

Strategies for Addressing the Internship Shortage and Lack of Ethnic Diversity in Dietetics

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ARTICLE INFORMATION

Article history:

Accepted 18 February 2013
Available online 22 April 2013

Keywords:

Diversity
Preceptor
Dietetic education

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2212-2672/\$36.00
doi: 10.1016/j.jand.2013.03.012

IN MARCH 2002, THE INSTITUTE OF MEDICINE (IOM) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care reported that the quality of care in the United States is generally lower for people perceived as coming from communities of ethnic minorities than that provided to the majority population.¹ Racial and ethnic disparities have been associated with worse health outcomes.² Subsequently, in March 2011, the Academy of Nutrition and Dietetics (the Academy; formerly the American Dietetic Association) related the IOM recommendations to dietetics practitioners.³

An Academy practice paper called for an increase in the proportion of underrepresented minorities among health professionals and included a discussion of how dietetics educators might address health disparities: "It is important for the organization and food and nutrition practitioners, including educators, to better understand the challenges that minorities face that prevent them from entering the profession."³ The purpose of this Commentary is to discuss the status of ethnic diversity in the profession, to describe how the dietetic internship shortage has affected diversity, to propose a possible solution using a paid clinical preceptor career pathway model, and to suggest future research directions.

DIVERSITY IN DIETETICS

Based on data compiled in 1997, Bryk and Soto⁴ reported that only 2.5% and 1.7% of registered dietitians (RDs) were African American and Hispanic, respectively.⁴ The Academy expressed concern regarding this lack of representation and commissioned a study to identify obstacles and possible interventions. Greenwald and Davis⁵ reported their findings in 2000 and called for fundamental changes in the profession, including increasing internship opportunities and raising the profession's level of remuneration.

The Academy 2012 Needs Satisfaction Survey cited membership demographics as 55,462 RDs, with 85% self-reporting

as white (not Hispanic/Latino), 4% Asian, 3% Hispanic/Latino, 3% black or African American, and 1% "other" (3% provided no response).⁶ This report and others reflect that the Academy has made some strides in achieving ethnic diversity but has remained homogenous over time.⁶⁻⁹

THE INTERNSHIP SHORTAGE

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) (formerly the Commission on Accreditation for Dietetics Education [CADE]) 2009 Annual Report indicated a dramatic increase in the enrollment of students in dietetics programs during the past decade. In 2000, there were 9,798 students enrolled in Didactic Programs in Dietetics (DPDs). By 2008 there were 15,624, representing a 160% increase.¹⁰ This swelling in enrollment in undergraduate DPD programs without a corresponding increase in internship slots resulted in <50% of students receiving appointments in the April 2008 match. The July 2011 *CADE Connection—On-Line Update* reported an increase of 12%; that is, 300 internship slots based on ACEND's work with program directors. The April 2011 match rate increased by 2% (to 52%) with a projected need of 1,855 positions required to achieve a 100% match.¹¹

The Effect of the Shortage on Diversity

Multiple publications have voiced that the ethnic profile of RDs should reflect national demographics, calling for a mandate to change the ethnic profile of the dietetics profession.¹²⁻¹⁶ The 2009 ACEND report did indicate an increase in the overall number of ethnic minority students graduating from undergraduate DPD programs.¹⁰ However, particularly concerning was the dramatic 58% decrease in African-American students placed in internship programs during the previous 5-year time period (132 placements in 2002 compared with 55 placements in 2008) (see the Table). The percent of Hispanic students remained almost stable with 119 placements in 2002 and 125 placements reported in 2008. This is not reflective of the rising Latino population in the United States, which increased by >43% from 2000 to 2010.¹⁷

Obstacles to Inclusion

A qualitative study by White in 2008¹⁸ included interviews of 19 African-American nutrition educators regarding their view of needed changes to make the field of dietetics more inclusive in communities of color. Four priority areas were identified: decreasing barriers to the education process (ie, lack of internships), increasing student exposure to diverse communities, creating stronger mentorship for students of color, and evaluating the level of RD salaries. Many of these findings

Table. Changes in didactic program in dietetics (DPD) graduates compared with dietetic internship (DI) placement between 2002 and 2008, by ethnic group^a

Self-reported ethnic group	DPD Graduates			DI Placement			2008 loss between DPD and DI pathway
	2002	2008 ^b	% change	2002	2008 ^b	% change	
Black	737	971	+32	132	55	-58	-916
Hispanic	739	1,284	+74	116	125	+8	-1,159
Asian	649	1,295	+100	144	165	+15	-1,120
American Indian	63	99	+57	9	11	+22	-88
All minority	2,188	3,649	+67	401	356	-11	-3,293
Nonminority	1,206	1,347	+12	2,029	2,264	+12	+917
Total	3,394	4,996	+47	2,430	2,620	+8	-2,376

^aData obtained from reference 10.

^bStudents enrolled in DI may be backlog applicants from prior years; no data were provided (ie, grade point average or work experience) on students regardless of ethnic or matching status.

aligned with a Greenwald and Davis study⁵ done 10 years earlier as well as subsequent published research.^{7,8,19}

Greenwald and Davis⁵ also surveyed 20 RD and dietetic technician, registered (DTR) education program directors as to why they thought students from nonwhite communities were underrepresented in dietetics. The directors identified low salary, difficulty in obtaining internships, and cost of training when asked what factors discouraged diversity in the field. There has been a call for organizations to provide strong mentoring relationships and more internship experiences for students.^{5,6,20,21}

STANDARDS OF CULTURAL COMPETENCY

Research has implied that culturally matching practitioners and clients in the health professions demonstrates an increased content knowledge with improved participation and completion of programs.²²⁻²⁹ In 2009, Stein³⁰ discussed the need for dietetics educators to prepare students for the cultural competency standards being developed by the Joint Commission. The standards are intended to “increase national attention to cultural competence, highlight its intersection with patient-centered care, and improve the safety and quality of care for all patients.” This is consistent with the cultural competency standards that are included in ACEND standards^{31,32} and is reflected in the Academy’s stated mission on diversity:

The Academy of Nutrition and Dietetics mission and vision are most effectively realized through a diverse membership. As in all health professions, diversity is necessary for access to and the quality of services for the public. The Academy values and respects the diverse viewpoints and individual differences of all people.³³

EXPLORING THE PRECEPTOR MODEL

The shortage in internship slots has been related to the lack of available preceptors.^{34,35} A number of calls have gone out from the Academy over the years to highlight the benefits to RDs of acting as preceptors.³⁶⁻³⁹ At the 2010 Food & Nutrition Conference & Expo, the Academy introduced a campaign to

recruit preceptors and coordinate them with programs in need.⁴⁰

Beginning in 2000, Witte⁴¹ noted a decline in the number of RDs available to serve as preceptors due to lack of time, compensation, and administrative support. The economic environment in health care has led to increasing demands on fewer hospital-based RDs who deal with increased patient acuity and decreased hospital stays.⁴² The trend in health care professionals’ employment evaluations includes time-based productivity, with administrators less willing to allow time for education of student interns.⁴³ There are also increasing barriers to student presence in clinical settings, including hospital orientation requirements, background and drug testing, demonstration of Health Insurance Portability and Accountability Act compliance, and limitations to electronic medical record access.⁴⁴ At the same time, there are more demands on preceptors to evaluate and document that students have met ACEND competency requirements.

A few studies have attempted to identify the professional skills and roles required for successful preceptors.^{45,46} It is generally agreed that a good clinician is not always a skilled preceptor. Precepting seems to fall somewhere between teaching and mentoring. It requires adult education teaching techniques; critical thinking modeling; and, most importantly, interpersonal skills in addition to clinical competency.^{47,48} When asked which factors contributed to their success, RD and DTR credentialed practitioners from minority communities interviewed by Greenwald and Davis⁵ identified good faculty/preceptors along with their own personal perseverance as the most important components.

Clinical Preceptors as a Career Pathway

One-on-one precepting has traditionally been the model practiced in dietetics. The decreasing number of internship slots available calls for exploration of new models. As the demand for outcome-oriented, evidence-based practice expands, expectations of preceptors grow. There is a need to explore the professionalization of precepting as a career pathway.⁴⁹ The Academy’s final recommendations of the Phase 2 Future Practice and Education Task Force included a description of a future advanced-practice RD in higher education.⁴⁴

There are only a few recent studies defining the roles and skill set required of preceptors, but there is recognition that preceptors are key factors to the level of competence of new health professional graduates.^{43,45,46} Creation of a clinical preceptor career pathway may address these issues. This could contribute to expanding the dietetics profession by creating new positions and increasing our visibility. It would also help to standardize internship curricula.

A Paid Group Clinical Preceptor Model Based on Nursing Education

Dominican University in River Forest, IL, has created a paid group clinical preceptor model based on nursing education⁴⁹⁻⁵¹ within our two coordinated dietetics education programs accredited by ACEND. The model was first applied in 2008 within our coordinated master's in business administration program. Group clinical preceptors, hired by the university, supervise students in hospital settings. The program budget is generated from a 50-50 split of tuition revenues (approximately \$700 per credit hour; 24 credit hours are required for 1,200 hours of supervised practice). This allows for a larger number of students, typically six to eight, being present at one site. Typically nursing has used an 8:1 ratio of students to nursing instructors at sites.⁵² In addition, this model integrates academic curriculum and clinical competencies, which had been previously cited as a problem by health care preceptors.^{37,46,50,53}

The group clinical preceptors take responsibility for day-to-day logistics, including orientation, scheduling, and case study supervision. In conjunction with site RD staff, the preceptors coordinate patient assignments and electronic record documentation. Although it took an initial investment from hospital and nutrition department administrations to orient the clinical preceptors, dietetic interns are now in a position to support understaffed site departments. Under preceptor supervision, interns provide nutrition education to less critical patients, perform supervised screening, assess drug-nutrient interactions, and deliver public and staff nutrition education programs. Advanced interns provide selected staff relief, implement quality assurance projects for department administrators, design continuing education programs, and teach in-service updates for staff. The paid group clinical preceptor model was expanded to our new coordinated undergraduate program, which started in September 2011.

Providing our own clinical preceptors provides the ability to hire RD and support staff from ethnically diverse backgrounds. The preceptors also serve as mentors, which expands the cultural exposure of interns. Our nutrition sciences program currently contracts with the City of Chicago to provide nutrition education to Head Start children, parents, and staff. This grant opportunity provides a rich source of diverse community settings for our interns. Under the supervision of paid group clinical preceptors, interns work with community site agencies developing culturally appropriate nutrition education and menu materials to interface with the childhood obesity and cultural diversity emphasis of our undergraduate coordinated program. In September 2011, Dominican University was awarded a US Department of Agriculture Hispanic Serving Institution grant (Pathway to Undergraduate Education for Nutrition Training, Experience, and Success: Creating the Missing Bridges to the Registered Dietitian Credential for

Hispanics) to recruit Hispanic students and train Hispanic clinical preceptors. Three Hispanic students, including one man, completed the pathway to RD eligibility in May 2012. One has continued as a paid clinical preceptor. Dominican University currently has >40 ethnically diverse students in our programs.

OPPORTUNITIES FOR FURTHER RESEARCH

Models of nursing and dietetics preceptors have previously been studied utilizing focus groups to evaluate preceptorships.^{52,54} In 2010 as part of the ACEND Dominican University site visit activities, 26 women of color attended a 2-hour stakeholders meeting. The women told their individual stories of difficulties accessing the internship process to become an RD. It included African-American, Latino, Arab, and Asian women, all with undergraduate degrees in nutrition. The Dominican University Institutional Review Board approved a qualitative study of these women's experiences to identify what barriers need to be addressed to bring them and others like them to RD status. Previous studies have identified difficulties recruiting people from communities of color to dietetics,^{5,6} but these women represent people already invested in dietetics. There is a pressing need to learn how to facilitate their inclusion into dietetics practice. There is a pool of people in community nutrition and foodservice management settings who originally came into undergraduate nutrition programs interested in clinical dietetics, but were unable to access or finish their clinical training. ACEND has recently announced the creation of Individualized Supervised-Practice Pathways as a new initiative to provide support to dietetics education programs that are willing to provide preceptors for qualified students who are unable to obtain a dietetic internship match.⁵⁵ Dominican University is one of the pilot sites and is actively involved in exploring the effect of Individualized Supervised-Practice Pathways on changing RD cultural diversity.

Educators and researchers are challenged to "prioritize recruiting underrepresented populations into dietetics programs as well as mentoring of culturally diverse students" and "work to recruit and employ staff from underserved populations."³ A research protocol study is being developed to assess the effectiveness of the group clinical preceptor career pathway model from the perspectives of hospital nutrition department staff, interns, and preceptors.

Kachingwe¹⁹ developed a model, based on grounded theory research, to increase diversity in health professions. The model included three components: multiculturalism, diversity, and conviction.¹⁹ A multicultural curriculum teaches respect, value, and appreciation of differences. ACEND's 2008 standards included these competencies, and work has been done to incorporate multicultural experience and knowledge into dietetics education programs.³¹ The second component described was inclusion of diverse people themselves.¹⁹ The dietetics profession must incorporate the IOM's research recommendations by seeking grants, using participatory research, and acknowledging that current models may be inadequate.³ A diverse group of RDs needs to be at the table to inform dietetics education and practice.

Finally, Kachingwe¹⁹ stated that ultimately the conviction, the motivation, and the desire to have diversity must come from the leadership of the profession and the education-

based leaders within the profession.¹⁹ The Academy states, “The pipeline for ensuring the training of minority students rests largely within academia and, therefore, providers of dietetics education play a crucial part in providing training and opportunities for cultural awareness that ultimately reduce health disparities.”²³ Creating the paid group clinical preceptor model as an innovative career pathway may help increase dietetics internship training sites as well as address ethnic diversity in dietetics. This career pathway model can create a win-win situation by potentially expanding student cultural exposure and opportunities, public access, and RD career positions to the underrepresented.

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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.