning, education and development*. London: SAGE Publications Ltd.
- Kolb, D.A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.
- Kotter, J. (1990). What leaders really do. *Harvard Business Review* (p. 37-60). Boston: Harvard Business School of Publishing.
- Kramer, P., Hinojosa, J., & Brasic-Royeen, C. (2003). *Perspectives in human occupation*. Baltimore, MD: Lippincott, Williams & Wilkins.
- Krasner, D.L. (2001). Qualitative research: A different paradigm. *Journal of Wound, Ostomy, and Continence Nursing 28*(2), 70-72. doi: 10.1067/mjw.2001.113389
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy 45*(3), 214-222.
- Kruzich, L.A., Anderson, J., Litchfield, R.E., Wohlsdorf-Arendt, S., & Oakland, M.J. (2003). A preceptor focus group approach to evaluation of a dietetic internship. *Journal of the American Dietetic Association 103*(7), 884-886. doi:10.1053/jada.2003.50165
- Lanz, S.J. (1983). *Introduction to the profession of dietetics*. Philadelphia: Lea & Febiger.
- Leinster, S. (2009). Learning in the clinical environment. *Medical Teacher, 31*, 79-81. doi: 10:1080/01421590902744936
- Lincoln, Y. & Guba, E. (1985). *Naturalistic Inquiry*. California: Sage Publications, Inc.

- Lopez, W. & Willis, D. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research* 14(5): 726-735. doi: 10.1177/1049732304263638
- Luhanga, F., Dickieson, P., & Mossey, S.D. (2010). Preceptor preparation: An investment in the future generation of nurses. *International Journal of Nursing Education Scholarship*, 7(1). doi: 10.2202/1548-923X.1940
- Mamchur, C. & Myrick, F. (2003). Preceptorship and interpersonal conflict: A Multidisciplinary study. *Journal of Advanced Nursing* 43(2) 188-196.
- Mantua, GA., Van Der Wal, DM. (2015). Differentiating between descriptive and interpretive phenomenological research approaches. *Nurse Researcher*, 22(6), 22-27.
- Maxwell, J. (2005). *Qualitative research design: An interactive approach* (2nd ed.). California: Sage Publications, Inc.
- McComas, M. (2015, November 2). *What can we do about the preceptor shortage for nurse practitioner students?* [Blog post]. Retrieved from <http://www.linkedin.com/pulse/what-can-we-do-preceptor-shortage-nurse-practitioner-students-lynn>
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Husserl and Heidegger: Exploring the disparity. *International Journal of Nursing Practice*, 15: 7-15. doi: 10.1111/j.1440-172X.2008.01724.x
- Miles, M., & Huberman, A. (1994). *Qualitative data analysis*. CA: Sage Publications, Inc.
- Montzorou, M., (2004). Preceptorship in nursing education: Is it a viable alternative method for clinical teaching? *ICUS Nursing Web Journal* 19.
- Moran, D. (2000). *Introduction to phenomenology*. New York: Routledge.
- Moustakas, C. (1994). *Phenomenological research methods*. CA: Sage Publications, Inc.
- Murphy, B. (2008). Positive precepting: Preparation can reduce the stress. *MEDSURG Nursing* 17(3), 183-188.
- Murphy, J. (2008). In Moyer, B.A., & Wittmann-Price, R.A. (Eds.). *Nursing Education: Foundations for Practice Excellence* (pp. 266-276). Philadelphia: F.A. Davis Company.

- Murphy-Rozanski, M. (2008). *A phenomenological investigation into mentors' helping behaviors in a nurse residency program: An emerging model* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3348199)
- Myrick, F., (1988). Preceptorship: A viable alternative to clinical teaching strategy? *Journal of Advanced Nursing* 13, 588-591.
- Myrick, F. & Barrett, C. (1994). Selecting clinical preceptors for basic baccalaureate nursing students: A critical issue in clinical teaching. *Journal of Advanced Nursing*, 19, 194-198.
- Öhrling, K. & Hallberg, I.R. (2000). The meaning of preceptorship: Nurses' lived experience of being a preceptor. *Journal of Advanced Nursing*, 33(4), 531-540.
- Okuda, Y., Bryson, E., DeMaria, S., Jacobson, L., Quinones, J., Shen, B., & Levine, A. (2009). The utility of simulation in medical education: What is the evidence? *Mount Sinai Journal of Medicine*, 76(4), 330-343. doi: 10.1002/msj.20127
- Ortman, D., Mann, L., & Arsenault, J. (2010). Perceived roles, benefits, and supports for dietetic internship directors. *Canadian Journal of Dietetic Practice and Research* 71(1), 33-38. doi: 10.3148/71.12010.33
- Ousey, K. (2000). Bridging the theory-practice gap? The role of the lecturer/practitioner in supporting pre-registration students gaining clinical experience in an orthopaedic unit. *Journal of Orthopaedic Nursing* 4, 115-120.
- Oxford College Dictionary. (2007). *Rigor* (2nd ed., p. 1174). New York: Spark.
- Pagán, B. (2006). Positive contributions of constructivism to educational design. *Europe's Journal of Psychology* 2(1)
- Palinkas, L., Horwitz, S., Green, C., Wisdom, J., Duan, N. & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation for research. *Administration & Policy in Mental Health* 42(5): 533-544.
- Payne-Palacio, J. & Canter, D. (2011). *The profession of dietetics: A team approach* (4th ed.). Sudbury, MA: Jones & Bartlett Learning.
- Piaget, J. (2009). *The psychology of intelligence*. London: Routledge.
- Polkinghorne, D.E. (1989, August). *The use of natural language in counseling psychology research*. Paper presented at the Annual Meeting of the American Psychological Association, New Orleans, LA.

- Porter, S. (1993). Nursing research conventions: Objectivity of obfuscation? *Journal of Advanced Nursing*, 18, 137-143.
- Pozin, I. (2014, April 10). Sixteen leadership quotes to inspire you to greatness. *Forbes*. Retrieved from <https://www.forbes.com/sites/ilypozin/2014/01/10/16->
- Pringle, J., Hendry, C. & McLafferty, E. (2011). Phenomenological approaches: Challenges and choices. *Nurse Researcher*, 18 (2), 7-18.
- Putnam, E. (2009). *Traditional versus precepted clinical experiences for junior nursing students: Is there a difference in clinical competence?* (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 1763073241)
- Raman, P. & Pashupat, K. (2002). Turning good citizens into even better ones: The impact of program characteristics and motivations on service learning outcomes. *Journal of Nonprofit & Public Sector Marketing* 20(20), 187.
- Randles, C. (2012). Phenomenology: A review of the literature. *Applications of Research In Music Education* 30(2), 11-21. doi: 10.1177/8755123312436988
- Registered Dietitians Demographics*. (2016). Retrieved from <http://www.cdrnet.org/registry-statistics>
- Reiners, G. (2012). Understanding the differences between Husserl's (descriptive) and Heidegger's (interpretative) phenomenological research. *Journal of Nursing Care* 1:119. doi: 10.4172/2167-1168.1000119
- Richards, L. & Morse, J. (2007) *User's guide to qualitative methods*. CA: Sage Publications, Inc.
- Roberts, J. (20130, March). Shape up our future. *American Dietetic Association Student Scoop*.
- Rodriguez, J. (2010, November 6). *Opening Session: The American Dietetic Association's 93rd Food and Nutrition Conference and Expo*. PowerPoint presented lecture.
- Rubin, H. & Rubin, I. (2005) *Qualitative interviewing: The art of hearing*. CA: Sage Publications, Inc.
- Ryall, T., Judd, B., & Gordon, C. (2016). Simulation-based assessments in health professional education: A systematic review. *Journal of Multidisciplinary Healthcare* 9, 69-82. doi: 10.2147/jmdh.s92695

- Sadala, M.L.A. & Adorno, R. DE. C.F. (2002). *Journal of Advanced Nursing* 37(3), 282-293.
- Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Sciences* 6(2): 1-8.
- Scholtz, S. (2000). Threat: Concept analysis. *Nursing Forum*, 35, 23-29.
- Scheckelhoff, D., Bush, C., Flynn, A., MacKinnon, G., and Myers, C. (2008). Capacity of hospitals to partner with academia to meet experiential education requirements for pharmacy students. *American Journal of Health-System Pharmacists*, 65, 53-71. doi: 10.2146/ajhp080150
- Schön, D.A. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books, Inc.
- Schön, D.A. (1987). *Educating the reflective practitioner*. San Francisco: Jossey-Bass
- Sedgwick, M. & Harris, S. (2011). A critique of the undergraduate nursing preceptorship model. *Nursing Research and Practice*. doi: 10.1155/2015/248356.
- Seidman, I. (2006) *Interviewing as qualitative research*. New York: Teachers College Press.
- Skrabal, M., Kahaleh, A., Nemire, R., Boxer, H., Broshes, Z., Harris, M., & Cardello, E. (2006). Preceptors' perspectives on benefits of precepting student pharmacists to students, preceptors, and the profession. *Journal of the American Pharmacists Association*, 4, 605-612.
- Smedley, AM. (2008). Becoming and being a preceptor: A phenomenological study. *Journal of Continuing Education in Nursing*, 39(4), 185-191.
- Smith, M.K. (2001). Kurt Lewin, groups, experiential learning and action research. In: *The encyclopedia of informal education* [online]. Retrieved from <http://www.infed.org/thinkers/et-lewin.htm>
- Sokolowski, R. (2000). *Introduction to phenomenology*. New York: Cambridge University Press
- Stage, F.K., Muller, P.A., Kinzie, J. & Simmons, A. (1998). *Creating learner centered classrooms: What does learning theory have to say?* Washington, DC: ERIC Clearinghouse on Higher Education and the Association for the Study of Higher Education.
- Standing, M. (2009). A new critical framework for applying hermeneutic phenomenology. *Nurse Researcher*, 16(4), 20-30.

- State of the health care work force. (2001, August). *Hospitals & Health Networks*, 75, 42.
- Steffes, J.S. (2004). Creating powerful learning environments beyond the classroom. *Change*, May/June 2004.
- Stone, G.V.M. (2005). Personal and environmental influences on occupations. In C.H. Christiansen, C.M. Baum, & J. Bass-Haugen (eds.). *Occupational therapy: Performance, participation and well-being* (3rd ed., pp. 92-115). Thorofare, NJ: Slack.
- Stone, S., Ellers, B., Holmes, D., Orgren, R., Qualters, D., & Thompson, J. (2002). Identifying oneself as a teacher: The perceptions of preceptors. *Medical Education*, 36, 180-185.
- Streubert, H.J. & Carpenter, D. (2011). *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.
- Swift, J.A., & Tischler, V. (2010). Qualitative research in nutrition and dietetics: Getting started. *Journal of Nutrition and Dietetics* 23, 559-566. doi: 10.1111/j.1365-277X.2010.01116.x
- Talebi, K. (2015). John Dewey – Philosopher and educational reformer. *European Journal of Education Studies* 1(1), 1-13. doi: 10.6084/m9.figshare.2009706
- Taylor, E.L., Hasseberg, C.M., Anderson, M.A., & Knehans, A.W. (2009). Dietetic preceptor educational needs from the preceptor, student, and faculty perspectives. *Journal of Allied Health*, 39(4), 287-292.
- Thatcher, C. (2010). *International learning adventures: A phenomenological exploration of international backpacker style study abroad*. (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database.
- Thomas, E. & Magilvy, J. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing* 16: 151-155. doi: 10.1111/j.1744-6155.2011.00283.x
- Thompson, J.L. (1990). Hermeneutic inquiry. In: Moody, L.E. (Ed) *Advancing Nursing Science Through Research*. Sage Publications, Newbury Park, CA, 223-280.
- Usher, K., Nolan, C., Reser, P., Owens, J., & Tollefson, J. (1999). An exploration of the preceptor role: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 29(2), 506-514.
- Vagle, M. (2014). *Crafting Phenomenological research*. CA: Left Coast Press, Inc.

- Valiga, T.M. and Rizzolo, p.A. (2008). In Moyer, B.A., & Wittmann-Price, R.A. (Eds.). *Nursing Education: Foundations for Practice Excellence* (pp. 285-296). Philadelphia: F.A. Davis Company.
- van Manen, M. (1997). Phenomenological pedagogy and the question of meaning. In D. Vandenberg (Ed.), *Phenomenology & education discourse*. Johannesburg, South Africa: Heinemann, 41-68.
- van Manen, M. (1990). *Research lived experience: Human science for an action sensitive pedagogy*. London, Ontario: State University of New York Press.
- Welton, D. (Ed.). (1999). *The essential Husserl – Basic writings in transcendental phenomenology*. Indianapolis: Indiana University Press.
- Wertz, F. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology* 52(2): 167-177. doi: 10.1037/0022-0167.52.2.167
- Wheatley, M.J. (2006). *Leadership and the new science* (3rd ed.). San Francisco: Berrett-Koehler Publishers, Inc.
- Wilson, A. (2010). Creating our competition: Why the dietetic internship shortage is as important to your future as it is to the practitioners of tomorrow. *ADA Times*, 7(2), 12-15.
- Wilson, M. (2002). Dietetic preceptors perceive their role to include a variety of elements. *Journal of the American Dietetic Association*, 107(7), 968-974.
- Winham, D., Wooden, A., Hutchins, A., Morse, L., Shepard, C., Mayol-Kreiser, S., & Hampl, J. (2014). Attitudes and perceptions of the dietetic internship role by Arizona nutrition professionals. *Topics of Clinical Nutrition* 29(3); 210-226. doi:10.1097/TIN.0000000000000001
- Wolf, K. & Dunlevy, C.L. (1996). Impact of preceptors on student attitudes toward supervised practice. *Journal of the American Dietetic Association* 96(8), 800-802.
- Wolf, K. & Robinson, L. (2002). Assist the next generation of dietitians. *Journal of the American Dietetic Association*, 102(12), 1748.
- Wren, J.T. (1995). *The Leader's companion: Insights on leadership through the ages*. NY: The Free Press.
- Why use experiential education as a model for teaching and learning?* Retrieved from <http://www.experientiallearning.ucdavis.edu/why-el.shtml>.

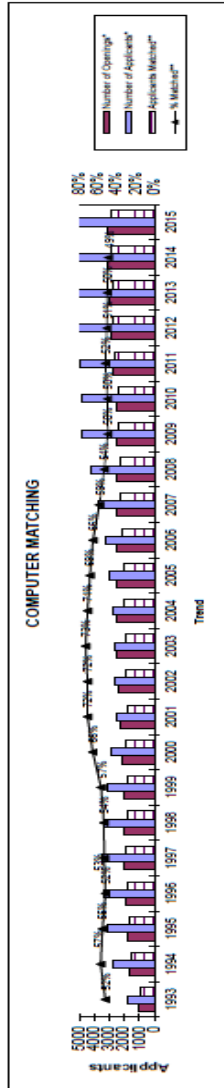
Yamazaki, Y. (2004). An experiential approach to cross-cultural adaptation: A study of Japanese expatriates' learning styles, learning skills, and job satisfaction in the United States. (Doctoral Dissertation). Retrieved from ProQuest Dissertations & Theses database. (UMI No. 3118154)

Appendix A

ACEND Internship Computer Match Results

Percent change in number of openings, applicants, and applicants matched to DI Programs participating in Computer Matching Process (April/November)

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	one year % Chge
Number of Openings*	1005	1661	1,824	1,900	1,965	2,026	2,163	2,305	2,351	2,542	2,509	2,533	2,522	2,520	2,476	2,531	2,483	2,797	2,926	2,963	3,070	3,158	3,158	3%
Number of Applicants*	1011	2722	3,075	3,370	3,522	3,400	3,184	2,859	2,862	2,807	2,782	2,982	3,363	3,795	4,252	4,799	4,864	4,845	5,386	5,444	5,804	5,804	5,853	1%
Applicants Matched**	947	1561	1,702	1,781	1,864	1,838	1,817	1,882	1,877	1,916	1,989	2,062	2,144	2,235	2,275	2,385	2,436	2,589	2,732	2,738	2,854	2,870	2,870	1%
% Matched**	52%	57%	55%	52%	53%	54%	57%	66%	72%	72%	73%	71%	69%	66%	59%	54%	50%	52%	51%	50%	49%	49%	49%	0%



	2001	2002	2,003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	%Chge
APRIL MATCH ONLY	2001	2002	2,003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	%Chge
Number of Openings*	3070	3089	3127	3166	3212	3231	3289	3333	3333	3426	3570	3719	3836	3836	3864	1%
Number of Applicants*	2501	2576	2519	2484	2662	2825	3354	3765	4214	4328	4425	4811	4851	5140	5192	1%
Applicants Matched**	1664	1696	1729	1819	1869	1941	2032	2081	2164	2235	2379	2539	2523	2618	2608	0%
Unfilled Positions	406	403	488	245	443	340	257	245	190	206	208	180	222	218	256	15%
% Matched**	72%	71%	75%	73%	70%	68%	61%	55%	52%	52%	54%	66%	52%	51%	50%	-1%

*Number of openings, applicants and number of matched students includes preselects

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Preselect students	77	101	124	114	147	133	140	159	187	226	196	127	129

**Percent matched does not include positions filled after the match date.

Appendix B

Interview Guide

Kleiman (2004) notes “descriptions of phenomenon are elicited through open ended, unstructured interviews” (p. 11). The interview questions are broad, open-ended questions that are informal and interactive, designed to generate discussions that will enable participants to share individual experiences. It is anticipated that the study participants will identify subsequent questions that will drive the enhancement of the interview questions.

Research Questions:

1. What meanings do dietetic education graduates assign to their interactions with preceptors during the supervised practice component of the dietetics education curriculum?
2. How do dietetics education graduates describe and interpret their experiences with preceptors as shaping their professional growth?

Open-Ended Questions:

- As a student, what did you hope to gain from your interactions with the preceptor during the supervised practice experience? Were these hopes realized?
- Describe what you liked most about the preceptor experience.
- Describe what you liked least about the preceptor experience.
- What preceptor teaching skills, if any, fostered the critical thinking process during your supervised practice experience?
- Tell me about the challenges faced during your supervised practice experience.
- Describe preceptor behaviors/characteristics you found to be most beneficial in helping you transition into the dietetics profession. Did these behaviors/characteristics help you as a practitioner?
- Describe preceptor behaviors/characteristics you found to be least beneficial in helping you transition into the dietetics profession.
- Explain if your supervised practice experience with the preceptor has been effective in your transition into the profession.
- What is your view of the value of the one-to-one preceptor experience?

Appendix C

Letter of Informed Consent for a Research Study Interview

I agree to participate in a study entitled "*Dietetic students' lived experience working with preceptors: A Phenomenology*," which is being conducted by Mary-Pat Maciolek, a doctoral candidate in the Educational Leadership Program at Rowan University.

The purpose of this study is to seek a greater understanding of the lived experiences of dietetic education graduates during their supervised practice experiences as they relate to the significance of the preceptor role.

I understand that I will be required to participate in a digitally recorded interview. Utilizing an open-ended question format, this personal one-on-one interview may last up to two hours. The questions will focus on my experiences during the supervised practice rotations as they relate to the significance of the preceptor on my professional growth.

I understand that I will have the opportunity to review the transcription for a review of accuracy of content.

I understand that my responses will be kept confidential and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that I am free to withdraw my participation from this study at any time, without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

If I have any questions or problems concerning my participation in this study, I may contact Mary-Pat Maciolek at xxx-xxx-xxxx or maciolek.mp@gmail.com or her doctoral advisor, Dr. Casey Crabill at k.crabill@sunyocc.edu or xxx-xxx-xxxx.

If you have any questions about your rights as a research subject, you may contact the Associate Provost for Research at:

Rowan University Institutional Review Board for the Protection of Human Subjects
Office of Research
201 Mullica Hill Road
Glassboro, NJ 08028-1701
856-256-5150

I agree to be digitally recorded: _____
(Signature of Participant) (Date)

I understand the nature of this study entitled, "*Dietetic students' lived experience working with preceptors: A Phenomenology*," and agree to participate.

(Signature of Participant) (Date)

(Signature of Investigator) (Date)

Appendix D

Request to Participate in a Pilot Research Study

Hello ~

My name is Mary-Pat Maciolek and I am a doctoral candidate in the Educational Leadership Program at Rowan University. In partial fulfillment of my doctoral studies, I will be conducting research for my dissertation entitled, "*Dietetic students' lived experience working with preceptors: A Phenomenology.*" The purpose of this study is to seek a greater understanding of the lived experiences of dietetic education graduates during their supervised practice experiences as they relate to the significance of the preceptor role. As a dietetic education graduate who graduated from a college or university dietetics education program who had been precepted during your education, I would like to invite you to participate in a pilot of this study.

Your participation in this pilot will involve an interview which will be recorded using a digital recorder. This interview will be transcribed by this researcher and coded with participant ID numbers to assure confidentiality. Codes identifying participants will be stored in a separate, password-protected file. The transcription will be sent to the participants for a review of accuracy of content. All data collected for this study, including audio recordings, notes, and written transcriptions, will be stored in private, password-protected electronic data files. No one other than myself, as the researcher, will have access to the computer and backup drive on which the files will be stored. No names will appear in the final report. Three (3) years following completion of my research, any and all hard-copy data obtained for this study will be shredded. Electronically stored data contained on flash drives and electronic media storage devices will be permanently deleted.

I welcome the opportunity to further discuss this pilot study with you and to answer any questions you may have regarding the study. Please call (xxx-xxx-xxxx) or e-mail (maciolek.mp@gmail.com) me to set up a time to discuss this further or to set up your interview times. I am hoping to conduct all interviews during August 2013.

Thank you for your time and consideration of this request. I look forward to hearing from you soon.

Best regards,
Mary-Pat Maciolek, MBA, RD