



UBC Dietetics Program Updates Presentations June 2021

Answers to Questions from the Dietetics Education Core Council Meeting (May 6)
BC Clinical Dietitian Leaders Collaborative Meeting (May 7) and
UBC Dietetics Webinar Presentation (June 10)

Q: Will UBC instructors be on-site regularly to practically participate in the evaluation and help with practice issues?

UBC instructors will provide regular and timely support to all students and preceptors at all practice sites. Much of this support can be provided during weekly, dedicated UBC-led teaching time and virtually via video and phone. It is not logistically feasible to be physically on-site for all students all the time given our small team and the geographic spread of students around BC. Prior to COVID-19 restrictions, UBC instructors were doing annual sites visits with preceptors and students to provide education and support. This was very successful, and we have plans to resume these once restrictions are lifted and it is safe to do so.

Q: What will the role of the health authority site coordinators be with this new model?

We will not have health authority core site coordinators in the new model. A key reason for this is to centralize and streamline practice education coordination processes to meet national accreditation education standards and allow the program to eventually expand the number of students it trains. We have also consistently heard from site coordinators that the workload is very high and they are at capacity, which is a barrier to expanding student enrollment.

Q: Will there be a relief component in this model and how would this be done?

No, we will not have “relief” placements in the way the program currently does. In the new model, all students will progress to independent practice by the end of each placement, giving them multiple opportunities to gain confidence and competence with minimal supervision. “Independence” will look slightly different, depending on the stage each student is at in their training, and the practice setting. This will be carefully planned by UBC instructors and communicated to students and preceptors through ongoing orientation and education.

Q: How will UBC manage and adjust to the day-to-day changes at the site level, e.g. people changing positions, etc. The site coordinators seem key to that piece.

Yes, this will be a challenge. We intend to continue to work collaboratively with our placement partners, in health authorities and other organizations to develop systems that work well for all to manage these “expected unexpected changes” that will inevitably occur in placements. We plan to



use systems such as HSPnet more extensively, to enable UBC and health authorities to identify and track student placements, which will assist in dealing with unexpected changes. We are confident we can also learn from our health professional peers who deal with these same challenges.

Q: Will the UBC team be expanded to support all this work that that health authorities are currently doing?

We have an expanded team at present (4 educators as opposed to the usual 2) and have clearly communicated to our UBC leaders that this level of staffing is required to support these program changes. Our current staffing is similar to other UBC and dietetics programs that have program models similar to the model we are moving to. Through centralizing the placement planning and coordination, we also anticipate we can gain some efficiencies compared to our current year 5 model and processes.

Q: What do you mean by "multiple health authorities"? Two might be manageable, 3-4 would be operationally very difficult for orientation.

Simply put, students can have placements in multiple health authorities, organizations, and areas of the province throughout their time in the program. There are no minimum requirements that a student needs to be placed in a certain number of health authorities; decisions will be highly dependent on placement capacity each year. We agree that having a student do placements in 3-4 health authorities in year 5 is not operationally manageable, so this is unlikely to happen. The specific scheduling of students will be influenced by what placements are available each year from our practice partners.

Q: Students in pairs can be challenging for one preceptor...

Yes, it can be. We have had great success with placing students in pairs, but also are aware that it can be a challenge. The key to success will be having adequate planning and support from UBC to define expectations for students in paired placements, and ensuring students are self-directed in their learning. Having weekly UBC-led time with students will be one strategy to ensure that we can adequately prepare students to do placements in pairs. There are also wonderful opportunities to design placement assignments where students can observe each other and provide peer-feedback at times, which will completely free up the preceptor at points within the placement.

Q: Pairing students will reduce placement capacity need but will increase burden for the preceptors. What strategies do you have to address this?

See answer directly above. To make pairing of students successful, UBC instructors will need to do a significant amount of work upfront to define expectations for students and preceptors and be involved to support placements as they are occurring. We are in the process of designing the year 3 experience at present, so that placements for May 2022 will be well planned and there will be



adequate time to prepare preceptors for these placements. We are also open to trying something different if pairing students does not work. Evaluation of this experience will be key to ongoing success.

Q: Will there be opportunities for students to work on clinical-focused projects in their year 4 food service/management module?

Year 4 placements will be focused on management and leadership competencies, which includes but is not limited to institutionalized food services. We definitely see potential for students to work on clinical leadership type projects. The new ICDEP 2020 research competencies are very broad and flexible, which allows for many possible projects.

Q: Which other Canadian universities are operating a similar model?

Health professional training is diverse in dietetics and other health professions, so it is difficult to truly compare “apples to apples”. We collaborate with other dietetics and health professional education programs routinely, and from what we have learned, all other health programs we know of in Canada at various universities have a model similar to what we are changing to. Specifically, placements are longer (on average 5-8 weeks each), university staff and faculty seek and coordinate all placements, and university educators have direct practice education teaching roles and ultimate responsibility for student performance and competency attainment. Occupational Therapy and Physical Therapy at UBC and Dietetics at the University of Alberta and McGill University are a few examples with similar practice education weeks and staffing levels to our program. All of these programs train more students than the UBC Dietetics Program currently does.

Q: What will be the approach to scheduling and determining which preceptors will be available for the 6-week placements (i.e. in health authorities)?

There are multiple possible approaches, and we intend to have further conversations with our health authority partners to determine the best way to do this. From what we have learned from other programs, it seems most do an annual capacity assessment by email, to determine how many placements are available each year, 6 to 12 months prior to the start of each placement year. Capacity assessment conversations with health authorities typically are with practice leaders or practice education offices in other programs. We could approach it this way or reach out by email directly to interested preceptors. Once the total placement capacity is determined each year, the UBC team would schedule specific placements for each student and enter all health authority placements into HSPnet.

Q: 6 weeks for the year 3 placement is a long time if the placement is observational. What about splitting this up into different areas?



The year 3 placement is not intended to be observational. Students will be engaging in practice activities and actively building skills. The key difference with the year 3 placements is the types of skills the students will be working on. They will be working on communication with patients, clients and team members, nutrition assessment and orientation to how health systems work. They will not be expected to demonstrate the full variety of skills and competencies that an entry to practice dietitian would have, until year 5. Early and intermittent exposure to practice settings aligns with best educational practices for health professional training across disciplines.

Q: Can you share the list of competencies expected to be covered for each of the three years?

The plans for competency coverage are emerging, as we work on more detailed mapping of our program to the new [2020 ICDEP](#). This mapping will be completed by end of summer 2021. The new ICDEP has 146 performance indicators (PIs) that need to be demonstrated in a practicum setting. Here is the current plan to cover these performance indicators:

Year 3 Intro to Nutrition Care Implementation May 2022	Year 4 Management & Leadership Implementation May 2023	Year 5 Nutrition Care & Pop. Health Partial implementation Sept 2022; then fully by Sept 2023
Student learning objectives have been developed, which explicitly connect to 57 ICDEP PIs in: Nutrition Care Professionalism & Ethics Communication & Collaboration Learning Objectives: 1. Conduct nutrition assessment using a client-centred approach 2. Demonstrate effective communication skills 3. Contribute effectively to teamwork and collaborative practice 4. Demonstrate culturally safe and inclusive attitudes and behaviours 5. Demonstrate ethical attitudes and behaviours 6. Identify and comply with legislative, regulatory and organizational requirements 7. Engage in reflective practice	Student learning objectives will be developed in the same style as year 3, with explicit connection to ICDEP PIs. Year 4 will cover 49 PIs in: Food Provision Management & Leadership Plus, applicable competencies in: Professionalism & Ethics Communication & Collaboration	Student learning objectives will be developed in the same style as year 3, with explicit connection to ICDEP PIs. Year 5 will cover 45 PIs in: Nutrition Care Population Health Plus, applicable competencies in: Professionalism & Ethics Communication & Collaboration Some Management & Leadership PIs may be relevant in certain placements.



Q: What kind of placements are occurring outside the health authorities?

We currently have placements in non-health authority organizations every year. Some examples are private long-term care facilities, Canadian Sport Institute, Loblaws, private practice dietitians doing a variety of nutrition care and management work, our educator team at UBC as well as other departments at UBC, the University of Victoria.

Data from our most recent environmental scanning and surveys indicates there is great untapped capacity in underutilized practice areas and non-health authority organizations. We anticipate that we can utilize these placements more effectively with a centralized coordination approach.

Q: Sounds like there will be less time in clinical placements which is cause for some concern when it comes to workforce readiness. Any thoughts about that?

Students will have the same number of weeks in nutrition care, although the areas of practice may look different than present for some students. Our program has been primarily hospital-based for decades and has not evolved to include emerging areas of practice (e.g. primary care, private practice, dietitians who have combined public health and individual care roles) or other areas where a large number of dietitians are employed (e.g. long-term care). Our intention is to incorporate a more diverse experience for students, to meet the needs of multiple sectors of the profession.

Q: How will you manage elective placements?

We will not have elective module placements in the new model. Our current elective placements are very labour-intensive to organize (i.e. many require legal agreements on quite short notice) and most result in mostly job shadowing activities as opposed to skill development. Many other programs do not include elective placements for these reasons.

Q: How many total placements are you needing across the province?

With the changes to placement length, we will actually need fewer placements (and preceptors) per student each year. Here is break down of what the needs are in the new model, based on present enrollment of 36 students per year:

Year 3: 18 placements (students in pairs)

Year 4: 18 placements (students in pairs)

Year 5: 144 placements (assuming students are not paired, although some may be)



Q: Would you consider having students have "chunks" of placements at various sites (i.e. 2-3 placements in Fraser Health, then north) to reduce orientation and travel

Yes, this could be a great option if our placement partners are interested. Some other programs do this and call their placement areas "geographic hubs".

Q: The changes seem exciting but also a lot at once. Is the timeline firm?

Agree with this sentiment! The new program model has been approved by UBC, so we are moving forward with the current plans as presented. There is significant ability to make modifications as we go, depending on the implementation in 2022. We anticipate ongoing changes for a few years to come until we feel comfortable with the new framework.

Q: It's unfortunate the research component is being reduced so significantly. Was there ever any thought to centralizing the research module instead?

The research module has been an intense experience of reflection and modification over the past 10 plus years. Many changes have been made to better support the process and create a more meaningful and sustainable experience. Centralizing the current module to UBC has been considered. The current number of resources going into the research module from sites, preceptors, students and UBC is extraordinarily high for the small number of unique competencies that the research modules addresses. This is a key reason leading us to try this new approach. It will inevitably continue to shift and change as needs of students and the profession continue to change over time.

Q: Curious if the other programs that operate like this of equal size to UBC? I'm aware of universities doing that but they only have 10 or so students to manage.

Yes, all other programs we spoke to this year and in the past several years have a model that we are moving to. Having health authority staff do the level of placement coordination, student evaluation and performance management is not something we have seen anywhere in any other dietetics or health professional program. We focused on speaking with programs that were similar in size to us, as large programs have vastly different resources than we do and are not feasible for us to compare to. The most similar examples of dietetics programs with our new model are McGill University and the University of Alberta; both train about twice as many students as we do.

Q: Will we have an opportunity to bring forward our concerns and more discussion?

Absolutely. Ongoing dialogue is very important to us. We are hosting a ongoing series of webinars for the dietetics community, details are posted on our website, on the [Program Updates](#) page.



Our intention is to keep practice partners updated on our thinking and decision-making on an ongoing basis. We recognize that many decisions still need to be made and are actively working through planning and decision-making.

Q: If the pandemic situation continues, how will this impact the intended transition that you are proposing?

The pandemic continues to throw many unexpected situations at all of us. It is of course possible that the pandemic may impact our exact plans, and therefore we will need to adapt. One positive thing that has come from the pandemic is the enhanced use of learning technology at UBC and health authorities. We have been able to do much more learning remotely compared to previously, which is a strategy we can use going forward.

Q: Are students paired for all three years of placement?

Definitely in year 3 and 4 placements, and possibly in year 5 in some placement setting. We anticipate most of the placements in year 5 will be 1 student:1 preceptor, as they currently are.

Q: Can you clarify when these placements fall in the year? Are year 4 placements in June and then year 5 starts in Sept?

Placement timelines follow the standard UBC calendar for all courses. Here is the timing of the placement breakdown:

Year 3: May 16 to June 24, 2022 (with similar timing in future years)

Year 4: mid-May to late June, same weeks as year 3 placements

Year 5: September to early April

Q: Will you still be having the core site presentations (but no longer 'core site') in some form for the students?

No, as this will not be relevant in the new placement model. We will likely utilize open-access information about health authorities available on each organization's website as a key resource for students to learn about different placements sites. The practice education sites at each health authority are a wonderful source of information at present.

Q: Will it be appropriate for students to do clinical management/projects (year 4) without much clinical experience first?

The year 4 placements and projects will not be focused on clinical experience or competencies; they will be focused on the research process and the specific ICDEP management and leadership competencies. Students will be finished all their coursework by this point and will have also had a placement in year 3, so they will have academic and practical experience.



Typically, clinical management positions are not entry-level, so it has always been a reality that students have limited experiences to draw upon to demonstrate full competence in these advanced practice roles (even near the end of year 5). Expectations management is a key strategy to support student success; we will ensure that expectations for students are clearly communicated to preceptors when students are placed with practitioners in advanced practice positions.

Q: Re - timeline. Given so much uncertainty at this point, should the program be proceeding with changes in advance of sorting out these concerns?

We have a detailed plan to stagger the implementation of these changes to ensure success. We recognize that this might sound like a lot, hearing these details all at once. Our intention with sharing these changes at this stage of the process is to keep our practice partners informed of our progress as we go.

Now is also an ideal time to make these changes, as we need to make significant changes to the program to address the newly released national competencies by 2023.

Q: How will you consider the needs for health authority recruitment and retention of students into dietitian positions?

We are aware that recruitment and retention are ongoing issues and will continue to be. This issue is also not unique to dietetics. Our hope is that with this change in program model, we will eventually be able to train more students, which will result in more graduates entering the workforce. Health authorities have been our long-time partners, and we certainly intend to continue in partnership, to ensure that our program meets national accreditation standards as well as the needs of the workforce.

Q: How will orientation week work for students who will be going to all or most health authorities? Will we need to do orientation more than once per year for year 5 students (i.e. computer systems etc..) as this would be a concern?

UBC will take on primary responsibility for organizing and delivering any needed orientation that all students require. We will have 1 week in year 5 dedicated to orientation in September, but in reality there will be orientation activities embedded at the beginning of each placement, as we do at present.

Many other health professions in BC utilize HSPnet for auto-provisioning of email addresses and clinical systems access, as well as the Learning Hub for various training modules. We plan to utilize these same systems. UBC-led orientation activities will also be planned and incorporated into each placement, as we do in year 5 orientation at present. Any area-specific orientation can be supported by preceptors, with clear communication from UBC as to what types of things students will need (e.g. tour of work site, links to relevant policies, introductions to team members).



Q: How will it be ensured that all students get exposure to enteral and parenteral nutrition with fewer placement areas for nutrition care placements?

This is something we have thought about extensively. Students will continue to be trained to meet all entry-to-practice competencies, which includes enteral and parenteral nutrition. The reality of the new model is that students will not be getting as much training tailoring to one health authority, as they currently are. This will have implications for new graduate employee onboarding, to ensure new hires have the site-specific training they need for practice activities such as enteral and parenteral nutrition.

This is already an issue with our current training model. Not all students get the same exposure to enteral and parenteral nutrition due to a variety of factors. There are options we plan to explore to ensure this does not become a greater gap in the new model. Simulation within courses or on UBC-led teaching days in year 5 is an option. With the additional nutrition care course being added to the curriculum as of January 2022, there is also an opportunity to devote more time to these practice skills.

Q: Could you describe what the scope of the new research projects would look like?

The new research projects will be 6 weeks in length and will be supervised by the preceptors in management placements. UBC will support the projects extensively throughout the 6 weeks to ensure students and preceptors are prepared with necessary skills and resources. The new ICDEP competencies for research are situated in the Management & Leadership domain, and no longer require formal ethics applications, which makes this approach a good fit. The new ICDEP competencies are very broad and can be applied to many different types of research projects across practice areas.

Q: If students move around, how can you ensure students with shortcomings are managed? How can we be ensured they won't just get moved along?

Performance issue management is a key issue with our current model which we are seeking to solve with many of the changes. Very short placements, a high number of total placements and power dynamics (i.e. sites that are supervising students are also their prospective employers) are factors leading to a high number of performance issues at present. Unfortunately, students sometimes do get “moved along” from one placement to the next, even in our current model. In the new model, UBC will provide oversight and monitoring of student performance and competency attainment, which will significantly reduce this burden on sites and preceptors. This approach is common practice in other dietetics programs and professions.



Q: Do the students know that they will be asked to move to different health authorities? I see that this will get very costly to relocate to Northern/ Interior/ Island etc.

We are working on re-writing our policy on student relocation expectations right now. The first class of students that will be impacted by this change will be the students beginning our program in September 2021, so they will not know any differently. In the new model, all students will be asked to relocate for some of the placements, which seems more equitable than our current system of only asking a small number of students to relocate for the entire 10 months. This practice is also reflected in various other health professional training programs.

There are many, multi-factorial expenses associated with completing our program at present, unfortunately. It is also very costly for some students to pay for accommodation in Vancouver for 5 years to complete the program if Vancouver is not their home community.

Q: 6 weeks is a long time for one preceptor/student pair. How will UBC coordinate this with clinical areas and ensure preceptors are available for this long?

6-week placements will be a change for our program but is standard practice in other dietetics and health professional programs. It will be clearly communicated that all placements are 6 weeks in length when recruiting preceptors, so they are aware of what they are committing to. Although it may sound daunting, longer placements can be much easier to manage as a preceptor. Students have more time to fully orient to a placement and achieve competence, which makes the preceptor's job easier. For preceptors that currently take several students per year, we would expect that they will likely take fewer students each year, given the longer placement length – this will be less burden on current preceptors who supervise multiple students for several 2-4 week placements. We recently heard a positive report from our UBC Physiotherapy colleagues this year about longer placements; they needed to increase their placements from 5 weeks to 6 weeks due to COVID capacity issues. The feedback from preceptors was overwhelmingly positive, and preceptors preferred the longer length and shared that it made it much easier to support students to attain competencies.

Q: If moving away from modules, how do you envision the evaluations will look like?

The evaluation approach will be completely re-imagined, to address long-standing feedback and to incorporate the new ICDEP 2020 competencies. We will be working this summer to design new evaluation forms and processes to implement in May 2022 for year 3, Sept 2022 for year 5 and May 2023 for year 4. The intention is for shorter forms, less time and energy spent by preceptors, and more hands-on involvement from UBC instructors. Having one day per week of dedicated UBC-led teaching time in each practice education course allows UBC instructors to do more observation and assessment of student skills, which will allow for a more hands-on role by UBC in student evaluation.



Q: How will these changes be communicated to preceptors?

We will continue to host webinars for the dietetics community every few months, as we have been in 2020 and 2021. Our next webinars are scheduled for Sept 23, 2021 and January 2022 (date TBD). Details for June are on our website, on the [Program Updates](#) page.

Specific recruitment for preceptors for May 2022 year 3 placements will occur in fall 2021. Details of the new model will be repeated to prospective preceptors as part of this recruitment process.

Q: Who will be responsible for monitoring overall progress and following each student?

UBC instructors will take on this role. Our plan is for each practice education course to be co-taught by our 4 dietetics program educators. Each instructor will take on a cohort of students within the class (9-10 students each). The instructor will be responsible for oversight of each student's performance in their cohort, as well as taking responsibility for placement coordination, preceptor support and site liaising. UBC is ultimately responsible for verifying competency attainment for all students; this model will allow UBC to provide more meaningful oversight.

Q: We are a very small profession compared to some of our allied health colleagues. Do we know what works for them will work for dietetics?

It is true that what works for other professions may not work for our program. We have spoken to and learned from other Canadian dietetics programs in recent years, as well as allied health. One thing we have discovered is that the overall intention and process of practice education is very similar across professions and we all manage the same issues. This gives us hope that we can learn great things from our allied health colleagues.

Q: When will the intake numbers for the program be increased, and what is the plan of how you are doing this?

The most important factor that will determine a successful expansion is achieving a sustainable program model. The changes we are making now will create a more sustainable program model. Once these program changes are in place, we will then plan to expand our student enrollment. The timeline for this is not set at present, as it is highly dependent on COVID developments and the progress we make with implementing our new program model.

Q: Can you define the difference between a "placement" of 6 weeks and no "modules"?

There will be similarities between the module system and the movement to placements. Our current modules (e.g. nutrition care, management, population & public health) are based on the practice domains from the national 2013 ICDEP v.2. The new 2020 ICDEP v.3 has very similar practice domains, with some slight changes. We will still be ensuring students have placements in all of the ICDEP practice domains, to ensure they are practice-ready to enter the profession. One



key difference is that our current modules are designed to be sequential experiences that build upon one-another, for example, nutrition care 1 leads to nutrition care 2 and then nutrition care 3. In our new placement model, competence in each placement will be assessed independent from the other placements.

Q: Will students be expected to go to outside of the lower mainland for the year 3 nutrition care placement?

Placing students throughout BC has always been a core philosophy of our program, and will continue to be in the new model. We are hopeful to place some year 3 students outside of the lower mainland if our program partners have capacity for these placements.

Q: Do you anticipate being able to expand the number of practicum choices with this new model?

Absolutely, this will be a benefit to students and the profession. The timeline on how much and exactly when we can expand placement options is still somewhat unknown. We are doing a comprehensive inventory of our current placements right now, and intend to extend a call for placements for May 2022 (year 3) in the fall. By early 2022, we should have a better idea of the placement options available for the first year of our new program model.

Q: Most Bachelors are 4 years and without a large research project. Any way the current program could be recognized as a Masters?

Unfortunately, re-credentialing our current Bachelor's program as a Master's wouldn't work within UBC's framework for graduate degrees. We also deeply value the current Bachelor's program that we currently have, so leaving it behind for a Master's program exclusively didn't feel like the right option to pursue. We have proposed an entry-to-practice Master's dietetics program, which would be offered in addition to our current Bachelor's Dietetics Program. This Master's program has been approved by UBC, but is still awaiting government approval.

Q: Does UBC "supporting" preceptors include funding to the health authorities for workload staff to support that extra time teaching?

Financial compensation for preceptors and placement sites has been a common question over the years, quite understandably. Supervising students takes an immense amount of time and energy. Providing funding for health authorities and/or preceptors is unfortunately not feasible for our program. We intend to substantially increase the direct teaching, placement coordination and student evaluation support, which will significantly shift many of the teaching and coordination duties from placement sites to UBC.



Q: Any changes to how students can provide preceptor feedback to UBC without risking a negative evaluation from said preceptor? Or preceptor screening?

These are great questions that we have not yet specifically discussed as a team, with regard to what could change in the new program model. Creating safe spaces for student learning is essential, as there are inherent power dynamics in the student-preceptor relationship. One change we made to the program several years ago to address this is the creation of UBC-led Dietetic Dialogue sessions in year 5. These sessions are a mix of reflective practice skill-building and debriefing year 5 challenges in a safe, supportive space. This has been very successful and we intend to retain a version of these sessions in the new placement model. We also use anonymous surveys quite extensively to gather student feedback, which can be helpful for students who wish to share in a more anonymous fashion.

Q: When should we expect government approval for the MND program to go through?

We would love to give you an exact date or timeline, but the reality is that the approval timeline is still somewhat unknown. We have engaged with all of our health authority partners in May and June to gather their feedback and will be submitting a summary of those meetings to the Ministry of Health by the end of June. Following that, we will await communication from the Ministry of Health and the Ministry of Advance Education and Skills Training on next steps.

Q: There is a rural/remote component, could you outline the communities that are considered rural/remote'?

There are multiple possible ways to define rural/remote, and we are not set on an exact definition at this time. We intend to continue conversation with our placement partners on which communities currently have capacity to host students, as this will be a key determinate of the rural/remote placements our program can offer at this time. Our hope is that we can engage in capacity building over time to include more rural/remote placements, which in turn may shift our exact definition.

Q: How will preceptors who work part time or in multiple locations/sites/areas (or even casuals) be impacted by having students in Year 3?

Our hope is to involve more part-time preceptors, if there are people who work part-time who are interested in hosting a student. There are creative ways to manage this that could be explored – having two preceptors who work part-time team up to co-host the placement, or exploring what students can safely do when the preceptor is not on-site. Our accreditation standards do not specify that students require on-site supervision at all times. There have been examples in year 5 where we have had students engaging in learning activities when a preceptor is not on site. With pro-active communication and expectation setting, this could be an option to trial.



Q: Could prospective students who already hold a bachelor's degree apply to both BSc. Dietetics and MND at the same time?

Prospective students are able to apply to any programs they are eligible for and interested in at UBC. Because the BSc and MND are both entry-to-practice programs into the dietetics profession, an applicant may choose to apply to either or both programs, depending on their eligibility and life circumstances. Applicants should note that applying to both programs does not increase an applicant's chances of receiving an interview or admissions into either program.

Further details on how to apply to both programs, and how admissions decisions will be made have not yet been determined. These details will be planned and communicated once the MND is approved.

Q: What is UBC's plan for providing education on Thursday sessions? How will UBC identify gaps/needs & address those?

We have some great processes in place at present to identify needs and gaps in student learning (e.g. regular student and alumni surveys, advisory groups, site visits to placement sites). We will continue to utilize these methods going forward. Education needs change over time, so we expect that we will implement some things next year that will need to change over time.

Q; Will all the Year 3, Year 4, and Year 5 changes fully apply to the dietetics students that just entered the program this year?

We are following UBC's standard approach, which is "students complete the program that they started". Students who begin the program in September 2021 will follow the new curriculum.

Q: Do other dietetics programs give one full day away from placement sites each week? This seems like a lot of practice hours to miss

Many other dietetics and health professional programs have the same approach that we are adopting in our new model, where practice education students spend some of their time doing learning that is led by the university/institution. The implementation of this is quite variable across programs and professions, and there isn't one "best practice" way of doing this.

The key reasons we are pursuing this approach are to enhance student learning (education literature suggests that it does) and to better support preceptors with the teaching and student supervision load. As we have learned in the past 15 or so years in our current model, it is difficult for our UBC educators to truly make a meaningful contribution to student learning if we don't spend any time with the students. Having one day per week dedicated for UBC teaching and support is intended to make the learning experiences in the placement more meaningful and effective. Another benefit to this approach is that we can standardize and improve efficiency of this learning; at present the provision of site-based education sessions is quite variable.



Q: Will specialty areas (such as ICU) be appropriate placements for students in the new 6-week model?

Yes, they definitely could be! Any and all practice areas could be options for student placements. We would be keen to talk though how any placements could work with interested sites and preceptors.

Q: Will students still be required to conduct a literature review at some point in their education? This is a skill that is important for new dietitians to learn

Yes, practice-based research competencies remain in the 2020 ICDEP competencies, so this will be incorporated in the new research approach.

Q: Will Year 5 placements be paid? Often cost is a huge barrier... and it would make the program more equitable and affordable!

This is something we struggle with deeply. A university education is incredibly costly and a major barrier to equity. Year 5 placements are learning experiences, so they are not paid in the way a co-op experience would be paid (for example).

Q: Where does the annual internship fee that students pay go towards?

In short, it goes towards running the program. Health professional degree programs are more expensive to run than traditional university degrees due to the accreditation standards the program must meet, which dictate certain staffing ratios and program activities/requirements. The reason students pay tuition and then a separate “internship fee” is historic, this model was implemented in 2004 when UBC took on the practice education component of dietetics education (which used to be called internship). Some other health professional programs also have this additional fee, while others have higher tuition fees.

Q: How are we going to delineate between the entry to practice masters and those who have already obtained a thesis-based masters?

The MND is different compared to many other thesis-based or advanced practice professional Master’s degrees. It will be important to delineate these differences to a variety of audiences (e.g. students, employers, other professions, the public). A key difference with the MND is that it is an entry-to-practice degree. There are many other examples of entry-to-practice Master’s degrees in dietetics and other health professions; we can learn from their experiences with this as we embark on communications to these various audiences.

Q: Does a placement have to have the same preceptor and be in the same building?



Not necessarily. We recognize that this could potentially limit great learning environments and preceptors. The intention is for each placement to be a consistent learning environment, to allow students to more effectively build entry-to-practice competence in each placement, but also to build confidence in their skills, which is very difficult in 2-3 short weeks.

We see great potential to try new things in this new placement model to support students and preceptors. For example, perhaps one preceptor from a medicine unit and one preceptor from a surgery unit would like to co-host a placement. The student could spend 6 weeks with both preceptors on both units. Of course, this would require conversations and expectation setting between UBC, the site and the student to define how this would work, which we are keen to engage in.

Q: Is there anything current students should be learning ourselves in terms of the clinical course being split up into 2 different courses?

The new curriculum will include 3 nutrition care courses instead of 2, in order to more effectively spread out this learning across years 3 and 4. We definitely do not want current students to worry that they are missing out due to the program changes. We are carefully planning the transition for the nutrition care courses (and other affected courses) to ensure that all current students are getting the course experiences they need to be successful. So, in short, current students do not need to seek out any additional learning, beyond what they would normally do in their courses to support their own learning.

Q: What will happen if a student (or pair of students) fail a placement in the earlier years?

This is something our team has not specifically discussed yet, but will be an important conversation. We will be re-writing our student performance issues program policy this summer, so that it is clear and transparent to students, sites and preceptors what the decision-making processes are with regard to student performance.

Q: Will volunteer hours or clinical experience be required for entry into the Master's program?

The admissions requirements for the Master's program have not yet been mapped out to this level of detail yet, but will likely be very similar to the undergraduate Dietetics program requirements since both are entry-level programs. The undergraduate program does not require volunteer hours nor clinical experience for admission.

Q: Could the internship and degree not be shortened? This would go such a long way to improving equity and inclusion.

At present, our national dietetics education accreditation standards state a minimum length for our practice education (1250 hours). This is a valid equity issue, which we have advocated for at



our national educator tables. With increased conversation about equity in our profession, we hope that this is something that can be revisited.

Q: Will staff from UBC be checking over the students' clinical work and providing feedback on it then? Otherwise the workload of the dietitian will be increased.

We have not decided on an exact mechanism yet, with regard to how we will support student evaluation in the new model. It would be quite challenging for our UBC educators to provide specific feedback on student's clinical work in each placement setting, as we do not know the context or exact practices for every placement setting and preceptor. This will be an area of continued dialogue with our sites and preceptors as we refine more details for the new placement model.

Q: Can you speak to the overlapping of the students in 2022-2024?

We will have a transition period between 2022 and 2024 when students in our current model will be completing placements at the same time as student in our new model. We are aware of the potential capacity constraints this could cause, and we are planning for this proactively. A couple key strategies we plan to use are to pair students in year 3 and 4 placements to reduce the number of placements needed as well as to plan the year 3 and 4 placements in different practice areas (nutrition care and management respectively), to minimize use of the same or similar preceptors at the same time.

Q: What are the pre-requisites for MND program?

The pre-requisites for the Master's program include a bachelor's degree, minimum grade cut-offs, and specific coursework in human physiology, introductory biochemistry, statistics, introductory nutrition, and introductory food science. Program overview and information on pre-requisites can be found on the UBC Calendar entry:

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,204,828,1700>.

Q: When can new grads become a preceptor? i.e. need to have 1 year of work experience etc.?

We would love to have new grads and early career dietitians contribute to precepting. There is a unique lens that a new grad can provide to a student, which is so valuable for learning. We currently do have new grads precepting, and plan to continue this. There is no defined minimum amount of work experience required from UBC or the College of Dietitians of BC. New graduates can become preceptors as soon as regulatory requirements permit. We are keen to hear what the learning needs are of new grad preceptors specifically, so that we can tailor preceptor support to this segment of our profession.