BYUNutrition, Dietetics, & Food Science

COLLEGE OF LIFE SCIENCES

Preceptor Handbook & Training Guide

2023-2024

Brigham Young University
Department of Nutrition, Dietetics and Food Science
Dietetic Internship

Thank You

For Your Willingness to Serve as a Preceptor for Interns in the

Brigham Young University Dietetic Internship

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BRIGHAM YOUNG UNIVERSITY DIETETIC INTERNSHIP MISSION AND GOALS

Preceptors are an integral part of helping the BYU Dietetic Internship achieve its mission and goals. The time you spend with interns prepares them to pass the Registration Examination for Dietitians, encourages continued education, models ethical values, and shapes future dietitians that will make meaningful contributions to the dietetics professions.

Mission

The mission of the Brigham Young University Dietetic Internship is to develop informed and productive citizens of the family, community, and nation who are prepared to make meaningful contributions to the dietetics profession.

Goals

Goal #1 – Program graduates will successfully complete the Registration Examination for Dietitian Nutritionist and excel in entry-level dietetics positions.

Goal #2 – Program graduates will pursue continuing education and personal and professional growth.

Goal #3 – Program graduates will develop ethical and moral values in personal and professional life.

| CENI | EDA | IC | | IED | |
|------------|-----|------|----|-----|-----|
| GEN | CKA | /F 2 | СП | ICU | ULE |

The next pages show the general schedule for BYU interns to help you get a feel for rotation areas

General Internship Rotation Schedule

The following shows a general schedule of one academic year for the interns. The interns are placed into three groups of three. All dates for rotations are subject to change.

Interns are to contact preceptors at least 2-weeks in advance of rotation to determine when and where to meet the first day

Fall Semester Rotations (Late Aug to Dec). Break week is for Thanksgiving.

| | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk |
|------------------------|--------------------|----|----------|--------|-----------|----|----|----------------|----------|----|-------|-------------------|-------|--------|--------|-------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Group 1 (3 interns) | | | Comm | nunity | Managemer | | | ent: Pen Court | | | Break | Pen C | ourt | Finals | | | |
| Group 2 (3 interns) | Management: Pen Co | | | urt | Community | | | | Clinical | | Break | Clini | cal | Finals | | | |
| Group 3 (3 interns) | | (| Communit | :y | | | | Clinical | | | Mana | agement: Scale | Large | Break | Manage | ement | Finals |

Fall semester -- Pen Court rotation days are Monday to Friday; all other rotation days are Tuesday to Friday. Week of Thanksgiving, no rotation for interns Nov 22-26.

Winter Semester Rotations (Jan to April).

| | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk | Wk |
|------------------------|----|----|------|---------|------------|------|----|-----------|----|----|----------|------------|-------|----|-----------|----|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Group 1 (3 interns) | | | M | anageme | nt: Pen Co | ourt | | | | | Clinical | | | | Leadershi | р | Finals |
| Group 2 (3 interns) | | | Cli | nical | | | | Leadershi | р | Ma | nagemen | t: Large S | Scale | | Communi | ty | Finals |
| Group 3 (3 interns) | | | Clin | nical | | | (| Communi | ty | Ma | ınagemen | t: Large S | Scale | | Leadershi | р | Finals |

Winter semester rotation days are Monday to Thursday. No rotations on Martin Luther King Holiday or President's Day Holiday.

INTERN PRIOR EXPERIENCE & TRAINING

Prior to coming to you, the interns have completed a bachelor's degree in dietetics. Depending on the timing of their rotation, they may have completed supervised practice in clinical, food service management, or community areas. The next pages give a brief overview of supervised practice and a summary of completed dietetics coursework.

Supervised Practice Overview

The BYU DI provides over 1,200 hours of supervised practice in various areas. Interns are placed in supervised practice to receive an educational experience as part of the dietetic internship; duties are performed as an intern, not as an employee of the supervised practice site. Interns are not used to replace employees.

Clinical (~400 hours)

The clinical experience occurs in two main segments. During the fall semester the intern completes the first hospital based clinical rotation. This experience includes medical, surgical, oncology, orthopedics, cardiac, diabetes, and nutrition support. The second clinical experience takes place in winter semester. In addition to strengthening skills gained in the first clinical rotation, the second experience may include pediatrics, burns, critical care, bone marrow transplant, renal, newborn intensive care, rehabilitation, and other advanced clinical topics.

Management (~400 hours)

The management experience occurs in two main segments. During a fall or winter semester the intern works in the Nutrition, Dietetics, and Food Science Food Production Management Lab (FPML). Each intern functions as the manager of a subsystem in the lab. Interns participate in menu planning, procurement, production, staffing, scheduling, marketing, monitoring costs, quality assurance, and productivity measures. Another management rotation takes place at a large facility in Provo, Salt Lake, or Ogden. During this segment interns are involved in administrative activities and management projects, participate in financial management, personnel selection, training, personnel management, and evaluation. The large scale management rotation may be in foodservice, clinical nutrition management, or other dietetics related management.

Community and Wellness (~140 hours)

The community experience exposes the intern to a variety of populations and agencies. Community rotations happen fall and winter semesters. Interns may experience any of the following: WIC, health department, child nutrition program, corporate/community wellness, correction facilities, or other community agencies or facilities.

Leadership and Professionalism (~50 hours)

Leadership and Professional activities provide opportunities to develop leadership potential and professional growth. Professional activities happen throughout the internship and include attendance at professional meetings, participating in public policy issues, conducting interviews, and visiting sites to connect food production to nutrition.

Graduate Project/Research (~130 hours)

Interns complete a graduate project with a faculty member on a variety of topics. The project includes a prospectus and final project written/oral report and is completed over the course of the program.

Undergraduate Dietetics Course Work Summary

The following outlines pertinent dietetics courses the interns had as undergraduates (in other words, what they should be familiar with and/or able to do as they come to you).

Food Production Management

- Principles of quantity production applied to meats, dairy products, baked goods, vegetables, soups, fresh produce.
- Types of foodservice systems and delivery/service.
- Recipe expansion and costing.
- Fourteen weeks (10 hrs/wk) lab experience in conventional foodservice operation, rotating through all production and service areas, equipment use.

Foodservice Systems

- Overview of systems theory and the foodservice system
- Detailed examination of functional subsystems: procurement, production, distribution/service, and sanitation/maintenance.
- Product selection, including value analysis and sensory analysis.
- Vendor selection and purchase specifications.
- The marketing channel and "value added" concept.

Management in Dietetics

- Group dynamics and work group formation.
- Principles of effective communication.
- Decision-making and tools used in decision-making.
- Planning, organizing, directing, & controlling functions of managers applied to dietetics.
- Principles of human resource management.
- Performance appraisal.
- Theories of management/leadership and motivation.

Community Nutrition

- Community resources
- Program planning and evaluation
- At-risk populations and special needs
- Cultural/ethnic food patterns
- National Health Objectives
- Group and individual counseling
- Legislative and political process

Medical Nutrition Therapy (I & II)

- Medical terminology
- Principles of and rationale for medical nutrition therapy in disease states
- Basics of nutrition support; supplements, enteral and parenteral nutrition
- · Basics of nutrition counseling

Essentials of Human Nutrition, Nutrient Metabolism, and Nutritional Biochemistry

• Normal nutrition, from basic to advanced nutrition biochemistry at the cellular level

Nutrition in the Lifecycle

• Nutritional needs in pregnancy, lactation, infancy, childhood, and the elderly

Nutrition Education and Counseling

- Establishing learning objectives, concepts, and lesson plans
- Utilization of a variety of teaching methods
- Behavior change theories and application
- Support of learning through visual aids

Research Methods in Dietetics

- Types of research and their appropriate use
- Resources for research and reports
- Proposal preparation
- Interpretation and evaluation of research reports in the literature

Advanced Dietetics Practice

- Hypermetabolism and nutritional assessment in critical care
- Nutrition support in various disease states
- HIV AIDS, thermal injury, high risk pregnancy, pediatric diseases, inborn errors of metabolism
- Budgeting, cost/benefit analysis
- Menu engineering, pricing
- Food and Nutrition service department set-up

Nutrition Assessment Lab

Skills and techniques in the following:

- Anthropometry—skin folds, adult and infant height and weight, head circumference, growth charts
- Biochemical assessment—blood glucose, hemoglobin, hematocrit, lipid profiles, and urine analysis
- Indirect calorimetry
- Functional assessment and nutrition-focused physical assessment
- Vital signs, including blood pressure

In addition to the courses taken prior to the internship, interns enroll in four graduate courses between August and April of the first year in the program:

| • | NDFS 621 | Clinical Practice in Dietetics |
|---|----------|---|
| • | NDFS 622 | Food Service Management Practice in Dietetics |
| • | NDFS 636 | Managing a Dietetics Career |
| • | NDFS 637 | Advanced Management in Dietetics |
| • | NDFS 638 | Advanced Clinical Nutrition |

PRECEPTOR GUIDELINES

This section incudes overall tips for being an effective preceptor as well as specific guidelines for the following rotations: Clinical I, Clinical II, Community, and Largescale Management.

Overall Tips for Preceptors

Orientation

Provide a clear orientation on the first day of the rotation. Some items to include in orientation:

- Establish ground rules
- Define expectations
- Explain work norms at your facility
- Explain what is expected of intern
- Identify the role or importance of your work in the organization show enthusiasm
- Solicit information have interns:
 - List and explain previous experiences
 - Describe their experiences
 - o Describe how their goals mesh with the rotation goals

Experiential Learning Model

Students are taught knowledge and reasoning skills in school, but the supervised practice setting is where interns begin to apply their knowledge. Preceptors become teachers in an applied work setting. A possible method to aid in teaching interns is following the Experiential Learning Model as outlined below.

Experiences alone do not lead to learning. Experiences lead to learning when the intern understands the tasks, sees patterns of observation, can generalize from those observations, and understands how to use those observations and generalizations in future situations. The Experiential Learning Model consists of five steps:

- 1. Experience
- 2. Share
- 3. Process
- 4. Generalize
- 5. Apply

Experience. The intern experiences the activity – perform or do something. The preceptor may need to demonstrate the activity or experience first. For example in a clinical rotation, a preceptor may need to demonstrate how to find items in the electronic medical record. Examples: the intern completes a nutrition assessment; the intern creates a staff schedule; the intern reviews a menu plan

Share. The intern shares the experience by describing what happened. They tell what they did, saw, felt, etc. The interns may describe what was difficult or what was easy. Examples: the intern meets with the preceptor to discuss what she or he did.

Process. The intern processes the experience to determine what was most important and identify common themes. Examples: the intern and preceptor debrief the experience. The preceptor provides specific feedback, hints, or shortcuts. The preceptor may quiz the intern. The intern corrects any errors made based on feedback. The intern thinks about the process or procedure used to complete the activity.

Generalize. The intern generalizes from the experience and relates it to their work. The intern focuses on what was learned from the experience. Example: the intern connects what they learned in undergraduate courses with completed the experience.

Apply. The intern thinks about how to apply what they learned from the experience to future tasks. Examples: The intern learns a quick way to view medications in the medical record; the intern learns to double check the schedule for overtime hours; the intern learns to check menus against regulatory standards.

Scheduling

The key word to remember in scheduling is flexibility. Develop a "skeleton schedule" that directs the intern's time, but feel free to alter it as unique opportunities arise. The intern's week and even days, can be split between types of activity if something noteworthy occurs.

Recognizing and Reducing Bias

Our program is committed to providing a safe environment for interns, preceptors, clients, patients, families, and the public. Supporting diversity and inclusion efforts is a focus of the Academy of Nutrition and Dietetics, Brigham Young University, and our dietetics program. Unconscious bias happens when we say things or make decisions based on the characteristics of others, without realizing or intending to do so. Unconscious bias training helps us be aware that unconscious bias exists and encourages us to take steps to reduce bias and the effects bias can have on others.

Here is a list of Free training to help you address your personal unconscious bias, develop self-awareness, and help you see and mitigate bias

UCLA Office of Equity, Diversity, and Inclusion: Implicit Bias Video Series

- Lesson 1: Schemas
- Lesson 2: Attitudes and Stereotypes
- Lesson 3: Real World Consequences
- Lesson 4: Explicit vs Implicit Bias
- Lesson 5: The Implicit Association Test
- Lesson 6: Countermeasures

Stanford University: VMware Women's Leadership Innovation Lab

Guidelines for seeing and blocking bias in evaluations

- See Bias: Assessing Performance and Potential
- Block Bias: Assessing Performance and Potential

Right to Be

Offers free online live trainings. Different subjects each month

Microsoft Inclusion Journey

- Introduction to Bias
- Introduction to Covering
- Introduction to Allyship
- Introduction to Privilege

University of North Carolina Institute of Museum and Library Services: Project READY

- Section 1: Foundations
- Section 2: Transforming Practice
- Section 3: Continuing the Journey

Harvard Implicit Association Test (IAT)

Computer based test to examine your personal unconscious bias in a variety of areas

- Sexuality IAT
- Transgender IAT
- Weight IAT (great for dietitians to assess)
- Gender-Science IAT
- Weapons IAT
- Native IAT
- Gender Career IAT
- Skin-tone IAT
- Religion IAT
- Age IAT
- Race IAT
- Arab-Muslim IAT
- Disability IAT
- Asian IAT

Evaluations

Evaluation of Interns by Preceptors. A very important part of the intern's learning comes from thoughtful and honest evaluations. Provide informal feedback throughout the rotation and complete a formal evaluation at the end of the rotation. You can access evaluation forms in the "Evaluation Section" of this handbook and <u>online</u> (full URL if needed https://ndfs.byu.edu/dietetics/preceptor-information) under the "Preceptor Information" tile. Interns will provide preceptors with the evaluation form prior to the evaluation. BYU faculty may ask to be present for the evaluations.

Listed below are some tips for evaluation

- Feedback should be an ongoing process during the rotation to help interns modify their skills and behavior.
- Evaluation is part of the learning process and can help build confidence.
- Midterm evaluations provide information on how to improve and what to keep doing.
- Final evaluations, at the end of the rotation, tell interns how to strengthen or modify their skills in the future. Corrected behavior does not need to be brought up in the final evaluation.
- The results of the evaluation at the end of the rotation should NEVER come as a complete surprise.
- Evaluations are helpful for the preceptor. They provide feedback about what you do that makes the learning experience beneficial for the interns and what could make it better.

Evaluation of Preceptor and Facility by Interns. Interns will evaluate their experience at rotation sites. These evaluations will be sent to preceptors at the end of each semester. A copy of the "Site Evaluation" is in the "Evaluation Section" of this handbook.

Obtaining CEUs for Being a Preceptor

Preceptors can receive CPEUs for working with students/interns. The activity category is 190: Professional Leadership and Precepting.

Number of CPEUs

You may record 3 CPEUs per year for the precepting and/or leadership activity type on your Activity Log. The maximum amount in a five year cycle is 15 CPEUs. The number of CPEUs awarded is based on the contact hours with students/interns.

| 1-25 Contact Hours | 1 CPEU |
|------------------------------|---------|
| 26-50 Contact Hours | 2 CPEUs |
| 51 and greater Contact Hours | 3 CPEUs |

Confirmation of Hours

To obtain preceptor CPEUs you will need to complete and retain the "Preceptor Confirmation and Self-Reflection Form." The form must be signed and dated by the Dietetic Internship Program director and is used as your certificate of completion.

If you are interested in obtaining CPEUs for precepting, please contact Pauline Williams the BYU Dietetic Internship Director at pauline_williams@byu.edu or 801-422-4876 to obtain forms and certificate of completion.

Online Dietetic Preceptor Training Program and CPEUs

The Commission on Dietetic Registration (CDR) offers a FREE Online Dietetics Preceptor Training. The modules are FREE and good for a total of eight (8) CPEUs. You can access the course through the <u>ACEND Training and volunteer Opportunities website</u> (long URL if needed

https://www.eatrightpro.org/acend/training-and-volunteer-opportunities/dietetics-preceptor-training-program). The training is available in 7 modules.

- 1. Preparing for the Role as Preceptor
- 2. Planning for Student Learning
- 3. Facilitating Student Learning
- 4. Assessing Student Learning
- 5. Communicating Effectively
- 6. Managing Time
- 7. Keeping Current

Clinical I Rotation Guidelines

Clinical I Overview

Purpose: The purpose of the clinical rotation is for the interns to gain experience in and exposure to the various areas of nutrition care in a hospital. It is NOT expected that the interns will gain entry-level competence or do staff relief during this rotation. At the conclusion they should be able to perform all aspect of the nutrition care process, experience a variety of care areas, disease, and conditions, follow facility protocols, policies, and procedures, and chart.

Tips for Clinical I Preceptor

In preparation for working with the interns, consider the following questions and be ready to discuss (and show) the answers with/to the interns.

- What are my primary responsibilities?
- What skills are most important for me to carry out my responsibilities?
- How do I "keep up" with my area of responsibility, how do I learn about new developments, methods, products, etc.?
- What are the key interactions I have outside the department?
- How do I communicate with the patient care team, dietitians, technicians, or managers?
- How do I prioritize my activities each day?
- What resources do I use (people, texts, media, etc.) when I need help in completing a task?
- What "tricks of the trade" do I use to help me accomplish various aspects of my job?
- How can I model various activities such as assessments, diet instructions, charting, physician interaction, etc. so the intern can perform the activity?

Clinical I Activities

Interns have a list of items they should do, observe, or participate in during the rotation. Each of these activities prepares the intern for competencies needed for an entry-level dietitian. The table below shows the activity list interns are given. The list will help guide you as a preceptor and teacher to assure interns develop needed competencies. As a preceptor you are not limited to activities/experiences in the table, please use your clinical skills and judgement in working with the intern. As competency develops, increase the intern's workload and assign tasks that are more complex.

Clinical I Evaluations

- Provide ongoing formative evaluation through the rotation.
 - Ongoing feedback is important for interns to understand what they are doing well and what they need to improve.
 - Interns should have an opportunity to make improvements throughout the rotation according to feedback.
- Complete a **formal final evaluation form** after the "main" rotation (i.e. the area where the intern spends the most time) if the intern moves from RDN to RDN. If the intern stays with one RDN do the final evaluation at the end of the rotation. Review the evaluation with the intern.
 - Nothing should come as a surprise on the final evaluation if ongoing evaluations are completed.
 - o The clinical evaluation form is found in the evaluation section of this handbook
 - Interns should provide preceptors with a copy of the evaluation form.
 - Both the intern and preceptor should sign the evaluation.

Clinical I Onsite Application Activities

| Onsite Application Activity done at supervised practice site | CRDN competency | Preceptor Initial |
|---|--|----------------------|
| Day to Day Patient Care | | |
| Follow all organizational policies and procedures. Review and follow facility protocols for patient assessment (i.e. timing of screen, assessment, etc.) | 1.2, 2.1, 3.1 | |
| Follow HIPPA guidelines and perform according to the Academy Code of Ethics | 2.1 | |
| Use electronic health records and other information technologies to obtain data for the nutrition care process and document nutrition care | 4.4 | |
| Complete the nutrition care process and clinical workflow (assessment, diagnosis, intervention, monitoring and evaluation) for a variety of diseases and ages | 3.1 | |
| Collect and use appropriate data to assess patient's nutrition status (i.e. lab values, nutrition focused physical assessment, anthropometrics, clinical status/disease/condition, medications, food and nutrition intake, client history); Conduct nutrition focused physical exams. | 3.1, 3.2 | |
| Determine nutrient needs (calorie, protein, etc.) for patients/clients. Make appropriate adjustments for specific populations (e.g. disease states, intellectual/developmental disabilities, transgender and gender diverse clients, amputations, etc.) | 1.5, 3.1 | |
| Determine nutrition problem from assessment and document in PES format | 1.5, 3.1 | |
| Analyze and recommend interventions (e.g., education, nutrition support, therapeutic diet, referral, vitamin/mineral supplementation, bowel regimens, carb:insulin ratios, etc.) Implement intervention based on patient assessment and problem | 1.5, 3.1, 3.3, 4.10 | |
| Use effective education and counseling skills, including culturally sensitive strategies. Discuss facility practice for clients with disabilities and cultural differences (e.g., speak language other than English, hard of hearing, visually impaired, developmental disabilities, etc.) | 2.11, 2.12, 3.7, 3.8, 3.10, 3.12 | |
| Instruct patients/clients with diabetes on medical nutrition therapy, self-monitor for medication and carbohydrate intake. | 3.4, 3.8, 3.10 | |
| Evaluate menus/diet used at facility and utilize specialized therapeutic diets correctly in nutrition interventions. Ideas for evaluation include: | 1.1, 1.5, 2.12, 3.1, 3.14 | |

| Onsite Application Activity done at supervised practice site | CRDN competency | Preceptor Initial |
|---|------------------------------|--|
| Interview residents regarding satisfaction with meals, understanding of therapeutic diets, and cultural appropriateness | | |
| Discuss menus with preceptor or other staff. Ask how menus are reviewed, who makes decisions regarding menus, how input obtained, how often menus are changed, what considerations must be made in designing menus. | | |
| Coordinate nutrition care with diet techs or other support personnel (e.g., ordering special diets, supplements, completing screening, etc.) | 2.5, 2.10 | |
| Interact appropriately with residents/patients/caregivers. The interaction may include any of the following: nutrition education (individual or class), discussion of food/nutrition needs (e.g., patient meals, allergies, likes, etc.), interview for part of nutrition screen or assessment, or other as appropriate. | 2.10, 2.11, 3.7, 3.12 | |
| Familiarize yourself with the roles, responsibilities and relationship of dietitians with other healthcare professionals (e.g., physician, nurse, pharmacist, social worker, speech pathologist, physical therapist, etc.). Refer clients/patients to other professionals as appropriate. | 2.4, 2.6 | |
| Observe a swallow screen (speech therapist, nurse, dietitian, or other) or evaluation (speech therapist). | 3.6 | |
| Contribute to teams and communicate with a variety of professionals (e.g. team meetings, rounds, discussions), advocate and negotiate for dietitian services | 2.3, 2.8, 2.10, 2.11, 5.4 | |
| Monitor and evaluate nutrition outcomes in patient follow-up (labs, anthropometrics, understanding of education, tolerance to TF, etc.) | 1.5, 3.1, 4.3 | |
| Document patient care, monitoring, and evaluation using facility protocol and information technologies. | 2.2, 3.1, 3.7, 4.4 | |
| Identify a patient for a clinical case study. Collect needed information to complete written and oral case study. | See case study | |
| Other activities identified/requested by preceptor. List below and identify the competency area to the right. | | |
| Hours and Activity Reports | | <u>, </u> |
| To practice monitoring and analyzing productivity, keep an hour and activity report for each week of the clinical rotation using the report form in the learning management system. Have the preceptor review the hours. At the end of the rotation, submit the report. Preceptor's initials here indicate hours on report are correct. | 1.3, 4.5 | |

Clinical II Rotation Guidelines

Clinical II Overview

Purpose: The purpose of the clinical rotation is for the intern(s) to gain experience in and exposure to the various areas of nutrition care in the medical center, and to build speed and judgment to the point of effective staff relief. At the conclusion interns should be able to perform all aspects of the nutrition care process, provide nutrition care for a variety of diseases and condition, ages, and genders, work with interprofessional teams, review and participate in quality assurance projects, reflect on billing and coding, and act as a professional in a real-world healthcare setting.

Clinical II Sample Schedule

Provide a schedule for the intern(s) that include who they will work with each day, what time they should expect to come and go, and what area they will work in. A sample schedule for the six weeks is shown below. This is a sample only, please use a schedule that fits your facility.

| Week | Area |
|--------|--|
| 110011 | Alter the schedule as facilities needs direct |
| 1 | Orientation to your position and responsibilities. Walk them through a typical day, and some of the "critical control points" you check on at various points in the day. |
| | Overview of policy and procedures |
| | One day with Diet Techs |
| 2 | Clinical floor or area |
| 3 | Clinical floor or area |
| | Visit or observe other disciplines |
| 4 | Visit specialty area such as nutrition support, outpatient, NICU, etc. if not already seen |
| | Visit or observe other disciplines |
| 5 | Start staff relief |
| | Visit outpatient or other clinical specialties if not already seen, |
| 6 | Clinical staff relief |
| | Case Study |
| | Complete Final Evaluation |

Tips for Clinical Preceptor

In preparation for working with the interns, consider the following questions and be ready to discuss (and show) the answers with/to the interns.

- What are my primary responsibilities?
- What skills are most important for me to carry out my responsibilities?
- How do I "keep up" with my area of responsibility, how do I learn about new developments, methods, products, etc.?
- What are the key interactions I have outside the department?
- How do I communicate with other members of the patient care team, with the other dietitians and technicians, with foodservice managers?
- How do I prioritize my activities each day?

- What resources do I use (people, texts, media, etc.) when I need help in completing a task?
- What "tricks of the trade" do I use to help me accomplish various aspects of my job?

As opportunities arise, model various activities you perform, such as assessments, diet instructions, charting, physician interaction, etc. Then, allow the intern to perform the same activities under your supervision. As competency develops, increased the intern's workload and add tasks that are more complex assigned.

Clinical II Activities

Interns have a list of items they should do, observe, or participate in during the rotation. Each of these activities prepares the intern for competencies needed for an entry-level dietitian. The table below shows the activity list interns are given. The list will help guide you as a preceptor and teacher to assure interns develop needed competencies. As a preceptor you are not limited to activities/experiences in the table, please use your clinical skills and judgement in working with the intern.

Clinical II Evaluations

- Provide ongoing formative evaluation through the rotation.
 - Ongoing feedback is important for interns to understand what they are doing well and what they need to improve.
 - Interns should have an opportunity to make improvements throughout the rotation according to feedback.
- Complete a **formal final evaluation form** and review with the intern.
 - Nothing should come as a surprise on the final evaluation if ongoing evaluations are completed.
- The clinical evaluation forms are found in the evaluation section of this handbook
 - o Interns should provide preceptors with a copy of the evaluation form.
 - o Both the intern and preceptor should sign the evaluation.

Clinical II Application complete during rotation

| Onsite Application Activity | CRD competency | Preceptor Initial | | | | |
|---|-------------------------|----------------------|--|--|--|--|
| Day to Day Patient Care | | | | | | |
| Follow all organizational policies and procedures. Review or discuss with preceptor any regulations, statues, or rules to which the facility must comply (i.e. Joint Commission, CMS, etc.) Discuss any current legislative, regulatory, or policy issues that affects nutrition care or may in the future | 2.1, 2.13, 4.10 | | | | | |
| Follow HIPPA guidelines and perform according to the Academy Code of Ethics | 2.1, 4.10 | | | | | |
| Review and follow facility protocols for patient assessment (i.e. timing of screen, assessment standards, etc.) | 1.2, 3.1 | | | | | |
| Use electronic health records and other information technologies to obtain data for the nutrition care process and document nutrition care | 4.4 | | | | | |
| Collect and use appropriate data to assess patient's nutrition status (i.e. lab values, nutrition focused physical assessment, anthropometrics, clinical status/disease/condition, medications, food and nutrition intake, client history). Conduct nutrition focused physical exams. | 3.1, 3.2 | | | | | |
| Determine nutrient needs (calorie, protein, etc.) for patients/clients; Use correct equations and comparative standards for specific disease/condition | 1.5, 3.1 | | | | | |
| Determine nutrition problem from assessment and document in PES format; Assess malnutrition risk using evidenced based guidelines. | 1.5, 3.1 | | | | | |
| Apply evidenced based guidelines in education, counseling, nutrition support, and other nutrition interventions. (i.e. use the Academy Evidenced based library, Facility specific guidelines, ASPEN guidelines, etc.) | 1.2, 1.5, 3.12, 4.10 | | | | | |
| Analyze and recommend interventions (e.g., education, nutrition support, therapeutic diet, referral, vitamin/mineral supplementation, bowel regimens, carb:insulin ratios, etc.) Implement intervention based on patient assessment and problem. | 1.5, 3.1, 3.3, 4.10 | | | | | |
| Review facility formulary (tube feed products); make appropriate enteral recommendations for patients | 1.5, 3.1, 4.10 | | | | | |

| Onsite Application Activity | CRD | Preceptor |
|--|---|-----------|
| | competency | Initial |
| Make appropriate parenteral recommendations for patients working within the parameters of the hospital (i.e. nutrition support teams) | 1.5, 3.1, 4.10 | |
| Observe the placement of a nasoenteric feeding tube. Placement may be done by a dietitian, nurse, or other qualified health professional. | 3.1, 3.5, 5.6 | |
| Review special/therapeutic menus/diet used at facility and utilize therapeutic diets correctly in nutrition interventions. | 1.5, 3.1, 3.14, 4.10 | |
| Determine the number of modified/specialty menus. Discuss menu alterations for different cultures (e.g. kosher, halal, etc.) | 2.11, 2.12, 3.14 | |
| Work collaboratively with diet techs or other support personnel (i.e. ordering special diets, supplements, completing screening, etc.) according to facility guidelines and policies | 2.4, 2.5, 5.6 | |
| Interact appropriately with patients/caregivers this could be an interview for part of nutrition screen or assessment, education or counseling or other as appropriate. | 2.11, 2.12, 3.7, 3.12 | |
| Provide counseling and education for patients, clients, and as needed their families/caregivers using appropriate counseling techniques. (Can be individual or group) | 1.5, 2.11, 2.12, 3.10, 3.12 | |
| Instruct patients/clients with diabetes on medical nutrition therapy, self-monitor for medication and carbohydrate intake. | 3.4, 3.8, 3.10 | |
| Review current educational materials (handouts, poster, displays, etc.) provided for patients or staff education. Per preceptor need/request, update current materials or develop new materials (optional). | (2.2, 3.9, 3.11) | |
| Participate in interprofessional team meetings, rounds, discussions, or other activities. Demonstrate appropriate interaction and negotiation skills when working with other healthcare professionals. Advocate and negotiate for yourself and dietitians. | 2.3, 2.4, 2.6, 2.7, 2.8, 2.11, 5.5, 5.6 | |
| Observe a swallow screen (speech therapist, nurse, dietitian, or other) or evaluation (speech therapist). Conduct a screen if facility allows. | 3.6 | |
| Discuss referral process at facility with preceptor (i.e. referral to SLP, PT, OT, SW, etc.) Provide and document referrals as appropriate. Determine need for post discharge support services (i.e. home health, long-term care.) | 1.5, 2.4, 2.6, 3.1, 5.6 | |

| Onsite Application Activity | CRD competency | Preceptor Initial |
|---|----------------------|----------------------|
| Identify measurable outcomes resulting from nutrition interventions and monitor and evaluate these outcomes in patient follow-up (labs, anthropometrics, understanding of education, tolerance to TF, etc.) | 1.5, 3.1 | |
| Document patient care, monitoring, and evaluation using facility protocol and information technologies | 2.2 3.1, 3.7, 4.4 | |
| Participate in any dietitian billing and coding activities. Learn about the billing and coding process of the facility. Some ideas include: • Interview someone in the billing department • Discuss billing/coding with preceptor or clinical nutrition manager Questions to ask: How are nutrition services paid for? Are nutrition services part of a bundled charge or billed separately? Are tube feedings charged differently than regular meals? What type of insurance do most residents/patients have? Does the facility offer charity care? | 2.13, 4.9 | |
| Advocate for opportunities to advance skills (i.e. ask for more responsibility, ask to see a swallow study, etc.) | 2.10, 5.4 | |
| Other activities identified/requested by preceptor. List below and identify the competency area to the right. | | |
| Questions and Discussions with Preceptor and/or Clinical Nutrition Manag | er | |
| Learn about "privileging" for dietitian at the facility. Example can the RDN order oral supplements or specialized diets, can the RDN order labs, can the RDN place tube feeds, can the RDN do a swallowing screen, how are services justified, etc. | 1.3, 2.1, 2.13 | |
| Determine how clinical dietitian workload is distributed. How is productivity measured? How is the resource of RDN time used effectively? | 1.3 | |
| Identify how the clinical nutrition department assesses quality. Are there formal quality assessment/improvement projects? How do dietitians show competency? What areas is the department working to improve? | 1.1, 1.3, 1.5 | |
| Discuss the value of precepting. Ask why they precept dietetic students, what value they find in precepting, what makes a good preceptor, etc. | 5.8 | |
| Discuss what the organization is doing to address and decrease incidences of bias. | 2.10, 2.11, 2.12 | |

| Onsite Application Activity | CRD | Preceptor Initial |
|--|---|----------------------|
| Discuss how to deal with conflict. What tools does the preceptor use? How does the preceptor approach situations that may have conflict? How do they negotiate a desirable result for all involved? | 2.8, 2.10, 5.5 | IIItiai |
| Discuss with preceptor how they stay current in the field and/or specialty area. Ask how they use the Commission on Dietetic Registration (CDR) professional portfolio to set goals and maintain CE credits. | 5.3 | |
| Case Study and Staff Relief | | |
| Complete and present a case study at the facility to dietitians and others as appropriate. Have all professionals present evaluate the case study presentation using the oral presentation form found in the Learning Management System. Intern must provide presentation evaluation forms to audience. Note you will use this same case for NDFS 638. Indicate date case study presented: Indicate case study topic: | 1.2, 1.3, 1.5, 3.1, 3.7, 3.8, 4.4, 4.10 | |
| Complete a staff relief (functioning as the dietitian) for 2 or more days during your clinical rotation. | All above competencies | |
| Hours, Activity Reports, and Analysis | | 1 |
| | CRDN competency | |
| To practice monitoring and analyzing productivity, keep an hour and activity report for each week of the clinical rotation using the report form in the learning management system. Have the preceptor review the hours. At the end of the rotation, submit the report. Preceptor's initials here indicate hours on report are correct. | 1.3, 4.5 | |
| At the end of the rotation review the productivity data in the report and write a brief analysis of the productivity data and justification of RDN services based on data. | | |

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Largescale Management Rotation Guidelines

Largescale Management Overview

Purpose: The largescale management rotation provides an opportunity for interns to explore the complexity of management and leadership in a largescale environment. At the end of the rotation interns should be able to apply management and leadership skills, use data and information to make decisions, design and present information to target audiences, evaluate and market products and services, and complete a project.

Tips for Largescale Management Preceptor

- Begin with an orientation to your position and responsibilities. Orientation ideas include
 - Walk them through a typical day, and some of the "critical control points" you check on at various points in the day.
 - Share some of the reports you generate and explain the purpose of the reports.
- Discuss some of the **personnel issues you deal with**, how you inspire good performance from your employees, and how you carry out evaluations.
- Share some of the **on-going problems you deal with** and some of the solutions you have implemented.
- If the intern will work with one of your employees, please **prepare the employee by reviewing the purpose of that rotation** and encouraging the employee to let the intern "jump right in" after an explanation and demonstration of what to do.

In preparation for working with the interns, you might want to think through the following questions and be ready to discuss (and show) the answers with/to them:

- What are my primary responsibilities?
- What skills are most important for me to carry out my responsibilities?
- How does my work contribute to the desired outcomes of the department?
- Who reports to me and to whom do I report? How do those interactions take place?
- What do I look for when hiring employees, and how do I handle the interview?
- What type of training do I give to the employees in my stewardship?
- How do I handle discipline issues with my employees?
- How do I "keep up" with my area of responsibility, how do I learn about new developments, methods, products, etc.?
- What are the key interactions I have outside of the department?
- What laws, regulations, codes, etc., are important in my work?

Largescale Management Activities

Interns have a list of items they should do, observe, or participate in during the rotation. Each of these activities prepares the intern for competencies needed for an entry-level dietitian. The table below shows the activity list interns are given. The list will help guide you as a preceptor and teacher to assure interns develop needed competencies. As a preceptor you are not limited to activities/experiences in the table, please use your skills and judgement in working with the intern.

Largescale Management Evaluations

- Provide ongoing formative evaluation through the rotation.
 - Ongoing feedback is important for interns to understand what they are doing well and what they need to improve.
 - o Interns should have an opportunity to make improvements throughout the rotation according to feedback.
- Complete a **formal final evaluation form** and review with the intern.
 - Nothing should come as a surprise on the final evaluation if ongoing evaluations are completed.
- The final management evaluation form is found in the evaluation section of this handbook
 - o Interns should provide preceptors with a copy of the evaluation form.
 - o Both the intern and preceptor should sign the evaluation.

Largescale Management Onsite Application Activities

| Onsite Application Activity | CRD competency | Preceptor Initial |
|---|----------------------------------|----------------------|
| Day to Day Activities | • | |
| The Organization | | |
| Examine the organizational chart of the department. Determine how the department fits into the organization as a whole and how the department is organized. | 2.4 | |
| Become familiar with job descriptions in the department. Learn how the department uses job descriptions in hiring, training, and professional development. Update or write a job description if needed. | 4.1 | |
| Interact with other professionals in the organization (e.g., finance/accounting, administration, engineering, materials management, nursing, human resources, risk management, quality management, etc.). Advocate for nutrition and dietetic services. | 2.3, 2.4, 2.7, 2.8, 2.10, 5.4 | |
| Participate in client/customer service activities (e.g., speaking with customers, analyzing customer surveys, observing interactions of staff with customers). | 3.7 | |
| Professionalism and Communication | | |
| Follow and comply with regulations, guidelines, and best practices. | 2.1 | |
| Express gratitude and thanks to team members (can be a written/typed thank you or verbal expression). | 5.6, 5.8 | |
| Actively listen, ask questions, and use communication skills to diminish and resolve conflict | 2.10, 5.5 | |
| Clearly communicate progress of projects and tasks with preceptor. Ask for more responsibility as appropriate. | 2.10, 5.4 | |
| Human Resources | | |
| Participate in the hiring process if possible (e.g., job posting, interview, selection, onboarding, etc.). Review policies related to job posting, interviews, onboarding, probation periods, etc. | 2.7, 2.8, 2.10, 4.1 | |

| Onsite Application Activity | CRD | Preceptor |
|---|-----------------|-----------|
| | competency | Initial |
| Present an in-service, orientation, or other training. Two interns may present the training together if at the same site. Review policies related to orientation and training. | 1.5, 2.1, 2.11, | |
| · | 3.8, 3.9, 4.1 | |
| Ideas for in-service: | | |
| Effective communication | | |
| Teamwork The annual content of the content of | | |
| Time management Comman distance distance | | |
| Common diets and modifications Approximation representations | | |
| Accreditation preparations | | |
| HACCP Tube feeding formulas | | |
| Tube feeding formulas Carbohydrate counting and label reading | | |
| Carbohydrate counting and label reading New department procedures (e.g., calorie counts, allergy tags, emergency procedures) | | |
| Safety and/or sanitation review | | |
| Portion control | | |
| Department quality initiatives | | |
| Any topic your preceptor needs | | |
| Learn how/if the department tracks and uses absenteeism, turnover rate, and/or productivity data. | 1.1, 4.1, 4.3, | |
| Is there a concern in the department with turnover? Why? | 4.4, 4.5 | |
| What is the estimated cost of hiring and training a new employee? | 4.4, 4.5 | |
| Discuss any employee incentive programs and strategies to motivate excellence, commitment, ingenuity, etc. | 2.7, 4.1, 4.10 | |
| | 2.7, 4.1, 4.10 | |
| with preceptor. Things to ask: | | |
| What strategies are used to equip employees to drive success? | | |
| Is there an employee incentive program? | | |
| Is the program effective in retaining and promoting employees? | | |
| Assist in development of staff schedule. Review any scheduling policies and procedures. | 1.5, 4.1 | |
| Participate in the performance appraisal/review system. If unable to participate, discuss the system with your | 2.8, 4.1 | |
| preceptor. Review policies related to performance review. | | |
| Financial Control | | |
| Review current budget and budget planning process at facility. Review policies related to budgetary processes. | 1.5, 4.5, 4.7, | |
| Some questions to ask: | 4.10 | |
| What are the current issues regarding budget? | | |

| Onsite Application Activity | CRD | Preceptor |
|---|-----------------|-----------|
| | competency | Initial |
| What is the budget cycle? (calendar year or fiscal year) | | |
| How are FTEs calculated and allocated? | | |
| What are policies related to employee consumption of food? Leftovers? (foodservice only) | | |
| What controls are in place to reduce theft? | | |
| What major plans does the facility have for the next year, 5 years, and 10 years? How will these affect the budget? | | |
| Analyze financial data and make a plan based on analysis. Some ideas of things to analyze/calculate: | 1.3, 1.5, 2.8, | |
| General Management | 4.4, 4.5, 4.7 | |
| Selling price of products (e.g., menu items) or services (e.g., client visits) | | |
| Inventory turnover | | |
| New equipment | | |
| New or converted space | | |
| New product or service (i.e. salad bar, cooking classes, client workshops) | | |
| Foodservice-Specific (food service only) | | |
| Labor cost per meal | | |
| Food item cost | | |
| Food cost percentage | | |
| Menu item and cost percentage | | |
| Cook from scratch vs purchased prepared cost | | |
| Supply Chain, Procurement, Receiving and Storage | | |
| Participate in the procurement process at the facility. Things to ask/learn: | 3.13, 4.1, 4.5, | |
| What types of products are ordered for the department? (e.g. food, paper goods, paper, toner, etc.) | 4.7 | |
| Is there independent, central, or group purchasing? How often are purchase orders completed? | | |
| Are there informatics technologies that forecast ordering? | | |
| How is food/product forecasting done? (foodservice or clinical with formulary only) | | |
| What is done to reduce waste? What is done with leftover food? (foodservice only) | | |
| Assist/observe in receiving (e.g., are orders signed, checked, by one person or more?); analyze for inventory | 3.13, 4.2, 4.4, | |
| control | 4.10 | |
| Observe/review storage and issuing process (e.g., how do employees get food, pens, tape, etc.); analyze for | 3.13, 4.2, 4.4, | |
| inventory control | 4.5, 4.10 | |

| Onsite Application Activity | CRD competency | Preceptor Initial |
|--|--|----------------------|
| Quality Assurance and Improvement (QA/QI) | Competency | - Interest |
| Review the department's QA/QI methods and monitors. | 1.1, 1.3, 4.3, | |
| Determine who performs the QA/QI monitors and how data is shared | 4.5, 4.10 | |
| Participate in QA/QI monitoring or projects. (e.g., analyze quality data and make a plan.) Some ideas of things to analyze and interpret: • Food temperatures • Taste testing • Food waste studies • Client/Customer satisfaction • On-time reports (e.g. client/customer wait times for appointments or services) • Customer traffic patterns • Equipment maintenance • Employee hand washing • Charting accuracy and completeness • Work area design/flow • Cleaning schedule compliance • Inventory rotation (FIFO) • Compliance with assessment timeframes • Billing/coding accuracy • Employee knowledge of safety (fire extinguishers, eye-wash, burns, ergonomics, etc.) | 1.1, 1.3, 1.4, 1.5, 4.3, 4.5, 4.10 | |
| Any quality measure the department already does | | |
| Foodservice Systems and/or Other Services | | |
| Become familiar with the foodservice system at the facility (as appropriate to facility organization, not all management rotations will be directly connected to foodservice). Some questions to think through/ask: What type of system is used? Are there different systems for different operations within the facility? Why was this type of system chosen? Are there plans to change the system? | 3.13, 4.2 | |

| Onsite Application Activity | CRD | Preceptor |
|---|-----------------|-----------|
| | competency | Initial |
| Become familiar with services offered (e.g., client visits, classes, trainings, catering, client/patient facing services, | 3.13, 4.7 | |
| or employee services). Some questions to think through/ask: | | |
| What services are offered? | | |
| How do you determine if new or different services should be offered? | | |
| Are there any plans to offered new or updated services? | | |
| Evaluate environmental and sustainability practice and issues impacting the operation. Things to discuss or | 4.6 | |
| experience: | | |
| Water usage (i.e., does the dish machine recycle water) | | |
| Disposables vs china dishware (foodservice only) | | |
| Biodegradable disposables (foodservice only) | | |
| The use of reusable mugs (foodservice only) | | |
| Composting (foodservice only) | | |
| Cleaning supplies and chemicals | | |
| Solid waste management | | |
| Recycling | | |
| Energy use (i.e. is equipment energy efficient, lights automatically turn off, heating/cooling) | | |
| Work from home policies as a promotion of less use of fossil fuels | | |
| Evaluate products and services and how they promote health and wellness. Some ideas: | 3.11, 3.14, 4.4 | |
| Analyze modified/specialty menus for nutrient content or review previously conducted analysis | | |
| Review menus used for outside customers (i.e. cafeteria or catering in a hospital OR catering special events at other large facilities) | | |
| Analyze marketing and curriculum materials for client/customer education (e.g., classes, trainings, patient visits | | |
| Review employee health and wellness programs and offerings and how dietitians are involved | | |
| Participate in new item or services evaluation (e.g., new recipes, products, class, or visit type such as telehealth), consider feasibility of product or service along with financial, clinical, and cultural implications | 2.11, 2.12, 4.7 | |
| Become familiar with pricing strategies for menus or services (e.g., cost per minute, menu pricing, etc.) | 4.5, 4.7 | |
| Observe/participate in the distribution products or services to patients/clients/customers and analyze how | 3.13 | |
| coordination promotes good use of resources (e.g., process of procurement through production for food; flow of patient care from scheduling, to visit, to follow up) | | |

| Onsite Application Activity | CRD | Preceptor Initial |
|--|-----------------|----------------------|
| | competency | |
| Review menus used for outside customers such as cafeteria or catering in a hospital OR catering special events at | 3.11, 3.13, | |
| other large facilities. (foodservice, clinical inpatient, or other facilities with menu responsibilities only) | 3.14 | |
| Participate in the menu planning, review, or revision process if able. If not able to participate, visit with preceptor about the menu planning process – who is involved, when reviews take place, etc. (foodservice, clinical inpatient, | 1.5, 3.11, 3.14 | |
| or other facilities with menu responsibilities only) | | |
| Learn how services are standardized to assure consistency. Examples: how are recipes standardized? how is consistency of ingredients and quality maintained? How are counseling sessions/patient visits standardized, how is quality achieved? | 4.3 | |
| Safety, Security, and Sanitation | | |
| Participate in safety, security, and sanitation activities. Ideas: | 1.5, 4.2, 4.10 | |
| Inspect, find, do, and/or analyze the following for safety, security, and sanitation (all facilities) | | |
| Location of fire extinguishers and how to use | | |
| Evacuation procedures for emergencies | | |
| Employees knowledge of what to do in case of cuts, burns, or other mishaps | | |
| Employees compliance in washing hands when needed | | |
| Cleaning and other supplies are properly labeled; employees know how to access MSDS information | | |
| Ergonomic strategies are used at workstations to prevent injury | | |
| Data (client, financial, proprietary, etc.) are properly secured with password protected or locked files | | |
| Computer stations are not left unattended and logged in | | |
| Petty cash, credit cards are secured and controlled to prevent theft | | |
| Financial practices are used to prevent embezzlement or misuse of funds | | |
| Doors, cabinets, workspaces are secured | | |
| Inspect the following and analyze for safety, security, and sanitation (foodservice only) | | |
| Food items stored under sanitary conditions, dates marked | | |
| Storage at proper temperatures (refrigerators, freezer temperatures) | | |
| Processes in place to prevent cross-contamination | | |

| Onsite Application Activity o Ice made, stored, and dispensed without contamination o Non-food stored separately from food | CRD competency | Preceptor Initial |
|--|---------------------|----------------------|
| Non-food stored separately from food Adequate space for cleaning and sanitizing dishes, pots, pans | | |
| Adequate space for cleaning and sanitizing dishes, pots, paris All work surfaces are cleaned and sanitized | | |
| Appropriate gloves, hair covering, beard coverings are used | | |
| Traffic through kitchen and prep areas is controlled | | |
| Garbage is removed quickly | | |
| No issues with insects or rodents | | |
| Review the disaster/emergency plan | 4.2, 4.10 | |
| Questions and Discussions with Preceptor | | |
| Discuss with preceptor how they stay current in the field and/or specialty area. Ask how they use the Commission on Dietetic Registration (CDR) professional portfolio to set goals and maintain CE credits. If your preceptor is not a dietitian, ask about ask how they maintain skills in the field and any credentials they may have. | 5.3 | |
| Discuss the value of precepting. Ask why they precept dietetic students, what value they find in precepting, what makes a good preceptor, etc. | 5.8 | |
| Discuss what the organization is doing to address and decrease incidences of bias. | 2.10, 2.11, 2.12 | |
| Discuss how to deal with conflict. What tools does the preceptor use? How does the preceptor approach situations that may have conflict? How do they negotiate a desirable result for all involved? | 2.8, 2.10, 5.5 | |
| | | |

| Onsite Application Activity | CRD | Preceptor |
|---|--|-----------|
| | competency | Initial |
| Project | | |
| Complete a management project under the direction of your preceptor. The project can be one large project or a number of smaller projects. Two interns may do the project(s) together if at the same site. Some examples of past management projects include: New Diabetes (or other special diet) Menu Featuring Carbohydrate (or other) Information New Diabetes (or other special diet) Education Program Employee Training Manual Employee training and curriculum (various topics) Recipe Standardization, Costing, and In-service Training Product/recipe standardization and pricing New Entrees or menu items New specialized product/service evaluation Choosing a Service System for the facility (i.e. room service, re-therm, etc.) Calorie Count Procedures Nutrition analysis of menu items (i.e. over all nutrients, allergies, etc.) Employee Safety Fair Formulary Handbook Creation or Updates Food Allergy Controls Ingredient searches – i.e. Gluten-free foods | 1.4 other CRDNs will vary List the CRDNs connected to your project(s) here. | |
| Emergency Preparedness preparation and training Texture Modifications – recipes/guidelines National Nutrition Month activities Hand washing – monitoring/training Note: You may present (oral and written) the project in NDFS 637 and/or NDFS 620R, so keep track of projects. | | |
| Hours and Activity Reports | | |
| To practice monitoring and analyzing productivity, keep an hour and activity report for each week of the large scale rotation using the report form in the learning management system. Have the preceptor review the hours. At the end of the rotation, submit the report. Preceptor's initials here indicate hours on report are correct. | 1.3, 4.5 | |

Community Rotation Guidelines

Community Overview

Purpose: To provide an opportunity for interns to experience various community nutrition programs and learn to develop and deliver products, programs and services to promote health and wellness.

Tips for Community Preceptors

In preparation for working with the interns, consider the following questions and be ready to discuss (and show) the answers with/to the interns.

- What are my primary responsibilities?
- What skills are most important for me to carry out my responsibilities?
- How do I "keep up" with my area of responsibility, how do I learn about new developments, methods, products, etc.?
- What are the key interactions I have outside the department?
- How do I communicate with other members of the team and members outside the department?
- How do I prioritize my activities each day?
- What resources do I use (people, texts, media, etc.) when I need help in completing a task?
- What "tricks of the trade" do I use to help me accomplish various aspects of my job?

Community Activities

Interns have a list of items they should do, observe, or participate in during the rotation. Each of these activities prepares the intern for competencies needed for an entry-level dietitian. The table below shows the activity list interns are given. The list will help guide you as a preceptor and teacher to assure interns develop needed competencies. As a preceptor you are not limited to activities/experiences in the table, please use your clinical skills and judgement in working with the intern. The list is divided into community categories (state health, WIC, school nutrition, other) find the area related to your work for the list of activities.

Community Evaluation

- Complete a **final evaluation form** and review with the intern.
 - Use the general rotation evaluation form which is found in the evaluation section of this handbook
 - o Interns should provide preceptors with a copy of the evaluation form.
 - Both the intern and preceptor should sign the evaluation.
 - o A BYU faculty member may request to be present at the evaluation

Community Onsite Application Activities

Community Activities Child Nutrition (WIC or School)

How funding is allocated (e.g., federal funds, county funds)

Number of participants in program, how this affects staffing

Labor costs

Onsite Application Activities CRDN Preceptor Initial competency School Nutrition and WIC Discuss, with preceptor, how agency /facility fits into the larger network of services (e.g., within school district, 2.4, 2.6, 2.9 department of health, county, state). Determine where RDNs fit. Discuss how organization interacts with other community organizations and how referrals are made. Things to review may include: Organizational charts, where authority lies Policies and procedures Mission, vision, values, goals Long-term/Strategic planning Collaborative organizations and referrals Review and understand eligibility rules and benefits for food assistance program (e.g., WIC eligibility, 2.1, 2.13 free/reduced school meal eligibility). Participate in eligibility processing. Analyze/review financial data and budget related to the program Discuss feasibility or program, considering costs 1.5, 4.7, 4.8, and benefits. Ideas for information to analyze/review. 4.10 **For School Nutrition** How funding is allocated (e.g., federal funds, student fees) Food costs Labor Free and Reduced lunch/breakfast Number of participants in program For WIC

| Onsite Application Activities | CRDN competency | Preceptor Initial |
|---|------------------------------------|----------------------|
| Work with support personnel to accomplish tasks (i.e. anthropometric measures, eligibility forms, etc.) | 2.5 | Initial |
| Participate in education and/or counseling for individuals or groups. Ideas: | 1.5, 2.11, 3.1, 3.7, 3.8, 3.10, | |
| WIC : counsel client, present class School nutrition: Develop and present a nutrition education lesson in a classroom, to a sport team, to school nutrition personnel, or other school group. | 3.11, 3.12 | |
| Demonstrate appropriate education/counseling techniques and behavior theories to facilitate behavior change | 2.8, 3.7, 3.10 | |
| Show respect when answering client/group questions; answer using science-based information; use culturally sensitive strategies when presenting information | 1.2, 2.11, 2.12, 3.12 | |
| Participate in staff training (if conducted during rotation time). If not held during rotation write "NA" in the initial column. | 2.3, 2.4, 2.11, 4.1 | |
| Review the facility disaster/emergency plan, assess how the facility meets the plan (i.e. stock levels, employee notification, etc.). | 1.5, 4.2, 4.8, 4.10 | |
| Discuss with preceptor how they stay current in the field and/or specialty area. Ask how they use the Commission on Dietetic Registration (CDR) professional portfolio to set goals and maintain CE credits. | 5.3 | |
| Discuss the value of precepting. Ask why they precept dietetic students, what value they find in precepting, what makes a good preceptor, etc. | 5.8 | |
| Discuss what the organization is doing to address and decrease incidences of bias. | 2.10, 2.11, 2.12 | |
| Discuss how to deal with conflict. What tools does the preceptor use? How does the preceptor approach situations that may have conflict? How do they negotiate a desirable result for all involved? | 2.8, 2.10, 5.5 | |
| | | |

| Onsite Application Activities | CRDN competency | Preceptor Initial |
|---|---|---|
| WIC specific Activities | | |
| Review the WIC Authorized Food Lists and discuss how any changes have affected the agency | 1.5, 2.1, 2.13 | |
| Complete screening/assessment for WIC client | 1.3, 1.5, 3.1 | |
| Access and store client data using informational technologies | 3.7, 4.4 | |
| Make appropriate client referrals | 2.4, 2.6 | |
| School Nutrition Specific Activities | | |
| Participate in and understand various components of school nutrition programs. Listed below are activity ideas. Your preceptor will select activities, which may or may not be on this list. Rules and Regulations Develop an employee training session related to the National School Lunch Program regulations Perform a nutrient analysis of new or existing menus, summarize the analysis, compare to USDA requirements for reimbursement, adjust menu if needed Review menus for special nutrition, cultural or medical therapy needs, make adjustment to meet needs of students on modified diets Review procedures for application processing of free and reduced meals, summarize the process with a flow chart to show steps of process Promotions Organize a national school breakfast or lunch week event or other promotional event Plan a school nutrition employee week, using techniques for motivating and recognizing employees Assist in planning a menu for school breakfast or lunch, including a review of constraints (budget, labor, | The CRDNs will vary here are possibilities 1.5. 2.1, 2.11, 3.11, 3.14, 4.7 2.2, 2.3, 2.4, 2.7, 2.8, 2.9, 2.10, 2.11, 3.7, 3.8, 3.9, | List the CRDNs connected to your activities here. |
| and equipment), and a production schedule. Develop media (television, radio, twitter, blogs, Facebook, etc.) for program promotion Organize a food product evaluation activity with students and/or employees Develop a holiday or other special themed menu event with marketing | 3.10, 3.11, 3.12, 3.14, 4.8 | |

| Onsite Application Activities | CRDN | Preceptor |
|---|-----------------------------------|-----------|
| | competency | Initial |
| Distribution, Safety, Sanitation | 1.5, 3.11, 4.1, | |
| • Identify any modifications needed within the food distribution system (i.e. signage, arrangement of food | 4.2, 4.3, 4.5, | |
| on line, congestion, customer flow, etc.) | 4.6, 4.7, 4.10 | |
| Monitor food safety and sanitation procedures during production, identify any modifications or training needed to assure food safety. | | |
| Update policies, procedures, or staff training materials | | |
| Review the HACCP program and implementation | | |
| Develop and/or assess organization procedures and practices related to reducing waste and protecting the environment. | | |
| Budget, Finance | 1.1, 1.3, 1.5, | |
| Study the financial and nutritional impact of competitive foods (vending, school stores, etc.) on the school nutrition programs | 2.1, 2.7, 2.8, 3.13, 4.2, 4.4, | |
| Study financial data analyzing food costs, labor cost, meal per labor hour, etc. review findings with preceptor | 4.7 | |
| Develop a proposal to justify the funding for equipment, a program, more employees, etc. | | |
| Conduct plate waste studies | | |
| • Review facility design, equipment, and flow using flow charts and diagrams, make recommendations for | | |
| improving flow. | | |
| Conduct an inventory valuation | | |
| Prepare staffing schedule including review of production needs, labor restrictions (FT/PT/FTE), etc. | | |
| Review vendor contracts (specifications, catalogs, price sheets, etc.) | | |
| Hours and Activity Reports | | |
| | _ | |
| To practice monitoring and analyzing productivity, keep an hour and activity report for each week of the | 1.3, 4.5 | |
| community rotation using the report form in the learning management system. Have the preceptor review the | | |
| nours. At the end of the rotation, submit the report. Preceptor's initials here indicate hours on report are | | |
| correct. | | |

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Community Activities Other Community Rotations (not WIC or School)

| Onsite Application Activities | CRDN competency | Preceptor Initials | | | | |
|---|---|--|--|--|--|--|
| Other Community Rotation | | | | | | |
| Discuss, with preceptor, how agency /facility fits into the larger network of services (e.g., within the city, county, state.) Things to review may include: Organizational charts, where authority lies Policies and procedures Mission, vision, values, goals Long-term/Strategic planning Budgeting process Collaborative organizations and referrals | 2.4, 2.6, 2.9 | | | | | |
| Participate in interdisciplinary interactions (team meetings, conference calls, coalition meetings, trainings, etc.). Advocate for dietetics/nutrition services. | 2.3, 2.4, 2.8, 2.10 | | | | | |
| Learn how any rules, regulations, or legislation affects the organization. | 2.1, 2.13, 4.10 | | | | | |
| Interact appropriately with internal and external customers/clients/patrons | 2.10, 2.11, 3.7 | | | | | |
| Participate in an ongoing or new community project/program. Apply sound research to develop/refine/review the project. There may be one large project or several small projects. Preceptors will assign projects per facility needs. Listed below are some ideas, but actual projects are determined by preceptor: Communication Update and/or design website or website content Create or update lesson plans for community programs and trainings Design training on cultural food habits of populations commonly served by organization Develop media (television, radio, twitter, blogs, Facebook, etc.) for program promotion Develop and educational "aid" (handout, newsletter article, bulletin board, etc.) Compile information on community resources for nutrition and health | The CRDNs will vary here are possibilities 2.2, 2.3, 2.9, 2.10, 2.11, 2.12, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, 4.4 | List the CRDNs connected to your project here. | | | | |

| Onsite Application Activities | | Preceptor |
|--|--|-----------|
| | competency | Initials |
| Training and Development | 1.5, 2.7, 2.11, | |
| Update policies, procedures, or staff training materials | 3.7, 3.8, 3.9, | |
| Develop and present staff training | 4.1, 4.8 | |
| Review the facility disaster plan, assess if facility is meeting the plan (i.e. stock levels, employee notification, etc.) | | |
| Create a disaster plan | | |
| Quality Improvement and Research | 1.1, 1.2, 1.3, | |
| Analyze data for program outcomes, revisions, or research | 1.4, 1.5, 2.2, | |
| Conduct a quality improvement project | 4.5, 4.6, 4.7, | |
| Develop and/or assess organization procedures and practices related to reducing waste and protecting the environment. | 4.10 | |
| Conduct a literature review for a specific population and concern (i.e. consumption of vegetables and cancer, rates of breastfeeding in low-income populations, physical activity in school-aged children) | | |
| Analyze availability, cost, and quality of foods in various geographic areas | | |
| Assist in writing a grant application or participate in reviewing grant applications | | |
| Rules, Regulations, Public Policy | 1.3, 1.5, 2.1, | |
| Read or write comments on proposed nutrition-related regulations (i.e. in federal register) | 2.7, 2.9, 2.13 | |
| Assess program compliance with federal and state rules and regulations (if applicable) | | |
| Track a bill related to function and purposes of the organization | | |
| Perform duties and activities as assigned by preceptor | The CRDNs will vary <mark>list</mark> | |
| | <mark>here</mark> | |
| Discuss with preceptor how they stay current in the field and/or specialty area. Ask how they use the Commission on Dietetic Registration (CDR) professional portfolio to set goals and maintain CE credits. | 2.13 | |
| Discuss the value of precepting. Ask why they precept dietetic students, what value they find in precepting, what makes a good preceptor, etc. | 5.8 | |

| Onsite Application Activities | CRDN | Preceptor |
|--|----------------|-----------|
| | competency | Initials |
| Discuss what the organization is doing to address and decrease incidences of bias. | 2.10, 2.11, | |
| | 2.12 | |
| Discuss how to deal with conflict. What tools does the preceptor use? How does the preceptor approach | 2.8, 2.10, 5.5 | |
| situations that may have conflict? How do they negotiate a desirable result for all involved? | | |
| Hours and Activity Reports | | |
| To practice monitoring and analyzing productivity, keep an hour and activity report for each week of the | 1.3, 4.5 | |
| community rotation using the report form in the learning management system. Have the preceptor review the | | |
| hours. At the end of the rotation, submit the report. Preceptor's initials here indicate hours on report are | | |
| correct. | | |

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COMPETENCIES AND LEARNING OUTCOMES

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) has established competencies and learning outcomes for dietetic interns. A copy of the competencies and learning outcomes are on the following pages.

The internship as a whole allows interns to meet all competencies. Each rotation adds to the intern's competency as they experience real world situations.

Dietetic Internship Core Competencies for the RDN 2022 Accreditation Council for Education in Nutrition and Dietetics (ACEND)

Interns complete the following competencies during supervised practice and course work. The onsite activities application checklist connect the Core Competencies to the activities interns will complete during a rotation.

Domain 1. Scientific and Evidence Base of Practice: Integration of scientific information and translation of research into practice.

Upon completion of the program, graduates are able to:

- CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.
- CRDN 1.2 Evaluate research and apply evidence-based guidelines, systematic reviews and scientific literature in nutrition and dietetics practice.
- CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.
- CRDN 1.4 Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies.
- CRDN 1.5 Incorporate critical-thinking skills in overall practice.

Domain 2. Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the nutrition and dietetics practitioner level of practice.

Upon completion of the program, graduates are able to:

- CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Practice for the Registered Dietitian Nutritionist, Standards of Practice, Standards of Professional Performance, and Code of Ethics for the Profession of Nutrition and Dietetics.
- CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.
- CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings.
- CRDN 2.4 Function as a member of interprofessional teams.
- CRDN 2.5 Work collaboratively with NDTRs and/or support personnel in other disciplines.
- CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
- CRDN 2.7 Apply change management strategies to achieve desired outcomes.
- CRDN 2.8 Demonstrate negotiation skills.
- CRDN 2.9 Actively contribute to nutrition and dietetics professional and community organizations.
- CRDN 2.10 Demonstrate professional attributes in all areas of practice.
- CRDN 2.11 Show cultural humility in interactions with colleagues, staff, clients, patients and the public.
- CRDN 2.12 Implement culturally sensitive strategies to address cultural biases and differences.
- CRDN 2.13 Advocate for local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.

Domain 3. Clinical and Client Services: Development and delivery of information, products and services to individuals, groups and populations.

Upon completion of the program, graduates are able to:

- CRDN 3.1 Perform Medical Nutrition Therapy by utilizing the Nutrition Care Process including use of standardized nutrition terminology as a part of the clinical workflow elements for individuals, groups and populations of differing ages and health status, in a variety of settings.
- CRDN 3.2 Conduct nutrition focused physical exams.
- CRDN 3.3 Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (such as blood glucose or cholesterol), recommending and/or initiating nutrition-related pharmacotherapy plans (such as modifications to bowel regimens, carbohydrate to insulin ratio, B₁₂ or iron supplementation).
- CRDN 3.4 Provide instruction to clients/patients for self-monitoring blood glucose considering diabetes medication and medical nutrition therapy plan.
- CRDN 3.5 Explain the steps involved and observe the placement of nasogastric or nasoenteric feeding tubes; if available, assist in the process of placing nasogastric or nasoenteric feeding tubes.
- CRDN 3.6 Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed.
- CRDN 3.7 Demonstrate effective communication and documentation skills for clinical and client services in a variety of formats and settings, which include telehealth and other information technologies and digital media.
- CRDN 3.8 Design, implement and evaluate presentations to a target audience.
- CRDN 3.9 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
- CRDN 3.10 Use effective education and counseling skills to facilitate behavior change.
- CRDN 3.11 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
- CRDN 3.12 Deliver respectful, science-based answers to client/patient questions concerning emerging trends.
- CRDN 3.13 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
- CRDN 3.14 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

Domain 4. Practice Management and Use of Resources: Strategic application of principles of management and systems in the provision of services to individuals and organizations.

Upon completion of the program, graduates are able to:

- CRDN 4.1 Participate in management functions of human resources (such as training and scheduling).
- CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, clients, patients, facilities and food.
- CRDN 4.3 Conduct clinical and client service quality management activities (such as quality improvement or quality assurance projects).
- CRDN 4.4 Apply current information technologies to develop, manage and disseminate nutrition information and data.
- CRDN 4.5 Analyze quality, financial and productivity data for use in planning.

- CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
- CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
- CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
- CRDN 4.9 Engage in the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.
- CRDN 4.10 Analyze risk in nutrition and dietetics practice (such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness).

Domain 5. Leadership and Career Management: Skills, strengths, knowledge and experience relevant to leadership potential and professional growth for the nutrition and dietetics practitioner.

Upon completion of the program, graduates are able to:

- CRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.
- CRDN 5.2 Identify and articulate one's skills, strengths, knowledge and experiences relevant to the position desired and career goals.
- CRDN 5.3 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines
- CRDN 5.4 Advocate for opportunities in professional settings (such as asking for additional responsibility, practicing negotiating a salary or wage or asking for a promotion).
- CRDN 5.5 Demonstrate the ability to resolve conflict.
- CRDN 5.6 Promote team involvement and recognize the skills of each member.
- CRDN 5.7 Mentor others.
- CRDN 5.8 Identify and articulate the value of precepting.

EVALUATION FORMS

This section contains copies of evaluation forms for rotations as well as and oral presentation evaluation form for case studies or other oral presentations. Interns will provide preceptors with a hard copy of the evaluation forms. Tips for completing evaluations are in the "Preceptor Guideline" section.

A copy of the "site evaluation form" interns complete is in this section.

CLINICAL EVALUATION

Brigham Young University Dietetic Internship

| Facility | nate |
|------------------------------|--------|
| Printed: Preceptor | Intern |
| Signatures (can be digital): | |
| Preceptor | Intern |

Please evaluate the student/intern on the following areas of performance. Please circle/highlight/bold the number corresponding to your rating. Add comments for particularly strong or weak performance.

1 – Needs guidance greater than 50% of time Scale:

- 2 Needs guidance less than 50% of time
- 3 Needs no guidance, but still supervision
- 4 Needs no supervision, able to practice independently and consistently

| | N/A – not applicable to this rotation | | | | | |
|------------------|--|-------|-----|---|---|-----|
| | PROFESSIONALISM | | | | | |
| Personal Skills | | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.10 | Appropriate dress and grooming | Comme | nts | • | • | |
| CRDN 2.10 | Positive attitude for learning and willingness to work | | | | | |
| CRDN 2.11, 2.12 | Respect others; shows cultural humility, uses culturally | | | | | |
| | sensitive strategies with patients/clients, staff, | | | | | |
| | colleagues, the public | | | | | |
| CRDN 2.1 | Maintains confidentiality | | | | | |
| CRDN 5.1, 5.2 | Evaluates own strengths and weaknesses, accepts | | | | | |
| | suggestions for improvement | | | | | |
| CRDN 2.10, 5.8 | Shows appreciation for learning opportunities, | | | | | |
| | preceptors, and mentors | | | | | |
| Responsibility | | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.10 | Sets priorities to manage time efficiently, punctual | Comme | nts | | | |
| CRDN 2.10 | Focuses on task(s) at hand, Follows through with | | | | | |
| | responsibilities | | | | | |
| CRDN 2.1, 2.10, | Consults with preceptor/instructor; acts within level of | | | | | |
| 5.8 | competence; complies with regulations and policies | | | | | |
| CRDN 2.10, 4.10 | Accepts consequences of actions | | | | | |
| CRDN 2.10 | Handles increasing workload | | | | | |
| Interpersonal Sk | ills and Communication | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.2, 2.3, | Uses proper channels of communication; Appropriate | Comme | nts | | | |
| 3.7 | written and oral communication | | | | | |
| CRDN 2.2, 2.8, | Documents nutrition care and recommendations using | | | | | |
| 3.7 | a variety of formats (electronic medical record, | | | | | |
| | messaging, care plans, reports) | | | | | |
| CRDN 2.3, 2.5, | Works collaboratively with support personnel and other | | | | | |
| 2.6, 2.8, 5.5 | disciplines, able to resolve conflict. | | | | | |
| CRDN 2.3, 2.4, | Actively participates in interprofessional teams; | | | | | |
| 2.5, 2.8, 5.6 | Advocates and negotiates for nutrition care in rounds, | | | | | |
| | team meetings, and interactions with healthcare team | | | | | |
| CRDN 2.3, 2.4, | Listens actively | | | | | |
| 2.5, 2.10 | | | | | | |

| NUTRITION CARE PROCESS | | | | | | |
|---------------------------------------|--|-------|-----|---|---|-----|
| Evidence Based F | Practice Foundational Knowledge | 1 | 2 | 3 | 4 | N/A |
| CRDN 1.2, 1.3, 3.1 | Has and uses adequate knowledge base | Comme | nts | | | |
| CRDN 1.2, 1.3, 1.5 | Applies evidence-based guidelines, standards, literature, and reference material to patient care | | | | | |
| CRDN 1.2, 1.3, | Justifies/supports decisions with available information, | - | | | | |
| 1.5, 4.10 | critical thinking, and risk analysis | | | | | |
| Clinical Workflow | | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.5, 3.1 | Completes or assigns screening procedures to NDTR/support personnel. | Comme | nts | | | |
| CRDN 4.4 | Uses electronic health records and other information technologies to obtain, store, and share nutrition information | | | | | |
| CRDN 3.1, 3.2, 4.10 | Correctly collects, assesses, interprets, monitors, and evaluates: Client history (medical, social) Food and nutrient intake, access to food Medications, supplements Anthropometric measurements, Biochemical data, medical test, procedures Nutrition focused physical findings, clinical Compares data to standards (growth charts, nutrient needs, etc.) | | | | | |
| CRDN 3.1 | Performs accurate calculations (estimated needs, nutrition support, calorie counts, nutrient needs) | | | | | |
| CRDN 3.1 | Identifies and labels nutrition problem, etiology, and signs and symptoms (PES statement and diagnosis) | | | | | |
| CRDN 3.1, 3.3 | Determines appropriate and accurate nutrition focused interventions that address the problem/diagnosis | | | | | |
| CRDN 2.11, 2.12, 3.1, 3.4, 3.8, 3.10, | Uses effective education and counseling skills, respectful, culturally sensitive, age and | | | | | |
| 3.12 | developmentally appropriate |] | | | | |
| CRDN 2.4, 2.5, | Establishes, coordinates, implements follow up care | | | | | |
| 2.6, 2.8, 3.1 | short and/or long-term, appropriate involvement and coordination with other healthcare professionals | | | | | |
| CRDN 3.1, 4.10 | Checks work for errors |] | | | | |
| CRDN 4.9 | Identifies the process of coding/billing of dietetics/nutrition services | | | | | |
| | OVERALL PEFORMANCE | 1 | 2 | 3 | 4 | |

Please comment on the student/intern's overall performance: Strengths

Areas for further work

MANAGEMENT EVALUATION Brigham Young University Dietetic Internship

| Facility | Date |
|------------------------------|--------|
| Printed: Preceptor | |
| Signatures (can be digital): | |
| Preceptor | Intern |

Please evaluate the student/intern on the following areas of performance. Please circle/highlight the number corresponding to your rating. Add comments for particularly strong or weak performance.

- 1 Needs guidance greater than 50% of time
- 2 Needs guidance less than 50% of time
- 3 Needs no guidance, but still supervision
- 4 Needs no supervision, able to practice independently and consistently N/A not applicable to this rotation

| | N/A – not applicable to this rotation | | | | | | |
|---------------------|--|-------|------|---|---|-----|--|
| | PROFESSIONALISM | 1 | | | | | |
| Personal Skills | | 1 | 2 | 3 | 4 | N/A | |
| CRDN 2.10 | Appropriate dress and grooming | Comme | ents | | | | |
| CRDN 2.10 | Attitude of learning and willingness to work | | | | | | |
| CRDN 2.3, 2.4, | Functions as a collaborative and supportive team | | | | | | |
| 2.5, 2.7, 2.10, | member. Works cooperatively with support personnel | | | | | | |
| 5.6 | in and out of department. | | | | | | |
| CRDN 2.7, 2.8, | Appropriately assertive, tactful, resolves conflict. | | | | | | |
| 2.10, 5.5 | | | | | | | |
| CRDN 2.3, 2.4, | Respects others, shows cultural humility, addresses | | | | | | |
| 2.10, 2.11, 2.12 | cultural biases and differences | | | | | | |
| CRDN 2.1 | Maintains confidentiality | | | | | | |
| CRDN 2.10, 5.8 | Shows appreciation for learning opportunities, | | | | | | |
| | preceptors, and mentors | | | | | | |
| Responsibility | | 1 | 2 | 3 | 4 | N/A | |
| CRDN 2.10 | Sets priorities to manage time efficiently, punctual | Comme | ents | | | | |
| CRDN 2.7, 2.10 | Organizes and plans to accomplish tasks, Shows | | | | | | |
| | flexibility within facility constraints | | | | | | |
| CRDN 2.1, 2.10, | Consults with preceptor/instructor; acts within level of | | | | | | |
| 5.8 | competence; complies with regulations and policies | | | | | | |
| CRDN 2.10 | Follows through with responsibilities | | | | | | |
| CRDN 2.10 | Accepts consequences of actions | | | | | | |
| CRDN 2.10 | Handles increasing workload | | | | | | |
| Communication | | 1 | 2 | 3 | 4 | N/A | |
| CRDN 2.2, 2.3, | Uses proper channels of communication, Appropriate | Comme | ents | | | | |
| 3.7 | written and oral communication | | | | | | |
| CRDN 2.10 | Listens actively | | | | | | |
| Problem Solving | 3 | 1 | 2 | 3 | 4 | N/A | |
| CRDN 2.7, 2.10 | Able to set and accomplish objectives | Comme | ents | | | | |
| CRDN 1.1, 1.3, 1.5, | Gathers pertinent data for projects, finances, quality | | | | | | |
| 4.4, 4.5, 4.7 | improvement, feasibility studies, etc. |] | | | | | |
| CRDN 4.5 | Analyzes and compares data and alternatives |] | | | | | |
| CRDN 1.1, 1.3, 1.4, | Justifies/supports decisions with correct information | | | | | | |
| 1.5, 2.8, 4.4 | | | | | | | |
| CRDN 2.10, 4.10 | Appropriately takes initiative when solving problems |] | | | | | |

| Resource Mana | gement | 1 | 2 | 3 | 4 | N/A |
|----------------------------------|--|-----------|-------|---|---|------|
| CRDN 1.2, 2.1 | Uses references materials, current techniques, evidence, and regulations | Comments | | | | |
| CRDN 4.4 | Appropriately uses information technologies to | | | | | |
| | manage information and data | | | | | |
| CRDN 4.6 | Promotes sustainable use of resources to reduce | | | | | |
| | waste and protect environment | | | | | |
| | IMPLEMENTATION | i | | | | |
| Technical Skills | | 1 | 2 | 3 | 4 | N/A |
| CRDN 1.2, 1.3, 1.4, | Has and uses adequate knowledge base (i.e. | | | • | | • |
| 2.4, 3.13, 3.14, | procurement, production, service, distribution, | | | | | |
| 4.10 | sanitation, maintenance, security, menus) | | | | | |
| CRDN 4.2, 4.10 | Performs functions related to sanitation, maintenance, | | | | | |
| | and security | | | | | |
| CRDN 4.5, 4.7 | Analyzes financial and productivity data; considers | | | | | |
| | costs and benefits | | | | | |
| CRDN 4.1 | Demonstrated knowledge of human resource | | | | | |
| | functions (hiring, training, scheduling) | | | | | |
| CRDN 2.7, 4.1, 5.7 | Assesses skills and attitudes of employees, mentors | | | | | |
| | others | | | | | |
| Conceptual Skill | s | 1 | 2 | 3 | 4 | N/A |
| CRDN 4.10, 5.6 | Sees "big picture" of full system (foodservice, | Comm | ents | | | |
| | departments, etc.) recognizes contributions of all. | | | | | |
| CRDN 1.1, 1.3, 1.4, 1.5, 4.10 | Uses systems approach to analyze situations | | | | | |
| Project(s) | | 1 | 2 | 3 | 4 | N/A |
| CRDN 1.1, 1.4, 3.8, | Completes and delivers projects and trainings as | Comm | ents | | | |
| 3.9, 3.11, 2.3, 2.10, | requested by preceptors. | | | | | |
| 4.1 EVALUATION | | | | | | |
| Monitoring the | Suctom | 1 | 2 | 3 | 4 | N/A |
| CRDN 4.5 | Checks product/service quality | Comm | | s | 4 | IN/A |
| CRDN 1.1, 4.3 | Participates in quality improvement activities, | - 2311111 | -1113 | | | |
| | determines data to view and actions to take | | | | | |
| CRDN 4.1, 4.4, | Uses appropriate report forms and information | 1 | | | | |
| 4.5, 4.7, 4.10 | systems to monitor and document performance and | | | | | |
| | recommended changes (financial, personnel, etc.) | | | | | |
| Self-Evaluation | | 1 | 2 | 3 | 4 | N/A |
| CRDN 5.1, 5.2, | Evaluates own strengths and weaknesses | Comm | | | | 1, . |
| CRDN 5.1, 5.2 | Accepts suggestions for improvement | 1 23 | | | | |
| OVERALL PERFO | | 1 | 2 | 3 | 4 | |
| O V LINALL F LINFO | MITANTE | | | , | т | |

Please comment on the student/intern's overall performance: Strengths

Areas for further work

COMMUNITY EVALUATION

Brigham Young University Dietetic Internship

| Facility | _ Date |
|------------------------------|--------|
| Printed: Preceptor | Intern |
| Signatures (can be digital): | |
| Preceptor | Intern |
| | intern |

Please evaluate the student/intern on the following areas of performance. Please circle/highlight the number corresponding to your rating. Add comments for particularly strong or weak performance.

Scale

- 1 Needs guidance greater than 50% of time
- 2 Needs guidance less than 50% of time
- 3 Needs no guidance, but still supervision
- 4 Needs no supervision, able to practice independently and consistently

N/A – not applicable to this rotation

| CRDN 2.2, Maintains appropriate lines of verbal and written 2.10, 3.7, 3.12, communication with preceptors, staff, and clients. Able 5.5 to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works 2.5, 5.6 collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | PROFESSIONALISM | | 1 | 2 | 3 | 4 | N/A |
|---|---|---|----------|-----|---|---|-----|
| and work ethics. CRDN 2.11, 2.12 Respectful and culturally sensitive in communications with others. COMMUNICATION and TEAM WORK CRDN 2.2, 2.10, 3.7, 3.12, 5.5 Maintains appropriate lines of verbal and written communication with preceptors, staff, and clients. Able to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, 2.5, 5.6 Collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | CRDN 2.10 Demonstrates professional attributes such as flexibility, | | Comme | nts | | | |
| CRDN 2.11, Respectful and culturally sensitive in communications with others. COMMUNICATION and TEAM WORK CRDN 2.2, Maintains appropriate lines of verbal and written communication with preceptors, staff, and clients. Able to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | | customer focus, time management, work prioritization, | | | | | |
| 2.12 with others. COMMUNICATION and TEAM WORK CRDN 2.2, 2.10, 3.7, 3.12, 5.5 to compromise and resolve conflicts. CRDN 2.3, 2.4, 2.5, 5.6 CRDN 2.3, 2.4, 2.5, 5.6 CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | | and work ethics. | | | | | |
| COMMUNICATION and TEAM WORK CRDN 2.2, Maintains appropriate lines of verbal and written communication with preceptors, staff, and clients. Able to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | CRDN 2.11, | Respectful and culturally sensitive in communications | | | | | |
| CRDN 2.2, Maintains appropriate lines of verbal and written 2.10, 3.7, 3.12, communication with preceptors, staff, and clients. Able 5.5 to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works 2.5, 5.6 collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | 2.12 | with others. | | | | | |
| 2.10, 3.7, 3.12, communication with preceptors, staff, and clients. Able to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | COMMUNICATIO | N and TEAM WORK | 1 | 2 | 3 | 4 | N/A |
| 5.5 to compromise and resolve conflicts. 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | CRDN 2.2, | Maintains appropriate lines of verbal and written | Comme | nts | | | |
| 2.5, 2.6, 5.6 Refers clients to other professionals and services appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | 2.10, 3.7, 3.12, | communication with preceptors, staff, and clients. Able | | | | | |
| appropriately. Recognizes skills of others. CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | 5.5 | to compromise and resolve conflicts. | | | | | |
| CRDN 2.3, 2.4, Contributes to the team in accomplishing tasks. Works collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | 2.5, 2.6, 5.6 | Refers clients to other professionals and services | | | | | |
| 2.5, 5.6 collaboratively with RDNs, support personnel, and other disciplines. KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | | appropriately. Recognizes skills of others. | | | | | |
| disciplines. KNOWLEDGE and PRACTICE 1 2 3 4 N/A CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | CRDN 2.3, 2.4, | Contributes to the team in accomplishing tasks. Works | | | | | |
| KNOWLEDGE and PRACTICE CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | 2.5, 5.6 | collaboratively with RDNs, support personnel, and other | | | | | |
| CRDN 1.5. Adequately prepared and knowledgeable in subject matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | disciplines. | | | | | | |
| matter. Uses critical thinking skills. CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | KNOWLEDGE and PRACTICE | | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.1 Recognizes how regulations affect the provision of services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | CRDN 1.5. | Adequately prepared and knowledgeable in subject | Comments | | | | |
| services. Practices in compliance with rules and regulations (e.g. federal, state, organization). | | matter. Uses critical thinking skills. | | | | | |
| regulations (e.g. federal, state, organization). | CRDN 2.1 | Recognizes how regulations affect the provision of | | | | | |
| | | | | | | | |
| CRDN 1.2, 3.12 Uses evidenced-based information in projects and | | regulations (e.g. federal, state, organization). | | | | | |
| | CRDN 1.2, 3.12 Uses evidenced-based information in projects and | | | | | | |
| communications | communications | | | | | | |
| SELF DIRECTION & INITIATIVE 1 2 3 4 N/A | SELF DIRECTION & INITIATIVE | | 1 | 2 | 3 | 4 | N/A |
| CRDN 2.3, 2.4, Demonstrates active participation and initiative in the Comments | CRDN 2.3, 2.4, | Demonstrates active participation and initiative in the | Comme | nts | | | |
| 2.9, 2.10 organization, rotation projects, activities, and | 2.9, 2.10 | organization, rotation projects, activities, and | | | | | |
| experiences. | | experiences. | | | | | |
| | PROJECTS | | 1 | 2 | 3 | 4 | N/A |
| CRDN 1.5, 3.11, Completes and delivers projects as requested by Comments | CRDN 1.5, 3.11, | Completes and delivers projects as requested by | Comme | nts | | | |
| 4.8 preceptors. Shows initiative, creativity, and ability. | 4.8 | preceptors. Shows initiative, creativity, and ability. | | | | | |
| | | | | | | | |
| | | | | | | | |

| OVERALL PERFORMANCE | 1 | 2 | 3 | 4 | | |
|---------------------|---|---|---|---|--|--|
|---------------------|---|---|---|---|--|--|

How did the intern rate overall in performance expectations for this rotation?

Strengths

Areas for further work

.

Oral Case Study Evaluation

| Speaker | : | Topio | Date | |
|---------|---|-------|------|--|
| | | _ | | |

| | Excellent "A" grade | Satisfactory "B" grade | Needs Improvement "C" grade | Points | Comments |
|--|---------------------|------------------------|-----------------------------------|--------|----------|
| Patient Profile: Patient portrayed as a unique individual. Sufficient information gathered to determine nutrition needs, set goals, and personalize care. | 5 pts | 2.5 pts | 0 pts | | |
| Present Illness: Intern demonstrated an understanding of the disease/illness, etiology, diagnosis, progression, and prognosis. The effect of the illness on nutrition was discussed. Information was correct. | 10 pts | 5 pts | 0 pts | | |
| Nutrition Care Process. All areas covered Nutrition Assessment: Appropriate data was collected, assessed, and evaluated correctly. All assessment areas were covered (i.e. food/nutrition hx, anthro, biochemical, NFPE). Nutrient needs were presented and calculated correctly. Nutrition Diagnosis: Correct diagnosis terminology was used. The diagnosis statement was written in PES format. Nutrition Intervention: Interventions were based on patient assessment and nutrition diagnosis. Interventions were directed toward resolving the nutrition problem/etiology or sign/symptom. Interventions categorized using the eNCPT. Goals and objectives were used to present specific information. Nutrition Monitoring and Evaluation: The impact of nutrition interventions on resolving nutrition problems was presented. An indication of which recommendations were followed and why or why not was shared. Nutrition changes made due to monitoring and evaluation were described | 20 pts | 10 pts | 0 pts | | |
| Presentation style: Confident, engaging, no annoying mannerism, minimal filler words, professional language, use of time, response to questions | 5 pts | 2.5 pts | 0 pts | | |
| Professional dress: Tailored clothing, collar on jacket or shirt, third layer (i.e. jacket, cardigan, etc.) | 5 pts | 2.5 pts | 0 pts | | |
| Slides/Visual Support: Professional, enhanced presentations, not just read, not too wordy | 5 pts | 2.5 pts | 0 pts | | |

| OTAL: | /50 |
|-------|-----|
| UIAL. | , |

SUPERVISED PRACTICE SITE EVALUATION

Brigham Young University Dietetic Internship

Interns complete for all rotation sites, form must be typed. The BYU Dietetic Internship program will send the completed site evaluation to preceptors.

| Site: | |
|--|---|
| Dates of Rotati | on: |
| Intern Name: | |
| Please bold, circ | le, or highlight the most appropriate response to the following statements. |
| 1. The orientation very poor adequate very good excellen | te od |
| 2. Because of m very littl somewh moderat substant | nat tely tially |
| 3. Because of m very littl somewh moderat substant | nat tely tially |
| very poorlyadequatevery well | tely |
| 5. I understood almost r seldom sometim frequen almost a | nes tly |

Rate the following characteristics of overall experience at this site. Bold response $% \left\{ 1\right\} =\left\{ 1\right$

Overall, my experience was:

| very tense | 1 2 3 4 5 | very relaxed |
|-------------------------|-----------|-------------------------|
| very easy | 1 2 3 4 5 | very demanding |
| very unorganized | 1 2 3 4 5 | very organized |
| very boring | 1 2 3 4 5 | very stimulating |
| very irrelevant | 1 2 3 4 5 | very valuable |
| very frustrating | 1 2 3 4 5 | very enjoyable |
| very closely supervised | 1 2 3 4 5 | very loosely supervised |

Comments: (Interns must make at least one substantive comment)

The End