

Appendix 2.1.1

Didactic Learning

Summer Year One		
	NUTR 540: Nutrition Education	30 clock hours
	NUTR 541: Application in Dietetics	50 clock hours
	NUTR 543: Advanced Nutrition & Biochemistry	30 clock hours
Fall Year One		
	NUTR 492a: Dietetic Practicum – Seminar Various topics to complement supervised practice	2 clock hrs/wk or 20 clock hrs/qtr
Winter Year One		
	NUTR 492b: Dietetic Practicum – Seminar Various topics to complement supervised practice	2 clock hrs/wk or 20 clock hrs/qtr
Spring Year One		
	NUTR 492c: Dietetic Practicum – Seminar Various topics to complement supervised practice	2 clock hrs/wk or 20 clock hrs/qtr
Summer Year Two		
	NUTR 545: Advanced Studies in Dev. Nutrition	40 clock hours
	NUTR 547: Nutrition Update	40 clock hours
	HRM 381: Management of Human Resources	50 clock hours
Total Didactic Learning (14 months)		300 clock hours

Appendix 2.1.2

Populations and Cultures

Populations and Cultures	Rotation
Infants	Community
Children	Community School Food Service
Adults	Community Medical Nutrition Therapy
Elders	Long Term Care Medical Nutrition Therapy
Cultural Group: Hispanic	Medical Nutrition Therapy (all sites) Community (all sites)
Cultural Group: Native American	Community (Yakima Valley)
Cultural Group: Russian, Middle Eastern, Sudanese	Community (Tri-Cities)
Cultural Groups: Asian	Medical Nutrition Therapy (Tri Cities) School Food Service (Ellensburg)
Pregnancy/Lactation	Community
Weight management/Obesity	Medical Nutrition Therapy Community
Diabetes	Community Medical Nutrition Therapy
Cancer	Community Medical Nutrition Therapy
Cardiovascular Disease	Medical Nutrition Therapy
Gastrointestinal Disease	Medical Nutrition Therapy

Appendix 2.1.3

Nutrition Interventions		Supervised Practice	Didactic Learning
Food and Nutrient Delivery			
	Meals/snacks	MNT School Food Service	NUTR 541
	Enteral/Parenteral	MNT	NUTR 541
	Supplements	MNT Long Term Care Community Renal	NUTR 541 NUTR 543 NUTR 547
	Feeding Assistance	MNT Long Term Care	NUTR 545
	Feeding Environment	Long Term Care	
	Nutrition-Related Medication management	MNT Long Term Care Renal	NUTR 541
Nutrition Education			
	Initial/Brief Nutrition Education	Community MNT	NUTR 540
	Comprehensive Nutrition Education	MNT/Outpatient Setting Renal	NUTR 540
Nutrition Counseling			
	Theoretical basis/approach		NUTR 540
	Strategies	MNT Community Renal	NUTR 540
Coordination of Nutrition Care			
	Coordination of Other Care During Nutrition Care	MNT Community Renal	NUTR 541
	Discharge and Transfer of Nutrition Care to New Setting or Provider	MNT Community Renal	NUTR 541

MNT – Medical Nutrition Therapy

NUTR 540 – Nutrition Education

NUTR 541 – Applications in Dietetics

NUTR 543 – Advanced Nutritional Biochemistry

NUTR 545 – Advanced Studies in Developmental

NUTR 547 – Nutrition Update

Appendix 2.1.4

Facilities Used for Supervised Practice

Name of Facility	Location	Type of facility
Kadlec Medical Center	Tri-Cities	Acute/Critical Care
Kennewick General Hospital	Tri-Cities	Community Hospital/Acute Care
Tri-Cities Kidney Center	Tri-Cities	Outpatient Care/Renal
Benton Franklin Health Department	Tri-Cities	Public Health Center/WIC
Pasco School District	Tri-Cities	Child Nutrition Program
Richland School District	Tri-Cities	Child Nutrition Program
Life Care Solutions	Tri-Cities	Home Health Agency
Central Washington Hospital	Wenatchee	Acute/Critical Care
Columbia Valley Community Health	Wenatchee	Public Health Center/WIC
Wenatchee School District	Wenatchee	Child Nutrition Program
Nancy Scott-Eastman, RD	Wenatchee	Long Term Care Facilities
Yakima Valley Memorial Hospital	Yakima Valley	Acute/Critical Care
Yakima Regional Medical Center	Yakima Valley	Acute/Critical Care
Yakima Dialysis Center	Yakima Valley	Outpatient Care/Renal
North Star Lodge Cancer Care Center	Yakima Valley	Outpatient Care/Cancer
Yakima Valley Farm Workers Clinic	Yakima Valley	Public Health Center/WIC
Yakima Neighborhood Health Services	Yakima Valley	Public Health Center/WIC
West Valley School District	Yakima Valley	Child Nutrition Program
Selah School District	Yakima Valley	Child Nutrition Program
Yakima School District	Yakima Valley	Child Nutrition Program
Memorial Hospital Infusion Care	Yakima Valley	Home Health Agency
Kittitas Valley Hospital	Yakima Valley/Ellensburg	Community Hospital/Acute Care
Ellensburg School District	Yakima Valley/Ellensburg	Child Nutrition Program
Cheryl Brooks, RD	Yakima Valley/Ellensburg	Long Term Care Facilities
Toppenish Community Hospital	Yakima Valley/Toppenish	Community Hospital/Acute Care

Appendix 2.3.1

Rotations (Planned Experiences) and Competencies

	Rotation	Length	Sites
DI	Dietetic Internship (all planned experiences)	14 months	All sites
DI 2.1	DI graduates are able to practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics.		
DI 2.2	DI graduates are able to demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.		
DI 2.8	DI graduates are able to demonstrate initiative by proactively developing solutions to problems.		
DI 2.9	DI graduates are able to apply leadership principles effectively to achieve desired outcomes.		
DI 2.11	DI graduates are able to establish collaborative relationships with internal and external stakeholders, including patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate individual and organizational goals.		
DI 4.6	DI graduates are able to use current informatics technology to develop, store, retrieve and disseminate information and data.		
	160		
MNT I	Medical Nutrition Therapy I	4 weeks	Community or small hospital
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.		
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.		
DI 2.6	DI graduates are able to assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.		
DI 2.7	DI graduates are able to refer clients and patients to other professionals and services when needs are beyond individual scope of practice.		
DI 2.12	DI graduates are able to demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.		
DI 3.1.a	DI graduates are able to assess the nutrition status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
DI 4.11	DI graduates are able to complete documentation that follows professional guidelines, guidelines required by healthcare systems and guidelines required by the practice setting.		
	280		
MNT II	Medical Nutrition Therapy II	7 weeks	Clinical Nutrition Services area of major hospital
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.		
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of		

	dietetics practice		
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.		
DI 2.6	DI graduates are able to assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.		
DI 2.7	DI graduates are able to refer clients and patients to other professionals and services when needs are beyond individual scope of practice.		
DI 2.12	DI graduates are able to demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.		
DI 3.1.a	DI graduates are able to assess the nutrition status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
DI 4.11	DI graduates are able to complete documentation that follows professional guidelines, guidelines required by healthcare systems and guidelines required by the practice setting.		
Comm	Community	8 weeks (256 H)	Community Health (WIC) Clinic or Agency
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.		
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.		
DI 2.3	DI graduates are able to design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.		
DI 2.4	DI graduates are able to use effective education and counseling skills to facilitate behavior change		
DI 2.12	DI graduates are able to demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.		
DI 2.14	DI graduates are able to demonstrate assertiveness and negotiation skills while respecting life experiences, cultural diversity and educational background.		
DI 3.1.a	DI graduates are able to assess the nutrition status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered		
DI 3.2	DI graduates are able to develop and demonstrate effective communication skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing.		
DI 4.11	DI graduates are able to complete documentation that follows professional guidelines, guidelines required by healthcare systems and guidelines required by the practice setting.		
DI 4.12	DI graduates are able to participate in coding and billing of dietetic/nutrition services to obtain reimbursement for services from public or private insurers.		
FSM	Food Service Management	10 weeks	Child Nutrition Services, School District
DI 2.12	DI graduates are able to demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.		
DI 3.2	DI graduates are able to develop and demonstrate effective communication skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing.		
DI 3.3	DI graduates are able to demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.		

DI 3.4	DI graduates are able to develop and deliver products, programs, or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions.		
DI 3.6	DI graduates are able to coordinate procurement, production, distribution and service of goods and services.		
DI 3.7	DI graduates are able to 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.		
DI 4.1	DI graduates are able to use organizational processes and tools to manage human resources.		
DI 4.2	DI graduates are able to perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food		
DI 4.3	DI graduates are able to apply systems theory and a process approach to make decisions and maximize outcomes.		
DI 4.5	DI graduates are able to conduct clinical and customer service quality management activities.		
DI 4.7	DI graduates are able to prepare and analyze quality, financial or productivity data and develop a plan for intervention.		
DI 4.8	DI graduates are able to conduct feasibility studies for products, programs or services with consideration of costs and benefits.		
DI 4.9	DI graduates are able to obtain an analyze financial data to assess budget controls and maximize fiscal outcomes		
	<i>120H</i>		
HFS	Hospital Food Service	3 weeks	Food Service area of major hospital
DI 3.3	DI graduates are able to demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.		
DI 4.5	DI graduates are able to conduct clinical and customer service quality management activities.		
	<i>80</i>		
Ren	Renal	2 weeks	Hemodialysis unit
DI 2.3	DI graduates are able to design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.		
DI 2.4	DI graduates are able to use effective education and counseling skills to facilitate behavior change		
DI 2.6	DI graduates are able to assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		

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LTC	Long Term Care	2 weeks	Long Term Care Facilities
DI 2.4	DI graduates are able to use effective education and counseling skills to facilitate behavior change		
DI 2.6	DI graduates are able to assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
		80	
Res	Research (Optional)	Varies (1wk)	Proposed as time dedicated to carrying out a proposed research project.
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.		
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.		
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 1.5	DI graduates are able to conduct research projects using appropriate research methods, ethical procedures and statistical analysis.		
CP	Community Project	Varies	Various sites: proposed community projects
DI 2.3	DI graduates are able to design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.		
DI 2.5	DI graduates are able to demonstrate active participation, teamwork and contributions in group settings		
DI 3.4	DI graduates are able to develop and deliver products, programs, or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions.		
DI 3.5	DI graduates are able to deliver respectful, science-based answers to consumer questions concerning emerging trends.		
DI 4.10	DI graduates are able to develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies.		

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Sem	Seminar	2 hours/week 30 weeks	Distance Education connections between geographic locations
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 2.10	DI graduates are able to serve in professional and community organizations.		
DI 2.13	DI graduates are able to perform self assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the CDR.		
DI 4.4	DI graduates are able to participate in public policy activities, including both legislative and regulatory initiatives.		
DI 4.10	DI graduates are able to develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies.		
DI 4.12	DI graduates are able to participate in coding and billing of dietetic/nutrition services to obtain reimbursement for services from public or private insurers.		
NUTR 540	Nutrition Education	30 hours in Summer I/II	CWU Campus
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 2.2	DI graduates are able to demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.		
DI 2.3	DI graduates are able to design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.		
DI 2.4	DI graduates are able to use effective education and counseling skills to facilitate behavior change		
DI 2.5	DI graduates are able to demonstrate active participation, teamwork and contributions in group settings		
DI 4.6	DI graduates are able to use current informatics technology to develop, store, retrieve and disseminate information and data.		
NUTR 541	Applications in Dietetics	50 hours in Summer I	CWU Campus
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
DI 4.11	DI graduates are able to complete documentation that follows professional guidelines, guidelines required by healthcare systems and guidelines required by the practice setting.		

NUTR 543	Advanced Nutritional Biochemistry	30 hours in Summer I/II	CWU Campus
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.		
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
NUTR 545	Advanced Studies in Developmental Nutrition	40 hours in Summer I/II	CWU Campus
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.		
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.		
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.		
DI 3.4	DI graduates are able to develop and deliver products, programs, or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions.		
NUTR 547	Nutrition Update	30 hours in Summer I/II	CWU Campus
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice		
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.		
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice		
DI 2.2	DI graduates are able to demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.		
DI 3.5	DI graduates are able to deliver respectful, science-based answers to consumer questions concerning emerging trends.		

MGT 381	Management of Human Resources	50 hours in Summer I/II	CWU Campus
DI 2.1	DI graduates are able to practice in compliance with current federal regulations and state statues and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics.		
DI 2.5	DI graduates are able to demonstrate active participation, teamwork and contributions in group settings		
DI 4.1	DI graduates are able to use organizational processes and tools to manage human resources.		
DI 4.2	DI graduates are able to perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food		
DI 4.6	DI graduates are able to use current informatics technology to develop, store, retrieve and disseminate information and data.		

Appendix 2.3.2

2008-2009 Rotation Schedule

Date	Tri-Cities	Tri-Cities	Yakima	Yakima	Yakima	Yakima	Wenatchee	Wenatchee
9/22/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
9/29/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
10/06/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
10/13/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
10/20/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
10/27/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
11/03/08	BFHD	BSD	YNHS	ESD	YVFWC	WVSD	CVCH	WSD
11/10/08	Community	BSD	KVCH	ESD	Renal	WVSD	CWHFS	WSD
11/17/08	KMCFS	BSD	KVCH	ESD	Renal	WVSD	CWHFS	WSD
11/24/08	KMCFS	BSD	KVCH	ESD	Optional	WVSD	CWHFS	WSD
12/01/08	KMCFS	DCS	KVCH	Community	ESD	Renal	CWH	LTC-NS
12/08/08	KMC	DCS	YVMHFS	LTC	ESD	Renal	CWH	LTC-NS
12/15/08	KMC	Optional	YVMHFS	LTC	ESD	Optional	CWH	OPT
12/22/08	Holiday	Holiday	Holiday	Holiday	Holiday	Holiday	Holiday	Holiday
12/29/08	KMC	BFHD	YVMHFS	Optional	ESD	KVCH	CWH	Community
1/05/09	KMC	BFHD	YVMH	YVFWC	ESD	KVCH	CWH	MLCHC
1/12/09	KMC	BFHD	YVMH	YVFWC	ESD	KVCH	CWH	MLCHC
1/19/09	KMC	BFHD	YVMH	YVFWC	ESD	KVCH	CWH	MLCHC
1/26/09	KMC	BFHD	YVMH	YVFWC	ESD	YVMHFS	CWH	MLCHC
2/02/09	KMC	BFHD	YVMH	YVFWC	ESD	YVMHFS	CWH	MLCHC
2/09/09	KMC	BFHD	YVMH	YVFWC	ESD	YVMHFS	CWH	MLCHC
2/16/09	KMC	Community	YVMH	YVFWC	Community	YVMH	CWH	MLCHC
2/23/09	Renal -TC	KMCFS	SSD	TCH	LTC	YVMH	WSD	CWHFS
3/02/09	Renal -TC	KMCFS	SSD	TCH	LTC	YVMH	WSD	CWHFS
3/09/09	Renal - TC	KMCFS	SSD	TCH	KVCH	YVMH	WSD	CWHFS
3/16/09	Optional	KMC	SSD	TCH	KVCH	YVMH	WSD	CWH
3/23/09	LTC	KMC	SSD	YVMHFS	KVCH	YVMH	WSD	CWH
3/30/09	LTC	KMC	Community	YVMHFS	KVCH	YVMH	Optional	CWH
4/06/09	RSD	KMC	SSD	YVMHFS	YRMCFS	YVMH	WSD	CWH
4/13/09	RSD	KMC	SSD	YVMH	YRMCFS	OPT	WSD	CWH
4/20/09	RSD	KMC	SSD	YVMH	YRMCFS	YNH	WSD	CWH
4/27/09	RSD	KMC	SSD	YVMH	YRMC	YNH	WSD	CWH
5/04/09	RSD	KMC	SSD	YVMH	YRMC	YNH	WSD	CWH
5/11/09	RSD	KMC	Renal	YVMH	YRMC	YNH	Renal	CWH
5/18/09	RSD	KMC	Renal	YVMH	YRMC	YNH	Renal	CWH
5/25/09	RSD	Renal -TC	Optional	YVMH	YRMC	YNH	LTC-NS	CWH
6/01/09	RSD	Renal -TC	LTC	Renal	YRMC	YNH	LTC-NS	Renal
6/08/09	RSD	Renal -TC	LTC	Renal	YRMC	Community	Community	Renal

Food Service - 3 weeks hospital, 10 weeks school

KGHFS: Kennewick General Hospital Food Serv
 YVMHFS: Yakima Valley Memorial Hospital Food Serv
 CWHFS: Central Washington Hospital Food Serv
 KMCFS: Kadlec Medical Center Food Serv
 PSPHFS: Providence St Peter Hospital Food Serv
 WVSD: West Valley School District
 SSD: Selah School District
 ESD: Ellensburg School District
 RSD: Richland School District
 WSD: Wenatchee School District

Other Rotations – 2 weeks

Renal: DaVita, Yakima (Y), Central Washington Hospital (W), Tri-Cities Kidney Center (TC)
 LTC (Long Term Care): Cheryl Brooks (CB), Nancy Scott (NS)

Community Nutrition – 7 weeks

YNHS: Yakima Neighborhood Health Services
 YVFWC: Yakima Valley Farm Workers Clinic
 BFHD: Benton Franklin Health District
 CVCH: Columbia Valley Community Health
 MLCHC: Moses Lake Community Health Center

Medical Nutrition Therapy -11 weeks

YMHS: Yakima Memorial Hospital
 YRMC: Yakima Regional Medical Center
 CWH: Central Washington Hospital
 KMC: Kadlec Medical Center
 PSPH: Providence St Peter Hospital

Appendix 2.3.7a

Central Washington University Community Nutrition Self Development Goals

Rotation Sites:

Facilities	Primary Preceptors
Benton Franklin Health Department Kennewick, WA	Annie Goodwin, RD, CD Laili AbdLatif, RD
Columbia Valley Community Health Wenatchee, WA	Laurie Riegert, RD Willa Hale, RD
Yakima Valley Farm Worker's Clinic Yakima Valley (various sites)	Brianna Rasmussen, RD Stacey Busey, RD
Yakima Neighborhood Health Services Yakima Valley (various sites)	Lisa Reinmuth, RD, CD Chelsy Leslie, RD, CD

Hours:

8 weeks, minimum of 32 hours/week, 256 clock hours minimum.

Prior to the Community Nutrition Rotation:

- Review the Professional Development Portfolio Process developed by the Commission on Dietetic Registration found in the General Section of the DI Manual (on Blackboard). Write 3-6 specific goals you would like to accomplish during this rotation. Include an evaluation of your strengths and weaknesses coming into this rotation.
- These goals are to be shared in a written format with your preceptor and the Internship Director (submit via email) during the first week of your rotation.

At Completion of the Community Nutrition Rotation:

- Complete a summary of your experiences during this rotation. The summary should include if and how the self-development goals written prior to the rotation were met. It should also include a detailed evaluation of the "whole" experience, including the preceptor, the assignments, and how the experience benefited you, the intern, both personally and professionally.
- Complete the evaluation of the preceptor(s) you worked with during the rotation. Include the evaluation(s) in your portfolio/notebook in a manner that maintains their confidential nature. This can be done by sealing them in an envelope and including the envelope in the notebook. This/these evaluation(s) will be shared with the preceptors in a summary format at the end of the internship year.

- Submit your Community Nutrition Rotation Portfolio to the DI Director at the time of the final evaluation. The Portfolio is to include:
 - Completed rotation evaluations with preceptor, intern, and DI Director signatures.
 - Personal goals for the rotation and the evaluation of the intern's strengths and weaknesses coming into the rotation.
 - A written summary detailing your experience during the rotation. Include how well you met the goals you had established and areas for continued development.
 - The completed rotation objectives and assignment list.
 - Completed written assignments and article summaries.
 - Confidential preceptor evaluation forms.
 - Copies of forms and resources for future use.

Community Nutrition Rotation

Intern Name _____

Major Objective: Over a seven-week period, the dietetic intern will actively participate in the responsibilities of a dietitian working in a community health clinic. During this rotation, the dietetic intern will develop the following entry-level competencies.

- ◆ *Supervise screening of nutrition status of infants, children and pregnant women.*
- ◆ *Conduct assessment of nutrition status of infants, children and pregnant women.*
- ◆ *Provide nutrition education to clients.*
- ◆ *Develop and review education materials for target populations.*
- ◆ *Counsel clients needing medical nutrition therapy for common conditions.*
- ◆ *Supervise community-based food and nutrition programs.*

On the spaces provided enter the date(s) you have completed each task/assignment. Turn in with your portfolio for this rotation.

_____ **Self-Development Goals (shared with preceptor and Internship Director)**
_____ **Mid-term Evaluation (optional)**
_____ **Final Intern Evaluation**
_____ **Confidential evaluation of preceptor(s)**

Didactic Assignments:

Write a brief, one-page summary, outlining the main points of each article. You may complete the summary in paragraph or bullet format. Submit the summaries in your portfolio for this rotation.

- _____ ***Position of the American Dietetic Association: Nutrition and Lifestyle for Healthy Pregnancy Outcomes**
- _____ **Diabetes and Pregnancy**
- _____ **Infant feeding: a critical look at infant formulas**
- _____ ***Position of the American Dietetic Association: Promotion of Breast-Feeding**
- _____ **Initial Management of Breastfeeding**
- _____ **Barriers to the Use of WIC Services**
- _____ ***The Start Healthy Feeding Guidelines for Infants and Toddlers**
- _____ **Model for Multicultural Nutrition Counseling Competencies**
- _____ **Cultural Diversity: Eating in America, Mexican-American**
- _____ **Position of the American Dietetic Association: Total Diet Approach to Communicating Food and Nutrition Information**
- _____ **Read “How to Get Your Kid to Eat...But not Too Much”, or “Feeding with Love and Good Sense” by Ellen Satter or view the Ellen Satter videotape (available at both YVNH or YVFW). With your summary, include a discussion of how the principles addressed in the book can be used during the community rotation.**

Prior to your Community Nutrition Rotation:

- Read the articles that are asterisked.
- Review the Community Nutrition Assignment. Answer as many questions as possible.
- Review the materials on WIC formulas. They can be found on Blackboard under WIC Resources.

By the end of the first week: Complete the first set of questions (1-8). Give to your preceptor.

By the end of the second week: complete the Cases Studies and, "Apply Your Knowledge" sections of the Community Nutrition Assignment. Give to your preceptor.

By the end of the third week: read the Ellen Satter book or watch the video tapes.

By the end of the fourth week: complete the Pathophysiology section of the Community Nutrition Assignment.

By the fifth week: read all of the articles and write the article summaries.

At the end of rotation: submit portfolio to DI Director at the time of the Final Intern Evaluation

Resources which might be helpful include:

- Trams, C and Pipes, P: Nutrition in Infancy and Childhood
- Bright Futures in Practice: Nutrition (available at the WIC site)
- Worthington-Roberts, B and Rodwell Williams, S: Nutrition in Pregnancy and Lactation

Organization Overview and Management:

_____ Discuss the facilities philosophy, goals, and policies with preceptor.

_____ Determine the organizational structure of the clinic and the responsibilities of the various persons working within the structure.

_____ Discuss with preceptor the role of impacting legislation and regulatory measures governing nutrition services programs.

_____ Participate in the management responsibilities of a WIC supervisor:

- Review with your preceptor his/her responsibilities as a manager.
- Complete chart reviews/audits to determine whether appropriate nutrition assessment and interventions have been initiated (assigned by your preceptor).

_____ Review the following sections of the WIC Manual: Dietary Assessment, Anthropometrics, Risk Factors, WIC High risk, & Formula Substitutions.

Nutrition Care Process:

_____ Review high-risk criteria for MSS/WIC clients.

_____ Observe preceptor in the nutrition care process to include: screening, interviewing, assessing nutrition status and implementing nutrition care.

_____ Conduct nutrition screening, interviewing, assessing, and implementing of nutrition care for assigned clients: (consult with preceptor as necessary and obtain preceptor's co-signature on all work entered in the medical record). Indicate below when you have worked with the identified type of client by a check mark and your initials. All lines do not need to be filled in, but interns should attempt to see a variety of the type of clients listed.

Anemia

(Low hematocrit)

Breast Feeding

Infants

(Include < and > 6 mos.)

Pregnancy (wt loss)

Pregnancy

(High wt gain)

Pregnancy

(Adolescent)

Obesity

(Wt for ht >95%)

Gestational Diabetes

Medical Patients

(Specify diet modifications)

- _____ **Conduct self-critique on at least two client interactions. Use the Interview Observation Sheet that can be found on Blackboard. Discuss with preceptor and include Interview Observation Sheets in your portfolio**
- _____ **Ask preceptor to conduct a critique of at least two client interactions. Include Interview Observation Sheets in your portfolio.**
- _____ **Participate in case management conference(s) with preceptor and participate in discussion with medical team.**
- _____ **Observe preceptor providing nutrition education to a group, if possible.**
- _____ **Accompany your preceptor or a home health nurse on a home visit, if possible.**

Education Materials:

- _____ **Review three pieces of education materials used by the clinic. Evaluate the literacy level of each and the appropriateness of the materials for the intended population. Resources about Testing Readability of materials are available on Blackboard. Write a short report. Share with your preceptor. Include the report in your portfolio.**

In-Service Training:

- _____ **Plan and conduct an in-service training session assigned by your preceptor. Have your preceptor and 5 participants evaluate the session. Provide an outline of the training to your preceptor 1-week prior to the training. Write a self-critique of the training. Include outline, evaluations, and self critique in your portfolio.**

Additional Experiences:

Food Bank:

- _____ **Spend time observing at a food bank, help to prepare food boxes for clients served and distribute food boxes. Check with your preceptor/clinic staff for food bank locations.**
- _____ **Discuss with preceptor your experience. What types of foods are available? Where do they get the food? What types of clients does the food bank serve? Did you observe any special dietary needs?**

Community Nutrition Assignments

Please answer the following questions. The completed answers should be included in your Community Rotation Portfolio/Notebook for use throughout the rotation and submitted to the DI Director at the time of the Final Intern Evaluation.

1. WIC contracts with the state for infant formula in order to get a reasonable price. Review the information about WIC formulas that can be found on Blackboard under WIC Resources. Create a list of Standard Formulas and Therapeutic Formulas. List these according to milk-based and soy-based. In what circumstances would it be appropriate to use a specialized formula (example: failure to thrive). In what circumstances would a soy-based formula be used?
2. List the progression of solids during the infants first twelve months. Also include an assessment of feeding skills during each stage. When is it appropriate to introduce liquids from a cup?
3. List the appropriate nutritional intervention/advice for the following common feeding problems in children: poor appetite, picky eater, food jags, and exclusion of a food group (example: no vegetables). At what age should weaning from the bottle be initiated and at what age should this process be completed? What is baby bottle tooth decay and how can it be avoided?
4. How would you increase the caloric density of infant formula and why might this be necessary?
5. Identify the caloric and protein needs of infants and children. Briefly discuss the changes in recommended levels with age and growth.
6. What nutritional intervention/behavior changes would be appropriate for children \geq the 95th percentile for weight for height? (Hint: amount of juice, Kool-Aid, pop, candy, sweet, chips, cheetos, etc. in the diet, when the child was weaned, environmental changes/stress, and genetics all play a part). What nutritional intervention/behavior changes would be appropriate for children \leq the 5th percentile for weight for height? (Hint: genetics, high calorie snacks, finger foods, etc).
7. What are the appropriate laboratory values for hematocrit and hemoglobin in women? Infants? Children? What is the difference between a low and a deficient hematocrit/hemoglobin level? What would be the appropriate nutrition intervention for both?
8. What is the appropriate weight gain for a pregnant woman within the range of IBW during the first trimester? During the second and third trimesters? For a woman having twins? A teenager? An underweight teenager? For someone who is \geq 120% IBW? Be sure to also list appropriate weight gain per week and per month during the second and third trimesters for each of the above.
9. What advise would you give to help relieve the following common problems of pregnancy: Nausea? Constipation? Heartburn?
10. List the benefits of breastfeeding. How would you go about promoting breastfeeding to a pregnant woman?
11. How would you determine corrected age for premature infants?
12. What adjustment would be made when assessing growth in children with Downs Syndrome (trisomy disorders)?

13. Name some of the common allergenic foods in infancy and childhood (example: milk protein, wheat, egg white, citrus, etc). What would be the appropriate nutritional therapy for each? At what age would you introduce honey to a child's diet? At what age would you introduce cow's milk?

CASE STUDIES

#1: FAILURE TO THRIVE

CS is a twelve month old male presenting with a decrease in weight and height velocity of approximately three to four months. Fat stores were severely depleted. Protein stores were normal. His height is 71.5 cm and weight is 7.2 kg. CS is being breastfed with no foods or supplements at this time. His mother follows a vegan diet with poor knowledge for nutrition.

Answer the following questions given the information above (Include a list of references used):

1. Plot CS on the appropriate growth grids.
2. Determine CS's ideal body weight for height age.
3. Determine CS's energy and protein needs.
4. Provide recommendations on how to solve CS's failure to thrive.

#2: GESTATIONAL DIABETES MELLITUS

Juanita is a 32 y.o. mother of five she is pregnant at twelve weeks gestation. She has been pregnant nine times (gravida 9). She has five children, ages 14, 12, 5, 2, and about 1. She has had two early spontaneous abortions (2 SpAb) and delivered one still-born. Her last two children weighed 8.5 pounds and 9 pounds, respectively, at birth. All of her children were breastfed and Juanita plans to nurse this child too. She gained 35 pounds with her last pregnancy and lost about 25 pounds before this conception. She is currently 62 inches, weighs 163 pounds, pre-pregnancy weight was 160 pounds, and her blood pressure is 120/80. Her Hct is 35% and her Hgb is 11 g. Her literacy level is approximately at the 8th grade level. She will be attending a Prenatal Nutrition class and will be receiving WIC.

A diet screen reveals consumption of mostly rice, beans, tortillas, chilies, eggs and occasionally meats. She likes milk, but usually drinks soft drinks with her meals.

Answer the following questions given the information above (include a list of references used):

1. List and explain five nutritional risk factors for Juanita.
2. Analyze her diet for deficiencies and make recommendations on what she should eat.
3. You are responsible for teaching the Prenatal Nutrition class. Describe four areas you would cover in your class.
4. Plot her weight at twelve weeks on the appropriate weight gain grid.

At 30 weeks Juanita has gained 30 pounds and the fetus appears large as evident by the ultrasound (US). The physician performs a glucose tolerance test (GTT) which reveals one hour plasma glucose of 165 mg/dl and two hour value of 130 mg/dl. Gestational diabetes mellitus (GDM) is diagnosed. The physician decides not to prescribe antihyperglycemics (insulin) at this time and wants to attempt control through diet. A referral is made to you for dietary counseling.

Answer the following questions given the information above (Include a list of references used):

1. What are normal GTT values and what is considered good control in GDM?
2. Describe the method and content of dietary counseling you would give.
3. What recommendations would you make about exercise?
4. Plot the following weight history:

18 weeks	172 pounds
24 weeks	185 pounds
33 weeks	195 pounds

#3: DIETARY ASSESSMENTS

Analyze the following diets on diet recall forms. What recommendations would you make for each woman based on your dietary assessment?

16 y.o. pregnant woman:

Breakfast:	Chocolate milk (2%)	12 oz.
	glazed donut	1
Snack:	apple	1
	Pepsi	12 oz.
School Lunch:	bologna	2 oz
	white bread	2 slices
	mayonnaise	1 Tbsp.
	mustard	1 Tbsp.
	carrot sticks	2
	cookies	2
	milk (2%)	8 oz.
Snack:	Doritos	2 oz.
	cheese	2 oz.
	salsa	1/8 cup
Dinner:	macaroni & cheese	1 ½ cup
	green beans	½ cup
	roll	1
	butter	1 Tbsp.
	Pepsi	12 oz.

35 y.o. pregnant woman:

Snack (in bed):	saltine crackers	10
Breakfast:	fried egg	1
	hash browns	½ cup
	whole milk	8 oz.
Lunch:	Top Ramen	2 cups
	Saltine crackers	8
	orange juice	8 oz.
Snack:	apple	1
Dinner:	hot dogs (with bun)	2
	mustard	2 tsp.
	baked beans	½ cup
	coleslaw	½ cup
	whole milk	16 oz.

OPTIONAL CASE STUDIES:

The following three case studies are optional. However, they may be assigned during certain rotations. They contain good information on children with special health care needs and, if you can find the time, would be beneficial and informational for you to complete. Topics included are congenital heart disease, cerebral palsy, and cystic fibrosis. Include the case studies in your portfolio if you complete them.

#4 (optional): CYSTIC FIBROSIS

AL is a female with CF who was diagnosed at 4 months of age. Her treatment included a high calorie, high protein formula, pancreatic enzymes and vitamins. She achieved good linear growth at around the 50th percentile. Her weight fluctuated between the 5th and 25th percentile.

AL had pulmonary complication from an early age. At about six years of age, AL was noted to have worsening pulmonary status indicated by an increase number of pulmonary complications, hospitalizations of IV antibiotic therapy, and decreased pulmonary function tests. Her mother also reported that AL had a poor appetite and a decreased caloric intake.

AL's physician recommended a gastrostomy tube (G-tube) for long-term supplemental feedings since she was not able to meet her nutrition needs by diet alone. Her mother was very receptive to this idea. Her tube feedings were gradually increased to 3 ½ ounces/hour of Osmolite from 8 PM to 6 AM daily via a feeding pump. She takes her pancreatic enzymes before the feedings begin.

1. Define cystic fibrosis. What are the nutritional implications?
2. Why are pancreatic enzymes needed?
3. Why was Osmolite the preferred formula?
4. Calculate AL's current energy needs and the amount of energy she is receiving from supplemental G-tube feedings. Answer in SOAP format.

#5 (optional): FEEDING PROBLEMS OF CHILDREN: TEAM APPROACH

Suzy is a four-year-old child with cerebral palsy. She was referred for a feeding evaluation and intervention related to the lack of weight gain and inadequate intake of food.

Dietary information indicated that the mother was giving a total of 10-12 jars of assorted strained baby foods. Her usual caloric intake was 900 kilocalories and 42 grams of protein. Her nutrition assessment indicated height and weight below the 5th percentile, with little or no gain in weight in the past year.

Suzy has had problems tolerating milk, and receives approximately 6-8 ounces per day. Analysis of a three-day dietary record indicated a low intake of calcium, folic acid, and zinc. In addition she consumed very little water and fiber and had frequent problems with constipation.

Suzy had poor head and trunk control, was unable to sit unassisted, and was poorly positioned and fed in her mother's lap at home. From an oral-motor assessment, Suzy was identified as a child with tongue thrust and hypersensitivity to unfamiliar tactile stimulation inside her mouth.

1. Define the following terms: tongue thrust, cerebral palsy.
2. Using a team approach, what other disciplines would be seeing Suzy and why?
3. What are some strategies for enhancing nutrition status, both in terms of weight gain, growth and correction of vitamin or mineral deficiencies? Put into a SOAP note.

#6 (optional): CONGENITAL HEART DISEASE

AT was born at 38 weeks gestational age with a birth weight of 3.1 kg and length of 47 cm. A diagnosis of severe tricuspid valve stenosis was made the day after birth, and she underwent several surgeries over the first year of life. Cardiac problems continued after these procedures related to mitral incompetence sustained following a cardiopulmonary arrest at 4 months of age.

Nutritional problems experienced by AT were as varied and complicated as her cardiac course. After her initial surgery, oral feeds were attempted but a weak suck and poor rooting reflux were noted. A neurology consult suggested exaggerated deep tendon reflexes and hypertonia secondary to diffuse cerebral abnormalities. Nasogastric feeds of concentrated 24 kcal/oz formula were begun as the primary source of energy, while oral feeding therapy continued. She experienced several episodes of mild to moderate congestive heart failure for which she was admitted to the hospital. She was managed with fluid restriction, Digoxin, Lasix, Aldactone, and Captopril. At the same time AT began showing frequent vomiting and failure to thrive. An upper GI series confirmed the diagnosis of gastro-esophageal reflux. Because of the high risk of aspiration and AT's continued growth failure, a Missen fundoplication and gastrostomy tube insertion were performed at 4½ months of age.

Although vomiting ceased to be a problem, oral feeding problems continued, primarily because of tachypnea and cyanosis, leading to fatigue during feeding. The gastrostomy tube provided the majority of calories using a 24 kcal/oz infant formula with added MCT oil to make a 27 kcal/oz. Because the baby was quite fluid sensitive, she was fluid restricted. She also received daily digitalis and diuretic therapy.

Because AT's poor nutritional status was felt to negatively affect her developmental progress (crawling and weight bearing activities), a program of night time gastrostomy feeds was initiated to supplement her caloric intake. Initially, weight gain resulted, but development of significant facial edema after continuous, low rate feeding limited the extent to which this therapy could be used.

Although solids had been introduced at approximately 6 months of age, the child's inconsistent oral feeding skill and reliance on tube feedings prevented the normal progression of food introduction. Solid foods became a significant part of the diet at 17 months of age.

At 26 months of age, AT is eating a mixed diet, drinking 30 kcal/oz supplements 2 times per day and has recently had her gastrostomy tube removed. She is still below the fifth percentile for weight, but has reached the fifth percentile for height. Her weight/height ratio is less than the fifth percentile. She is still maintained on diuretics and has been hospitalized twice in the past year for CHF.

1. Define tricuspid valve stenosis, congestive heart failure, tachypnea, and cyanosis.
2. Describe the purpose for AT's 4 medications. What are some nutritional implications these medications possess?
3. In SOAP format, provide a nutritional assessment when the gastrostomy tube was placed at 4 ½ month.

APPLY YOUR KNOWLEDGE

Provide a brief answer to the following questions:

1. A new mother is concerned that her baby may not be receiving enough breast milk. What clues can you tell her to watch for?
2. A new mother is concerned that her new born is not taking enough formula. How often and how much should a new born feed?
3. How would you respond to the following question from a young mother? "My baby is 2 months old and I'm nursing him. My mother tells me that I need to start giving him solids. However, the nurse who gave my baby his immunizations said not to start nay solid food until the baby is at least 4 months old. Why should I wait to start solids for so long?"
4. A young pregnant woman tells you that her mother has suggested that she avoid salt and carefully watch her weight gain during pregnancy in order to prevent the development of "toxemia." How would you advise the young woman?
5. Compare the RDA's for the pregnant adolescent to those for the adult woman. Which nutrients relevant to mineral metabolism are needed in increased amounts by the pregnant adolescent?

6. Amy, a 14 y.o. girl, is referred to you for prenatal nutrition counseling. She is three months pregnant and is still experiencing fairly severe morning sickness. She resides with her grandmother who lives on Social Security. Amy now weighs 116 pounds and is 68 inches tall. Her usual weight is 120 pounds and she began menstruating at age 12.
1. Describe how you would initiate counseling with Amy. What kind of information would be important to obtain from Amy in your initial interview?
 2. What suggestions would you make for treating the morning sickness?
 3. What information would you give in regards to optimal prenatal weight gain expectancies?
7. The following nutritional assessment data is obtained from a 5 y.o. girl who has a history of multiple allergies, chronic emesis, and diarrhea:

At birth:	weight	3.6 kg
	length	51 cm
	head circumference	34.5 cm
At 5 y.o.	weight	15 kg
	length	105 cm
	head circumference	50 cm

1. What are the patient's percentiles for age at birth and at 5 years?
2. The child is referred for dietary counseling for a milk-free, wheat-free diet. Her usual dietary intake is as follows: 6 oz. Isomil formula, 1 egg, 1 cup rice, 3 oz. Meat, 1 cup juice, ½ cup vegetables, and one 3.5 oz. bag of corn chips. Write a SOAP note summarizing her nutritional status and your recommendations for energy and protein intake.

SUGGESTED REFERENCES

The following references are very helpful in assessing pregnant women, children, and infants. They may be used throughout the whole assignment.

Manual of Pediatric Nutrition by Kristy Hendricks and W. Allan Walker
 Neonatal Nutrition and Metabolism by William Hay
 Food Intolerance in Infancy by Robert Hamburger
 Nutrition During Pregnancy, Institute of Medicine, National Research Council

PATHOPHYSIOLOGY

Briefly define the following disease states so that you will be familiar with them during your rotation. Include appropriate nutritional therapy if indicated. Include this assignment in your Community Rotation Portfolio/Notebook.

1. Hyperemesis Gravida
2. Gestational Diabetes
3. Pregnancy Induced Hypertension (PIH)
4. Cerebral Palsy (CP)
5. Celiac Disease
6. Cystic Fibrosis
7. Phenylketonuria (PKU)
8. Hydrocephalic Shunt
9. Gastroesophageal reflux in infants
10. Failure to Thrive (FTT)
11. Down's Syndrome
12. Prematurity
13. Low Birth Weight (LBW)
14. Lesch-Nyhan Disease
15. Short Bowel Syndrome in Infants
16. Bronchopulmonary Dysplasia (BPD)
17. Acute Respiratory Failure
18. Prader Willi Syndrome
19. Attention Deficit Disorder

Appendix 2.3.7b

Central Washington University Medical Nutrition Therapy Self Development Goals

Rotation Sites:

Facilities	Primary Preceptors
Kadlec Medical Center Richland, Washington	Mary Ceto, RD, CD, CNSD
Yakima Valley Memorial Hospital Yakima, Washington	Katie Wolff, RD, CD Linda Quitta, RD
Yakima Regional Medical Center Yakima Washington	Patricia Edwards, RD, CD Carol Woolcock, RD
Central Washington Hospital Wenatchee, Washington	Carla Ruhs, RD, CD Judy Graham, RD Laurie Kutrich, RD

Hours:

11 weeks, 40 hours/week, 440 clock hours

Prior to the Medical Nutrition Therapy Rotation:

- Review the Professional Development Portfolio Process developed by the Commission on Dietetic Registration found in the General Dietetic Internship Manual (on Blackboard). Write 3-6 specific goals you would like to accomplish during this rotation. Include an evaluation of your strengths and weaknesses coming into this rotation.
- These goals are to be shared in a written format with your preceptor and the Internship Director (submit via email) during the first week of your rotation.

At the Completion of the Medical Nutrition Therapy Rotation:

- Complete a summary of your experiences during this rotation. The summary should include if and how the self-development goals written prior to the rotation were met. It should also include a detailed evaluation of the “whole” experience, including the preceptor, the assignments, and how the experience benefited you, the intern, both personally and professionally.
- Complete the evaluation of the preceptor(s) you worked with during the rotation. Include the evaluation(s) in your portfolio/notebook in a manner that maintains their confidential nature. This can be done by sealing them in an envelope and including the envelope in the notebook. This/these evaluation(s) will be shared with the preceptors in a summary format at the end of the internship year.

Medical Nutrition Therapy: Clinical I and Clinical II

Name _____

Major Objective: Over an eleven-week period, you will actively participate in the responsibilities of a clinical dietitian in an acute healthcare setting. During this rotation, you will be expected to develop the following entry-level nutrition therapy competencies:

1. Supervise nutrition screening of individual patients/clients.
2. Supervise nutrition assessment of individual patient/clients with common medical conditions.
2. Assess nutritional status of individual patients/clients with complex medical conditions, i.e., more complicated health conditions in select populations.
3. Manage the normal nutrition needs of individuals across the lifespan, i.e., infants through Geriatrics and diversity of people, cultures, and religions.
4. Design and implement nutrition care plans as indicated by the patient's/client's health status.
5. Manage monitoring of patient'/clients' food and/or nutrient intake.
6. Select, implement, and evaluate standard enteral and parenteral nutrition regimens to meet nutrition requirements.
7. Develop and implement transitional feeding plans, i.e., conversion from one form of nutrition support to another, e.g., total parenteral nutrition to tube feeding or oral diet.
8. Coordinate and modify nutrition care activities among caregivers.
9. Conduct nutrition care component of interdisciplinary team conferences to discuss patient/client treatment and discharge planning.
10. Refer patient/client to appropriate community services for general health and nutrition needs and to other care providers, as appropriate.
11. Develop and measure outcomes for food and nutrition services and practice.
12. Supervise documentation of nutrition assessment and interventions.
13. Provide nutrition education to clients.

Major Objective: Clinical I - During the first 6 weeks of the rotation you will become familiar with the functions and responsibilities of a clinical dietitian by observing your Preceptor(s) and by gradually assuming more responsibility for patient nutritional care.

One the spaces provided enter the date(s) you have completed each objective.

Nutrition Care Process

_____ Review nutrition screening and nutrition care standards of the facility.

- _____ Conduct nutrition screening on new admits using nutrition care plan sheets, give to preceptors.
- _____ Observe preceptor in the nutrition care process to include: screening, interviewing, assessment of nutritional status, and writing, implementing, and evaluating care plans of clients.
- _____ Conduct nutrition screening, interviewing, assessment, and writing, implementing, and evaluation of care plans. Obtain preceptor's co-signature on all work entered into the medical record. Assess 2-3 patients on Thursday and Friday of the second week and gradually increase your patient contacts.
- _____ Make appropriate referrals to community programs as needed in the nutrition care plan and evaluation of nutrition care.

Record patient initials and date(s) in the blanks provided.

Cardiology	_____	_____	_____	_____
Oncology	_____	_____	_____	_____
Enteral feeding	_____	_____	_____	_____
Parenteral feeding	_____	_____	_____	_____
Liver disease	_____	_____	_____	_____
Pancreatitis	_____	_____	_____	_____
Other GI Disease(s)	_____	_____	_____	_____
Decubitus Ulcer	_____	_____	_____	_____
Multiple Trauma	_____	_____	_____	_____
Pulmonary Disease	_____	_____	_____	_____
Obesity	_____	_____	_____	_____
Rehabilitation	_____	_____	_____	_____
IDDM	_____	_____	_____	_____
Skilled Nursing	_____	_____	_____	_____
NIDDM	_____	_____	_____	_____
HIV or AIDS	_____	_____	_____	_____

- _____ Review nutrition care recommendations with nursing staff, physicians and other necessary health care professionals, e.g. speech therapy, social work, OT, PT etc.
- _____ Communicate nutrition care recommendations to diet care clerks and food Service staff.
- _____ Conduct at least one self-critique of a counseling session with a patient. Discuss with your preceptor and provide a copy to the internship director.
- _____ Ask the preceptor to conduct a critique on one counseling session with a patient. Provide a copy to the internship director.

Observation of Allied Health Professionals

- _____ Observe the placement of a tube feeding tube.
- _____ Observe indirect calorimetry, if possible.
- _____ Observe a speech pathologist conduct a swallow evaluation.
- _____ Observe a case review of a rehab client.

Nutrition Education and Counseling

- _____ Observe your preceptor(s) providing nutrition counseling to a patient.
- _____ Conduct a self-critique of a counseling session with a patient, which you have completed. Discuss with your preceptor and provide a copy to the internship director.
- _____ Ask the preceptor to conduct a critique on one counseling session with a patient which you have done. Provide a copy to the internship director.

Therapeutic Diet

- _____ During the third week of your clinical rotation, follow a therapeutic diet of your choice for 2 -3 days (consult with Dietetic Internship Director or your preceptor). Keep a daily diary including all foods and drinks consumed feelings having a dietary restriction imposed upon you involuntarily. Write a summary of your experiences detailing how this experience will help you with your future counseling experiences. Examples of diets include: diabetic diet, renal diet, low sodium diet, low fat diet (40 gram), gluten free diet, dash diet etc.

Special Project

- _____ Complete a project assigned by your preceptor.

Professional Development

- _____ Conduct and present library research for one patient case study (diagnosis selected jointly by student and preceptor). Arrange with your preceptor(s) to present your case study to them during the last two weeks of your rotation. You will also present your case study at the dietetic internship seminar. Submit a written copy of the references you used to develop your case study at the time of case study presentation. See attached case study outline.

Major Objective: Clinical II - For the last five or six weeks of the rotation, you will gradually assume the functions and responsibilities of a clinical dietitian. The goal is for you to be able to function independently as a clinical dietitian for at least the last two to three weeks of the rotation.

- _____ Assume functions and responsibilities of a clinical dietitian for three weeks as assigned by preceptor.
- _____ Conduct nutrition screening, interviewing, assessment, and writing, implementing and evaluation of care plans. Obtain preceptor's co-signature on all work entered into the medical record.
- _____ Make appropriate referrals to community programs as needed in the nutrition care plan and evaluation of nutrition care.
- _____ Communicate with nursing staff, physicians and other health care professionals about nutrition care recommendations as appropriate.
- _____ Communicate nutrition care recommendations to diet clerks and foodservice staff.
- _____ Participate in staff meetings, patient care rounds and unit conferences.

Appendix 2.5

Learning Outcomes and Assessment Plan

	Competencies/Learning Outcomes	Rotation/Course/ Activity	Assessment Method	Responsible Person	When Assessed	Criteria
1: Scientific and Evidence Base of Practice: integration of scientific information and research into practice						
DI 1.1	DI graduates are able to select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes.	MNT Comm NUTR 543: Oral Case Study Presentation (team)	Written Evaluation of intern Instructor/Peer Evaluation	Preceptor(s) Instructor	End of rotation Summer Class	90% of interns will "Pass" 90% of interns will earn a 70% or better
DI 1.2	DI graduates are able to apply evidence-based guidelines, systematic review and scientific literature in the nutrition care process and model and other areas of dietetics practice	MNT NUTR 545: Team Presentation of Topic from EAL	Written Evaluation of Intern Instructor Evaluation	Preceptors Instructor	End of rotation Summer	90% of interns will "Pass" 90% of interns will earn a 70% or better
DI 1.3	DI graduates are able to justify programs, products, services and care using appropriate evidence or data.	NUTR 547: Written Term Paper with Oral Presentation	Instructor/Peer Written Evaluation	Instructor	Summer Qtr	90% of interns must earn a 70% or better
DI 1.4	DI graduates are able to evaluate emerging research for application in dietetics practice	NUTR 543: Oral Case Study Presentation (team)	Instructor/Peer Evaluation	Instructor	Summer Qtr	90% of interns must earn a 70% or better
		NUTR 545: Team Presentation of Topic from EAL	Instructor Evaluation	Instructor	Summer Qtr	90% of interns must earn a 70% or better
DI 1.5	DI graduates are able to conduct research projects using appropriate research methods, ethical procedures and statistical analysis.	Research Report Submitted in Portfolio	DI Director	DI Director	End of rotation	90% of interns will "meet or exceed criteria"
2: Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.						
DI 2.1	DI graduates are able to practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics.	MNT Comm FSM	Written Evaluation of Intern	Preceptor	End of each rotation	90% of interns will "Pass"

DI 2.2	DI graduates are able to demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.	MNT Comm FSM	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
DI 2.3	DI graduates are able to design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.	NUTR540: Written Nutrition Curriculum for Target Group with Presentation (team)	Students and Instructor: Written Evaluations	Instructor	Summer Qtr	90% of interns must earn a 70% or better
DI 2.4	DI graduates are able to use effective education and counseling skills to facilitate behavior change	Comm	Written Eval of Intern	Preceptor	End of rotation	90% of interns will "Pass"
DI 2.5	DI graduates are able to demonstrate active participation, teamwork and contributions in group settings	Comm Project: Written Report of Activity and Personal Contribution to Event	DI Director/ Peers Written Evaluation	DI Director	Completion of project	90% of interns will "Pass"
		NUTR540: Written Nutrition Curriculum for Target Group with Presentation (team)	Students and Instructor: Written Evaluations	Instructor	Summer Qtr	90% of interns must earn a 70% or better
DI 2.6	DI graduates are able to assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.	MNT Comm	Written Evaluation of Intern	Preceptors	End of rotation	90% of interns will "Pass"
DI 2.7	DI graduates are able to refer clients and patients to other professionals and services when needs are beyond individual scope of practice.					
DI 2.8	DI graduates are able to demonstrate initiative by proactively developing solutions to problems.					
DI 2.9	DI graduates are able to apply leadership principles effectively to achieve desired outcomes.					
DI 2.10	DI graduates are able to serve in professional and community organizations.	Seminar: Report of meetings and activities in professional/community organizations.	Record of attendance and activities	DI Director	End of May	90% of interns will "meet or exceed criteria"
DI 2.11	DI graduates are able to establish collaborative relationships with internal and external stakeholders, including patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate individual and organizational goals.	MNT Comm FSM	Written Evaluation of Intern	Preceptor(s)	End of rotation	90% of interns will "Pass"
DI 2.12	DI graduates are able to demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.					

DI 2.13	DI graduates are able to perform self assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the CDR.	All experiences	Goals in Portfolio Intern self Assessment in Portfolio	DI Director	End of rotations	90% of interns will "Pass"
DI 2.14	DI graduates are able to demonstrate assertiveness and negotiation skills while respecting life experiences, cultural diversity and educational background.	Comm	Written Evaluation of Intern	Preceptor(s)	End of rotation	90% of interns will "Pass"

3: Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

DI 3.1	Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and population of differing ages and health status, in a variety of settings.					
DI 3.1.a	DI graduates are able to assess the nutrition status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered	Comm MNT II Renal NUTR 541	Written Evaluation of Intern Written and Oral Presentation of Case Study	Preceptor(s) Instructor	End of rotation Summer	90% of interns will "Pass" 90% of interns must earn a 70% or better
DI 3.1.b	DI graduates are able to diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements.					
DI 3.1.c	DI graduates are able to plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.					
DI 3.1.d	DI graduates are able to monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis.					
DI 3.2	DI graduates are able to develop and demonstrate effective communication skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing.	Inservice or client education presentation (Any rotation)	Written Evaluation	Preceptor(s) Participants	End of rotation	90% of interns will "meet or exceed criteria"
DI 3.3	DI graduates are able to demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.	FSM (Theme Meal)	Written Evaluation of Intern	Preceptor(s)	End of rotation	90% of interns will "meet or exceed criteria"
DI 3.4	DI graduates are able to develop and deliver products, programs, or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions.	Comm Project: Written Report of Activity and Personal Contribution to Event	DI Director/ Peers Written Evaluation	DI Director	Completion of project	90% of interns will "meet or exceed criteria"
		NUTR 540: Written Nutrition Curriculum for Target Group with Presentation (team)	Students and Instructor: Written Evaluations	Instructor	Summer Qtr	90% of interns must earn a 70% or better

DI 3.5	DI graduates are able to deliver respectful, science-based answers to consumer questions concerning emerging trends.	NUTR 547: 1) Written term paper with oral presentation 2) Exams	1)Peers/ Instructor Written Evaluation 2) Exam score	Instructor	Summer Qtr	90% of interns will earn a 70% or better
DI 3.6	DI graduates are able to coordinate procurement, production, distribution and service of goods and services.	FSM	Written Evaluation of Intern	Preceptor(s)	End of rotation	90% of interns will "Pass"
DI 3.7	DI graduates are able to 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.					
4: Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations						
DI 4.1	DI graduates are able to use organizational processes and tools to manage human resources	FSM	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
DI 4.2	DI graduates are able to perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food					
DI 4.3	DI graduates are able to apply systems theory and a process approach to make decisions and maximize outcomes.					
DI 4.4	DI graduates are able to participate in public policy activities, including both legislative and regulatory initiatives.					
DI 4.5	DI graduates are able to conduct clinical and customer service quality management activities.	FSM HFS	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
DI 4.6	DI graduates are able to use current informatics technology to develop, store, retrieve and disseminate information and data.	MNT Comm	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
		NUTR 540	Website evaluation	Instructor	Summer Qtr	90% of interns will earn a 70% or better
DI 4.7	DI graduates are able to prepare and analyze quality, financial or productivity data and develop a plan for intervention.	FSM	Written Evaluation of Intern	Preceptor	End of rotation	
DI 4.8	DI graduates are able to conduct feasibility studies for products, programs or services with consideration of costs and benefits.					
DI 4.9	DI graduates are able to obtain and analyze financial data to assess budget controls and maximize fiscal outcomes					

DI 4.10	DI graduates are able to develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies.	Seminar: Oral Presentation of Business Plan	DI Director/Peers Written Evaluation	DI Director	Per Seminar Schedule	90% of interns will "meet or exceed criteria"
		Comm Project: Written Report of Activity and Personal Contribution to Event	DI Director/Peers Written Evaluation	DI Director	Completion of project	90% of interns will "meet or exceed criteria"
DI 4.11	DI graduates are able to complete documentation that follows professional guidelines, guidelines required by healthcare systems and guidelines required by the practice setting.	MNT Comm	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
DI 4.12	DI graduates are able to participate in coding and billing of dietetic/nutrition services to obtain reimbursement for services from public or private insurers.	Comm	Written Evaluation of Intern	Preceptor	End of rotation	90% of interns will "Pass"
Community Nutrition Concentration						
	The DI graduate will be able to plan, implement, and evaluate a health and wellness event for the community.	Comm Project: Written Report of Activity and Personal Contribution to Event (all rotations)	DI Director/Peers Written Evaluation	DI Director	Completion of project	90% of interns will "meet or exceed criteria"
	The DI graduate will be able to develop collaborative relationships within the community.	Actively participate with a local health/wellness group. (all rotations)	Summary and self evaluation in Portfolio	DI Director	End of year	90% of interns will "meet or exceed criteria"
	The DI graduate will be able to plan, implement, and evaluate a National Nutrition Month activity or event.	Plan, implement, and evaluate a National Nutrition Month activity or event. (all rotations)	Summary and self evaluation Participant evaluation	DI Director Participants	April 15 At event	90% of interns will "meet or exceed criteria"

Appendix 2.5.1a

NUTR 541 - Applications in Dietetics Summer 2008

Class Time: MTWR at 9:10 – 10:40 am (see class schedule)

Instructor: Linda Cashman, MS, RD
Office: 135 Physical Education Building
Phone: 963-2786; Cell: 509-521-8764
E-mail: cashmanl@cwu.edu

Office Hours: Monday and Tuesday, 8:00 – 9:00 AM & 1:00 – 2:00 PM or by appointment

Required Textbooks:

1. Mahan, K., and S. Escott-Stump, Food Nutrition and Diet Therapy, WB Saunders Co., 2004. Or similar text from past classes.
2. Escott-Stump, S. Nutrition and Diagnosis-Related Care, 6th edition, Lippincott Williams & Wilkins.
3. Pronsky, Z., Powers and Moore's Food Medication Interactions, latest edition.
4. Dennerll, JT and Davis, P., Medical Terminology – A Programmed Systems Approach, 9th edition.
5. Merck Manual for Diagnosis and Treatment, Merck Co., latest edition.
6. A Medical Dictionary – recommended.
7. Nahikian Nelms, M and S Long. Medical Nutrition Therapy: A Case Study Approach. Wadsworth, latest edition.
8. Niedert K. Pocket Resource for Nutrition Assessment. Consultant Dietitians in Health Care Facilities, latest edition.
9. Bright Futures in Practice: Nutrition Pocket Guide. Available as PDF files at <http://www.brightfutures.org/nutrition/index.html>. It may be used as an online resource or downloaded and printed for reference.
10. A Foodservice Management Textbook
11. Central Washington University, Dietetic Internship Resource Notebook will be found on Blackboard.

Course Overview:

This course is designed to provide dietetic interns with a review of medical nutrition therapy and to assist them in applying the principles of nutrition therapy (including assessing nutritional status, developing appropriate care plans and developing chart entries for the medical record) to the clinical setting through the use of case studies situations. Special emphasis will be placed on evaluating nutrition-drug interactions, laboratory values and developing knowledge of medical terminology. Students will visit the major internship training sites during the last week of the class.

Student Outcomes:

Students will be able to:

1. Identify the pathophysiology associated with the following disease processes: diabetes mellitus, metabolic stress including surgery and burns, diseases of the stomach, intestinal tract, pancreas, kidneys, and liver.
2. Define the medical terms associated with the disease processes.
3. Identify the pertinent laboratory values used to diagnosis the disease processes and monitor nutritional status.
4. Identify the drugs used to treat the disease processes including pertinent diet drug interactions.
5. Identify the nutritional risk factors associated with the disease processes and develop a nutritional care plan for each of these disease processes.
6. Develop chart entries using the SOAP/DAR format.

7. Develop an education plan for teaching patients with special nutrition needs.
8. Identify the methods for initiating enteral and parenteral nutrition support including the use of each method of support and procedures for monitoring tolerance.
9. Develop a resource notebook for use in the hospital nutrition rotation.
10. Acquire and overview of the major internship training sites.

Grading:

Written Assignments, including case studies:
30%
Case Study Discussion Leadership: 10%
Nutrition Education Plan: 20%
Exams, including final exam: 30%
Participation/Discussion: 10%

93 – 100% = A
90 – 92 % = A-
86 – 89 % = B+
83 – 85 % = B
80 – 82 % = B-
76 – 79 % = C+
73 – 75 % = C
70 – 72 % = C-

Class Outline

Date	Topic	Assignments
June 16	<ul style="list-style-type: none"> • Overview of the Dietetic Internship Program • Dietetic Internship Policies and Procedures • Course Overview 	
June 17-18	<ul style="list-style-type: none"> • Medical Terminology • Nutrition care process • Documentation in the Medical Record 	Medical Terminology – Unit 1 Reading: Krause Ch. 21
June 19	<ul style="list-style-type: none"> • Complementary and Alternative Medicine 	Field Trip to Bastyr University
June 23	<ul style="list-style-type: none"> • Dietary and Clinical Assessment • Laboratory Data in Nutrition Assessment • Drug Nutrient Interaction 	Unit #1 Med Terminology Quiz Reading: Krause Ch. 17, 18, and 19 Turn in: Drug Nutrient Assignment
June 24	<ul style="list-style-type: none"> • Case Study #3 • Nutrition Care for Metabolic Stress 	Discussion: CS #3 (1, 2, 4, 5, 6, 7, 8, 17, 18) Reading: Krause Ch. 42
June 25	<ul style="list-style-type: none"> • Fluid and Electrolyte Balance • Acid-Base Balance 	Unit #2 Med Terminology Quiz Reading: Krause Ch. 6
June 26	<ul style="list-style-type: none"> • Case Study #13 • Enteral Nutrition 	Discussion: CS #13 (1,2,3,5,6,7,8,9,10,11,14) Reading: Krause Ch. 3 and 23
June 30	<ul style="list-style-type: none"> • Enteral Nutrition • Case Study #34 	Turn In: Tube Feeding Product Assignment Turn In: CS #34 (1, 2, 3b, 5, 6, 7, 8, 9, 10a, b, d)
July 1	<ul style="list-style-type: none"> • Parenteral Nutrition 	
July 2	<ul style="list-style-type: none"> • Parenteral Nutrition 	Turn In: TPN Calculations
July 3	<ul style="list-style-type: none"> • Nutrition Care of Diseases of the GI Tract • Case Study #23 	Reading: Krause Ch. 1 and 29 Discussion: CS # 23 (1-6, 10, 11, 16-20, 22, 23, 25, 26, 27)

July 7	<ul style="list-style-type: none"> • Nutrition Care of Diseases of the GI Tract • Case Study #11 & 12 	Unit #3 Med Terminology Quiz Turn In: CS #11 & 12 (1-11 & 14)
July 8	<ul style="list-style-type: none"> • Nutrition Care of Diseases of the GI Tract • Case Study #17 	Reading: Krause Ch. 30 Discussion: CS #17 (1-8, 10, 12, 15)

July 9	<ul style="list-style-type: none"> • Catch-up day 	
July 10	<ul style="list-style-type: none"> • Nutrition Care of Diseases of the GI Tract • Case Study #18 	Discussion: CS #18 (1-5, 8, 9, 10, 11, 12, 16, 17 & 21)
July 14	<ul style="list-style-type: none"> • Nutrition Care of Liver and Pancreas • Case Study #19 	Unit #4 Med. Terminology Quiz Reading: Krause Ch. 31 Discussion: CS #19 (1, 3-6, 10-12, 14, 15, 20-25)
July 15	<ul style="list-style-type: none"> • Nutrition Care of Liver and Pancreas • Case Study #21 	Turn In: CS #21 (1-6, 8-11, 15, 17, 19, 21, 22, 24, 25)
July 16	<ul style="list-style-type: none"> • Diet for Renal Failure (Pre Renal, Hemodialysis, Peritoneal Dialysis) • Dash Diet for Treating Hypertension 	Unit # 5 Medical Terminology Student Education Plan Presentations
July 17	<ul style="list-style-type: none"> • Nutrition Care of Renal Disease • Case Study #32 	Reading: Krause Ch. 39 Discussion: CS # 32 (1-4, 10, 13-15, 18, 22, 23, 26)
July 21	<ul style="list-style-type: none"> • Nutrition Care of Renal Disease • Case Study #33 	Unit # 7 Medical Terminology Turn in: CS #33 (5, 6, 11, 12, 14-18, 24, 25, 28)
July 22	<ul style="list-style-type: none"> • Nutrition Care of Pulmonary Disease • Case Study #25 	Reading: Krause Ch. 38 Discussion: CS #25 (2 – 10, & 16)
July 23	<ul style="list-style-type: none"> • Carbohydrate Counting for Type I Diabetes • Weight Loss Regimens including Bariatric Surgery 	Unit # 13 Medical Terminology Student Education Plan Presentations
July 24	Final Exam	

Class Participation/Discussion (10% of course grade)

Each student is expected to be prepared to participate each class period and demonstrate understanding and knowledge of the topic by:

- Actively participating
- Asking appropriate questions
- Answering questions when called upon

Case Study Presentation & Discussion Leadership (10% of course grade):

All students are expected to complete the assigned case studies and hand them in on the date due. The student assigned to present the case will include the following in her presentation:

- An assessment of the case study including a discussion of the pertinent aspects of the patient's medical/nutritional history
- Brief review of pathophysiology if needed
- Leading of discussion of case study questions
- Summary of the nutrition management of the case

Thirty (30) minutes will be allowed for presentation and discussion.

Evaluation will be based on the following:

- Completeness of presentation – overall quality of the presentation; demonstration of thorough understanding of the topic.
- Clarity of presentation – Were the concepts presented in a clear and concise manner.
- Ability to answer questions and lead the discussion.

Case Study	Date	Student
#23 Parkinson's Disease with Dysphagia	July 3	
#17 Inflammatory Bowel Disease: Medical Nutrition Therapy	July 8	
#18 Inflammatory Bowel Disease: Surgical Treatment	July 10	
#19 Chronic Pancreatitis	July 14	
#21 Cirrhosis of Liver with Encephalopathy	July 15	
#32 Impaired Renal Function	July 17	
#33 ESRD with Hemodialysis	July 21	
#25 COPD with Respiratory Failure	July 22	

Nutrition Education Plan Assignment (20% of course grade):

1. Students will work in groups of 2. Both students will receive the same grade.
2. Develop a Medical Nutrition Therapy Education Plan for an Assigned Disease Process. The plan should contain:
 - the number of education interventions, the length of contact, the amount of time between interventions
 - the specific clinical and behavioral outcomes expected
 - an outlines of each session including specific assessment and intervention strategies which will be used at each session
 - Specific education materials and methods which could be used as part of the education session
 - Pertinent references used to develop the plan
3. Present the education plan to the class (30 minutes). Your presentation should include:
 - A description of your education plan including clinical and behavioral outcomes

- Specific information about the dietary modifications necessary to treat the disease process.
 - Specific examples of teaching strategies which might be used, i.e. for meal preparation, food purchasing, eating out etc.
3. Make a copy of your education plan for each class member.

Assignment	Date of Presentation	Student Names
Dash Diet for Treating Hypertension	July 23	1. 2.
Weight Loss Regimens including Bariatric Surgery	July 23	1. 2.
Carbohydrate Counting for Type I Diabetes	July 15	1. 2.
Diet for Renal Failure (Pre Renal, Hemodialysis, Peritoneal Dialysis)	July 15	1. 2.

Appendix 2.5.1b

NUTR 543 - ADVANCED NUTRITIONAL BIOCHEMISTRY

PROFESSOR DAVID L. GEE, PhD

SUMMER 2007

COURSE DESCRIPTION: Advanced study of the effects of micro- and macro-nutrients on human metabolism. Linkage of this information to the role of nutrition in long-term health and the prevention and treatment of disease.

COURSE OBJECTIVE: Apply current research information of nutrition and metabolism to the practice of dietetics.

Office: 109 HHPN Building

Phone Number: 963-2772

E-mail address: geed@cwu.edu

Office Hours: Monday & Wednesday 2:30 - 3:30 or by appointment

Textbook: *Metabolism*. 1st edition. Carole J. Coffee. 1998. Fence Creek Publishing.

This book is currently out of print. The required readings are available at the Copy Shop.

Metabolism at a Glance. J.G. Salway., 3rd ed. , Blackwell Publishing, 2004 (optional) (same textbook that was used in NUTR 443- Nutrition II this past year)

Learner Outcomes

1. The student will be able to describe the regulation of carbohydrate and lipid metabolism as they are affected by different physiological states.
2. The student will be able to describe the process of protein catabolism with an emphasis on amino acid nitrogen disposal.
3. The student will be able to apply this knowledge by presenting a professional presentation of a clinical case study.

Grading Policy

Exam 1: July 2 covers Carbohydrate Metabolism (Chapters 8, 9, 11, 12, 13, 14)	100 points
Exam 2: July 16 covers Fat and Protein Metabolism (Chapters 19, 20, 21, 23)	100 points

Exam 3: July 26 covers Protein Metabolism and case studies (chapter 25)	100 points
Case Study (50% peer evaluation, 50% instructor evaluation - includes quality of questions)	100 points
Total	400 points

Case Study Presentations

Each student has been assigned to present (as a team) a case study. Prepare to give a 30 minute presentation on your case study. Your presentation should include an overview of the case, a review of the metabolic aspects of the case, and the nutritional implications of the case. Each person on the team will present an equal portion of the case. Evaluation will be on the entire presentation with equal points being given to both members of the team. One half of the grade will be based on evaluations by your peers and one half by your instructor. The evaluation will be based on the following scoring system:

Clarity of presentation	Were the concepts presented to you in a clear and concise manner?	15 points
Ability to answer questions	Did the presenters display adequate knowledge to answer questions related to the case study?	10 points
Use of visual aids	Did the presenters use visual aids (whiteboard, overheads, Powerpoint slides) effectively to assist in the transmission of knowledge?	10 points
Overall quality of presentation		15 points
TOTAL		50 points

Format of Case Study Presentation

I. Overview of Case Study

II. Background Information

A. Reviews the biochemical and metabolic information that is relevant to this particular case study

III. Case Study Presentation

A. Application of biochemical/metabolic information to case study

- B. Nutritional/dietary factors relevant to case study
- C. Nutritional care/treatment and rationale

Required Written Material

1. **Learning Objectives**
 - a. What essential concepts should the learner gain from listening to your presentation?
 - b. Learning Objectives should be presented to the class as a handout and/or overhead projection
2. **Multiple choice questions**
 - a. Presenters shall prepare 6 multiple choice questions that aid in determining whether learning objectives were met.
 - b. Questions should be **challenging** and require that the learner was able to answer the question because of your case presentation
 - c. Please submit your questions as a Word document attached to an email to geed@cwu.edu
3. **Acknowledgment of Student Judicial Code regarding proscribed academic conduct.**
 - a. Student shall sign the following statement: I acknowledge the Student Judicial Code (WAC 106-120) which recognizes the importance of academic integrity and certify that **these submitted questions have not been shared with any other student in the class other than members of my presenting team.**
4. These written materials are to be turned in the day of your presentation.

Case Study Topics

- Case Study - Pyruvate Dehydrogenase Deficiency
- Case Study - Von Gierke's Disease
- Case Study - Hypoglycemia
- Case Study - Fructose Intolerance
- Case Study - Secondary Prevention of Coronary Heart Disease
- Case Study - Alcoholic hepatitis
- Case Study - Protein Catabolism and Trauma
- Case Study - Phenyketonuria
- Case Study - Homocystinuria

Course Schedule

- Week of June 18-21 (MTWTh)
 - Regulation of Metabolism (Chapter 8) (Powerpoint slides)
 - Overview of Carbohydrate Metabolism (Chapter 9) (Powerpoint slides)
 - Glycolysis (Chapter 11) (Powerpoint slides)

- Week of June 25-28 (MTWTh)
 - Glycogen Metabolism (Chapter 12) (Powerpoint slides)

Gluconeogenesis (Chapter 13, MAAG: Chapter 23) (Powerpoint slides)
Pentose Phosphate Pathway (Chapter 14, MAAG: Chapter 12) (Powerpoint slides)

Week of July 2-5 (MTTh)

Exam 1 (Carbohydrate Metabolism) (Monday, July 2)

Lipid Transport (Chapter 19)

Week of July 9-12 (MTWTh)

Fatty Acid Metabolism (Chapter 20)

Cholesterol and Sterol Metabolism (Chapter 21)

Pathways of Lipid Metabolism (Chapter 23)

Week of July 16-19 (MTThF)

Exam 2 (Lipid Metabolism) (Monday July 16)

Amino Acid Catabolism (Chapter 25) (Powerpoint slides)

Protein metabolism

Case Study Presentations

Week of July 23-26 (MTWTh)

Case Study Presentations

Exam 3 (Protein Metabolism and Case Studies) (Thursday, July 26)

Appendix 2.5.1c

NUTR 545 Advanced Studies in Developmental Nutrition

4 credits

Summer 2008 2:10 to 3:35 pm M-Th

Instructor: Ethan Bergman, Ph.D., R.D., C.D.

Office: PE 125

Phone: 963-2366

Email: bergmane@cwu.edu

Texts: *Pediatric Nutrition Handbook*, 5th edition; *Nutrition Through the Lifecycle*, Brown. *Medical Nutrition Therapy*, Nelms & Long, Second Edition. *Kraus' Food, Nutrition and Diet Therapy*, 11th Ed.

Description: New developments concerning the effects of nutrition on the pregnant woman, the developing fetus, the lactating woman, the developing infant, the child, and the adolescent.

Course Objectives: At the conclusion of the course students will be able to:

1. Discuss nutritional problems related to pregnancy, lactation, infant nutrition, childhood nutrition and adolescent nutrition.
2. Critique research studies related to the above areas.
3. Apply current research in the practice of dietetics.
4. Provide nutrition counseling and education to individuals and groups for health promotion, maintenance, treatment, and rehabilitation.
5. Participate in activities that promote improved nutrition status of consumers and market the profession of dietetics.

Grading:

a.	Attend & Part:5 pts/day x 24 days =	120 pts
b.	Midterm:	100 pts
c.	Final Exam:	75 pts
d.	Case Study present:	25
e.	Major Presentation on EAL Topic (include 2 ques for final exam):	100
	Total	420 pts

A:	93% and up	C:	73-77 %
A-:	90-93 %	D+:	70-73 %
B+:	87-90 %	D:	67-70 %
B:	83-87 %	D+:	63-67 %
B-:	80-83 %	D-:	60-63 %
C+:	77-80 %	F:	Below 60 %

Course Outline

Week	Day	Subject Covered	Reading Material	Case Studies:
Ju 16	Monday	Introduction to class and syllabus; Infant Nutrition	Brown ch 8; PNH ch 1	Brown 8.1;
Ju 17	Tuesday	Normal Infant Nutrition	Brown ch 8; PNH ch 1	Bergman Introduce: Evidence Analysis Library
Ju 18	Wednesday	Normal Infant Nutrition; food Sensitivities/ allergies	Brown ch 8; PNH ch 34	
Ju 19	Thursday	Infant Conditions: Preterm	Brown ch 9; PNH ch 2	
Ju 23	Monday	Toddler and Preschooler Nutrition	Brown ch 10; PNH ch 7	a. 8.2; b. b.8.3; c. Kraus p 256 9.1
Ju 24	Tuesday	Toddler and Preschooler Conditions; Allergy	Brown ch 11;PNH 34	9.2 10.1
Ju 25	Wednesday	Toddler and Preschooler Conditions	Brown ch 11	a. 11.1
Ju 26	Thursday	Toddler and Preschooler Conditions	Brown ch 11	11.2;11.3
Ju 30	Monday	Child and Preadolescent	Brown ch 12	12.1
July 1	Tuesday	Child and Preadolescent	Brown ch 12	12.2
Jul 2	Wednesday	Lecture Catch up Day		12.1; 12.2 Softdrinks and vending machine school policies
Jul 3	Thursday	Child and Pre-ad: Conditions	Brown ch 13	a. 13.1 p 320; b.Explore Nutrition Care Manual c. Explore Pediatric Conditions 1 and 2 d.13.2 e. Kraus f. Kraus
Jul7	Monday	Child and Pre-ad Conditions	Brown ch 13	Continued from above
Jul8	Tuesday	Adolescent Nutrition	Brown ch 14 &15	Continued from above
Jul9	Wednesday	Midterm Exam		
Jul10	Thursday	Case Study Presentations; Infancy	Major Presentations	
Jul14	Monday	Case Study Presentations:Infancy	Major Presentations	

Jul15	Tuesday	Case Study Presentations: Toddler	Major Presentations	
Jul16	Wednesday	Case Study Presentations: Pre-School	Major Presentations	
Jul27	Thursday	Case Study Presentations: Childhood		
Jul21	Monday	Case Study Presentations: Childhood/Adolescence	Major Presentations	
Jul22	Tuesday	Case Study Presentations: Adolescence	Major Presentations	
Jul23	Wednesday	Case Study Presentations: Adolescence	Major Presentations	
July24	Thursday	Final Exam:		

Major Presentations Schedule

Find Below Suggested Topics for the major presentation. These presentations will be done in pairs. If you have another issue you would like to present, discuss with instructor.

Date	Subject	SOURCE	PRESENTORS
Th Ju 10	Factors Associated with Obesity in Children	EAL Childhood Overwt	
M Ju 14	Diet and Family Activities	EAL	
T Ju 15	Child Eating Behavior	EAL	
W Ju 16	Physical Activity and Inactivity	EAL	
Th Ju 17	Childhood Obesity Prevention	EAL	
M Ju 21	Childhood Obesity Treatment	EAL	
T Ju 22	Gluten Intolerance/ Celiac disease	EAL	
W Ju 23	Diabetes Type 1	EAL	
Th Ju 24	Pediatric Wt Management Guidelines	EAL	

Appendix 2.5.1d

NUTR 547 – Nutrition Update Summer 2008

Dietary Supplements/Complementary Medicine Assignments

Term Paper

Write a concise summary and critical review paper on the dietary supplement or type of complementary medicine that you have been assigned. The format of your paper shall follow the requirements for review papers in the Journal of the American Dietetic Association. In their Instruction to Authors (<http://www.adajournal.org/authorinfo>) they state:

Review articles should address topics with an extensive body of literature to provide a critical summary of the evidence and current applications. Review articles may also address an emerging topic with limited literature to demonstrate the need for more research. Reviews should include (1) conventional abstract; (2) introduction; (3) body, which develops the subject in logical order using appropriate subheads; (4) conclusions; (5) detailed and comprehensive list of references; and (6) tables/figures as relevant. Meta-analysis is also highly encouraged. Review articles may be longer but seldom exceed 4,500 words.

The body of your review paper should include the following:

Reported Benefits

Describe what reported benefits are linked with the use of this dietary supplement or this type of complementary medicine.

Theoretical Basis

Describe the theoretical basis or plausible mechanism for this dietary supplement or complementary medicine.

Scientific Evidence

Describe what scientific evidence (original research articles published in peer-reviewed scientific journals).

Reviewed Original Research Articles

An original/primary research paper describes a research study actually carried out by the investigators and NOT information describing other researcher's experiment. Your summary should include a brief description of the methods (number and type of subjects, dosage and timing of supplement use, type of tests performed), results, and end with a summary sentence describing whether this

article supports or refutes the claim of that supplement being an ergogenic aid. Articles written for the lay public are not acceptable for this section of the paper.

Summaries of Review Papers

Provide a summary of the findings of each review paper. Include the number of papers they reviewed, criteria they used in selecting the papers they reviewed, and any other pertinent information.

Conclusions

Based on your findings, and in particular the scientific evidence, what is your recommendation regarding the use of this dietary supplement or type of complementary medicine? Include recommendations made by others (other reviewers, agencies, etc) who have also reviewed the effectiveness of your dietary supplement or type of complementary medicine. You may include commentary by other experts in this area.

Finish your conclusion by using the ADA's Evidence Library Statement Rating system (see link on Blackboard assignment page) to describe the strength of your recommendation. You may use ADA's Evidence Analysis Conclusion Grading Scale (see link on Blackboard assignment page) to help quantify the strength of the evidence you used in coming to this conclusion.

Please submit your paper electronically as a Word document attachment.

Oral Presentation

Deliver a 30 minute oral presentation describing your findings of this dietary supplement or type of complementary medicine. A professional quality presentation is expected. Include a slide indicating the learning objectives of your presentation. Please provide copies of handout of your slides to each member of the class. Please e-mail me the Powerpoint file of your presentation at least one day in advance of your lecture so that I can have it up and ready to go.

Exam Questions

Please provide the instructor five multiple-choice questions that your audience should be able to answer following your presentation. These questions should be based around the learning objectives of your presentation. These questions will be used for the midterm or final examinations.

Peer Review

Each paper will be reviewed by two anonymous peers in this course. The paper will be sent to them electronically. Fill out the peer-review form linked on the course web page. The peer-review will be worth 20% of the total paper/presentation score. In addition, the effort put in by the reviewer will also be evaluated by the instructor of the class and be worth 5% of the total paper/presentation score. Presentations will be reviewed by all members of the class and will be worth 12.5% of the total paper/presentation score.

NUTR 547 – Nutrition Update
Grading Policy (revised 6/16/08)

Research Paper Due Friday July 18 (electronic submission)	100 points
Peer Review of Research Paper (mean score by your peers)	40 points
Peer Review (score of your review by instructor) Due Wednesday July 23 (electronic submission)	10 points
Presentation (50% instructor, 50% peer)	50 points
Midterm Exam Monday July 7	50 points
Final Exam Wednesday July 23	50 points
TOTAL	300 points

Perfect attendance is expected. Inform the instructor in advance of a class that you need to miss.

NUTR 547 – Nutrition Update
Summer 2008
Tentative Schedule

Date	Topic
June 16	Introduction to Complementary and Alternative Medicine
June 17	Video: The New Medicine
June 18	Video: The New Medicine
June 19	Field Trip to Bastyr University (all day, four 1-hour presentations)
June 23	Video: The New Medicine: class discussion
June 24	Video: The Alternative Fix
June 25	Introduction to Dietary Supplements
June 26	No class: Bastyr trip make-up date

June 30	No class: Bastyr trip make-up date
July 1	Dietary Supplements and Kava
July 2	Ephedra: Joe Tibay St. John's Wort: Samantha Belanger
July 3	Glucosamine: Ann Elkins Ginseng: Melvin Lu
July 7	Reiki: Annie Becker
July 8	Mid-Term
July 9	Saw Palmetto: Tim Multop Valerian: Bre-Anna Manwaring
July 10	CAM: cholesterol lowering: Charlene Mize Chiropractic Medicine: Ineke Ojanen
July 14	Acupuncture: Alyssa Wood Ayurvedic Medicine: Shireen Dow
July 15	Alixandra Cohen – Omega-3 Fatty Acids Black Cohosh: Mercedes Clouser
July 16	Feverfew: Kate Kelly Shark Cartilage – Heather Walker
July 17	Noni Juice – Laurie Sauerwein
July 21	Green Tea – Stefanie Herrington Probiotics – Randy Keener
July 22	Kelly Horton, MS, RD (connectnutrition.com) Will give TWO presentations (12:30-1:30PM and 2:00-3PM) on Public Policy and the RD and Sustainable Food Systems. Please include both presentations on your schedule.
July 23	Final Exam
July 24	No class: Bastyr trip make-up date

Appendix 2.5.2

Central Washington University Dietetic Internship Student Evaluation Community Experience

Performance Level:

- **M = Meets the performance criteria**
- **E = Exceeds the performance criteria**
- **U = Unable to meet the performance criteria**
- **Provide comments as appropriate to support the rating.**

Assess Nutrition Status of Clients

	Rating	Comments
1. Correctly uses growth grids and pregnancy weight gain graphs to assess client nutritional needs.		
2. Correctly completes dietary recalls with minimal or no errors.		
3. Uses laboratory values to evaluate the clients nutrition needs, as appropriate.		
4. Correctly identifies those clients at risk or with special nutrition needs.		
5. Uses critical thinking skills to assess the overall picture, using all available information		

Implements Nutrition Care:

	Rating	Comments
1. Identifies desired outcomes and client education needs.		
2. Recommends appropriate ways to achieve nutrition requirements.		
3. Develops entries for the medical record, which are accurate, concise, using correct grammar, spelling and terminology.		
4. Makes appropriate referrals.		
5. Actively contributes to discussions with health care team members		

Counseling Skills:

Rating

Comments

	Rating	Comments
1. Establishes rapport, is pleasant, smiles, puts clients at ease and maintains eye contact.		
2. Uses appropriate literacy level when educating clients; is sensitive to cultural differences.		
3. Communicates effectively with client and family members; keeps counseling session on track.		
4. Demonstrates sensitivity to client's needs, i.e. breast feeding, crying baby, etc.		
5. Helps clients establish realistic nutrition goals.		

Professionalism:

Rating

Comments

	Rating	Comments
1. Reliability		
2. Professional appearance and adherence to dress code.		
3. Observes policies and regulation of the facility including client confidentiality.		
4. Demonstrates initiative.		
5. Works as a team member.		
6. Follows through with work, assignments and projects.		
7. Accepts constructive criticism		
8. Respects the rights and opinions of others.		
9. Exemplifies a positive attitude and self-confidence.		

Organization:

Rating

Comments

<p>1. Uses both work and lag time efficiently.</p> <p>2. Compiles information in a concise and logical manner.</p> <p>3. Integrates unexpected duties into the work schedule.</p> <p>4. Writes legibly and neatly</p>		
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Intern Strengths:

Areas for Continued Growth:

Overall Comments:

_____ **Mid-rotation Evaluation**

_____ **Final Evaluation**

Overall Grade:

_____ **P = Passing (meets or exceeds expected skill level).**

_____ **F = Fail (does not meet minimum skill level).**

_____ **I = Incomplete (Requires more time/experience to master skills).**

Instructions to intern – Please complete the following:

_____ **I have reviewed this evaluation and agree with the rating.**

_____ **I have reviewed this evaluation and disagree with the rating.**

My concerns are:

Days Missed: _____ **Reason:** _____

Preceptor: _____ **Date:** _____

Preceptor: _____ **Date:** _____

Intern: _____ **Date:** _____

Internship Director: _____ **Date:** _____

Central Washington University - Dietetic Internship Student Evaluation Medical Nutrition Therapy Rotation – Mid/Final Evaluation

Performance Level:

- M = Meets the performance criteria.
- E = Exceed the performance criteria.
- U = Unable to meet the performance criteria.
- Provide comments as appropriate to support the rating.

Assess Nutrition Status of Patients

Rating

Comments

<p>6. Correctly identifies those patients at risk or with special nutritional care needs.</p> <p>7. Obtains nutritionally relevant data from all sources, including the medical record, the patient (and patient family) and from other health care team members.</p> <p>8. Correctly calculates energy, protein and fluid needs.</p> <p>9. Demonstrates knowledge of disease states and current nutritional practices.</p> <p>10. Uses appropriate interviewing skills, e.g. open-ended questions, closed-ended questions.</p>		
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Plans and Implements Nutrition Care:

Rating

Comments

<p>6. Identifies desired nutrition outcomes based on the patients medical and nutrition needs.</p> <p>7. Selects appropriate methods for feeding patients (i.e. initial feeding, transitional feeding, consistency etc.)</p> <p>8. Recommends appropriate ways to achieve nutritional requirements.</p> <p>9. Contributes to discussions with health care team members.</p> <p>10. Makes appropriate Referrals.</p>		
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<p>11. Develops entries for the medical record, which are accurate, concise, using correct grammar, spelling and terminology.</p> <p>12. Participates in patient care conferences, as appropriate.</p> <p>13. Assures that nutrition care is being implemented by using proper documentation in patient cardexes and following up to see that patients are receiving appropriate feedings.</p>		
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Patient/Family Counseling:

Rating

Comments

<p>10. Communicates information to patient/families in an effective manner based on patient needs.</p> <p>11. Uses open-ended questions, active listening skills, etc. to make the most of the education process.</p> <p>12. Documents counseling process including assessment of the patient/family's understanding/comprehension & plans to improve patient knowledge when it does not meet requirements.</p>		
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Professionalism:

Rating

Comments

<p>5. Observes the policies and procedures of the facility:</p> <ul style="list-style-type: none"> ▪ Maintains confidentiality regarding patient information and hospital affairs. ▪ Adheres to department dress code. <p>6. Attends to health and personal matters in a manner that does not conflict with work schedule.</p> <p>7. Demonstrates initiative; can work independently if needs.</p> <p>8. Follows through with assigned responsibilities; demonstrates reliability.</p> <p>5. Conducts self in a professional manner.</p>		
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Organization:

Rating

Comments

<ol style="list-style-type: none">1. Provides assistance to patients/families in a courteous and timely manner.2. Completes assignments on time.3. Compiles information in a concise, logical, neat manner.		
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Intern Strengths:

Areas for Continued Growth:

Goals for Continued Growth (developed by Preceptors and Dietetic Intern):

Evaluator(s)

_____ **Date** _____

_____ **Date** _____

Dietetic Intern: _____

Date _____

Dietetic Internship Director: _____

Date _____

Central Washington University
Dietetic Internship Student Evaluation
Foodservice Management

Performance Level:

- M = Meets the performance criteria
- E = Exceeds the performance criteria
- U = Unable to meet the performance criteria
- Provide comments as appropriate to support the rating.

Performance Criteria:	Performance Level:	Comments:
<p>Demonstrates ability to effectively apply the following foodservice management skills:</p> <ol style="list-style-type: none"> 1. Menu Planning – Plans menus which take into consideration the needs of the customers and the foodservice operation. 2. Food Production – Understands the various aspects of food production including principles of food preparation. 3. Recipe Standardization – Standardizes a recipe using appropriate procedures. 4. Equipment and Food Purchasing – Develops appropriate specifications for food and equipment considering the needs of the facility. 5. Human Resources Management – Participates in the hiring, training, and evaluating of employees. 6. Employee Training – Conducts an effective in-service training session. 7. Employee Supervision – Is able to effectively supervise a group of employees in the completion of a task. 8. Financial Management – Demonstrates understanding of basic cost accounting. 9. Safety and Sanitation – Identifies appropriate safety and sanitation concerns. Develops realistic solutions. 10. Quality Assurance – Makes appropriate recommendations based on quality assurance data gathered. 		

Performance Criteria	Performance Level	Comments
Demonstrates the following Professional Characteristics: 1. Communication – Consistently delivers a clear message. Communicates effectively with both employees and preceptor. 2. Dependability – Always follows through with assigned responsibilities. 3. Initiative – Takes responsibility for own learning; independently identifies and solves problems. Seeks additional learning experiences. 4. Organizational Skills – Finishes work before or by deadlines. 5. Confidence – Expresses needs and professional opinions in a direct way. 6. People Skills – Works effectively with people; works as a team player.		

Intern Strengths:

Areas for Continued Growth:

Overall Grade:

- _____ P - Passing - Meets or exceeds performance criteria
 _____ F - Fails to meet performance criteria
 _____ I - Incomplete - Requires additional time/experience to meet performance criteria.

Instructions to Intern - Please complete the following:

- _____ I have reviewed this evaluation and agree with the rating.
 _____ I have reviewed this evaluation and disagree with the rating.

My concerns are: _____

Days missed: _____ Reason: _____

Preceptor: _____ Date _____

Dietetic Intern: _____ Date _____

Central Washington University
Dietetic Internship Student Evaluation
Hospital Foodservice Management

Performance Level:

- M = Meets the performance criteria
- E = Exceeds the performance criteria
- U = Unable to meet the performance criteria
- Provide comments as appropriate to support the rating.

Performance Criteria:	Performance Level:	Comments:
<p>Demonstrates ability to effectively apply the following foodservice management skills:</p> <p>11. Menu Planning – Plans menus which take into consideration the needs of the customers and the foodservice operation.</p> <p>12. Food Production – Understands the various aspects of food production including principles of food preparation.</p> <p>13. Recipe Standardization – Standardizes a recipe using appropriate procedures.</p> <p>14. Equipment and Food Purchasing – Develops appropriate specifications for food and equipment considering the needs of the facility.</p> <p>15. Human Resources Management – Participates in the hiring, training, and evaluating of employees.</p> <p>16. Employee Training – Conducts an effective in-service training session.</p> <p>17. Employee Supervision – Is able to effectively supervise a group of employees in the completion of a task.</p> <p>18. Financial Management – Demonstrates understanding of basic cost accounting.</p> <p>19. Safety and Sanitation – Identifies appropriate safety and sanitation concerns. Develops realistic solutions.</p> <p>20. Quality Assurance – Makes appropriate recommendations based on quality assurance data gathered.</p>		

Performance Criteria	Performance Level	Comments
Demonstrates the following Professional Characteristics: 7. Communication – Consistently delivers a clear message. Communicates effectively with both employees and preceptor. 8. Dependability – Always follows through with assigned responsibilities. 9. Initiative – Takes responsibility for own learning; independently identifies and solves problems. Seeks additional learning experiences. 10. Organizational Skills – Finishes work before or by deadlines. 11. Confidence – Expresses needs and professional opinions in a direct way. 12. People Skills – Works effectively with people; works as a team player.		

Intern Strengths:

Areas for Continued Growth:

Overall Grade:

- _____ P - Passing - Meets or exceeds performance criteria
 _____ F - Fails to meet performance criteria
 _____ I - Incomplete - Requires additional time/experience to meet performance criteria.

Instructions to Intern - Please complete the following:

- _____ I have reviewed this evaluation and agree with the rating.
 _____ I have reviewed this evaluation and disagree with the rating.

My concerns are: _____

Days missed: _____ Reason: _____

Preceptor: _____ Date _____
Dietetic Intern: _____ Date _____

Central Washington University – Dietetic Internship Program Presentation Evaluation form

Performance Level:

- Use 3 if exceeds the performance criteria
- Use 2 if meets the performance criteria
- Use 1 if improvement is needed
- Provide comments as appropriate to support score given

Performance Criteria	Score (1, 2, or 3)	Comments
<p><i>Organization and Preparation of Material:</i></p> <ul style="list-style-type: none"> • Clear Introductions; creates interest • Important information identified. • Well organized. • Thorough understanding of information • Clear focus on central idea; summarizes main points. • Answers questions appropriately. 		
<p><i>Presentation and Speaking Skills:</i></p> <ul style="list-style-type: none"> • Uses appropriate vocal volume; easy to understand. • Speaks with confidence (poise, posture and facial expression). • Uses appropriate language and terminology. • Uses good eye contact with audience. • Uses visual aids effectively; visual aids add interest and emphasis and are easily read by the audience. • Establishes rapport with audience and hold interest; involves audience 		

Overall Evaluation (circle one): **Exceeds criteria** **Meets criteria** **Does not meet criteria**

Appendix 2.6.2

Competency/Learning Outcome	Average Score
1. Supervise nutrition screening of individual patients/clients.	1.38
2. Supervise nutrition assessment of individual patient/clients with common medical conditions.	1.44
3. Assess nutritional status of individual patients/clients with complex medical conditions, i.e., more complicated health conditions in select populations.	1.80
4. Manage the normal nutrition needs of individuals across the lifespan, i.e., infants through geriatrics and diversity of people, cultures, and religions.	2.00
5. Design and implement nutrition care plans as indicated by the patient's/client's health status.	1.88
6. Manage monitoring of patient's/clients' food and/or nutrient intake.	1.56
7. Select, implement, and evaluate standard enteral and parenteral nutrition regimens to meet nutrition requirements.	1.88
8. Develop and implement transitional feeding plans, i.e., conversion from one form of nutrition support to another, e.g., total parenteral nutrition to tube feeding or oral diet.	2.06
9. Coordinate and modify nutrition care activities among caregivers.	2.13
10. Conduct nutrition care component of interdisciplinary team conferences to discuss patient/client treatment and discharge planning.	2.13
11. Refer patient/client to appropriate community services for general health and nutrition needs and to other care providers as appropriate.	1.93
12. Conduct general health assessment, e.g. blood pressure, vital signs (perform).	3.38
13. Supervise quality improvement, including systems and customer satisfaction for dietetics service and/or practice.	2.13
14. Develop and measure outcomes for food and nutrition services and practice.	2.31
15. Supervise documentation of nutrition assessment and interventions.	2.19
16. Provide nutrition education to clients.	1.56
17. Develop and review education materials for target populations.	1.88
18. Participate in business or operating plan development.	3.07
19. Supervise the collection and processing of financial data.	3.50
20. Perform marketing functions.	2.86
21. Participate in human resource functions.	2.71
22. Participate in facility management, including equipment selection and design/redesign work units.	2.53
23. Supervise the integration of financial, human, physical, and material resources and services.	2.71
24. Supervise production of food that meets nutrition guidelines, cost parameters, and customer acceptance.	2.06
25. Supervise development and/or modification of recipes/formulas.	1.88
26. Supervise design of menus as indicated by the patient's/client's health status or needs.	2.00
27. Participate in applied sensory evaluation of food and nutrition products.	1.81

28. Supervise procurement, distribution and service within food delivery systems.	2.25
29. Manage safety and sanitation issues related to food and nutrition.	1.81
30. Supervise screening of nutrition status of population and/or community groups.	1.80
31. Conduct assessment of nutrition status of the population and/or community groups.	1.87
32. Provide nutrition care of population groups across the lifespan, i.e. infants through geriatrics, and a diversity of people, cultures, and religions.	1.93
33. Conduct community-based health promotion/disease prevention programs.	2.21
34. Participate in community-based food and nutrition program development and evaluation.	2.36
35. Supervise education and training for target groups.	2.00
36. Supervise counseling, education and/or interventions in health promotion/disease prevention for patients/clients needing medical nutrition therapy for common conditions.	1.88
37. Supervise community-based food and nutrition programs.	2.57
38. Perform ethically in accordance with the values of the American Dietetic Association.	1.50
39. Participate in professional activities.	1.67
40. Interpret and incorporate new scientific knowledge into practice.	1.73
41. Use current technologies for information and communication activities.	1.63
42. Perform self-assessment and participate in professional development.	1.73
43. Participate in legislative and public policy processes as they affect food, food security and nutrition.	2.64
Overall, I believe the dietetic internship program prepared me to practice effectively as an entry-level dietitian.	1.75