

Standard Two: Curriculum and Student Outcomes

The Dietetic Internship Program (DI) has a planned curriculum based on the program's environment, mission, goals and expected outcomes. The curriculum supports achievement of student learning and expected competence of the graduate.

Criterion 2.1

The DI curriculum is planned to provide learning activities to attain all the Competencies (Appendix A) defined to enter practice as a registered dietitian.

2.1.1 Supervised practice and didactic learning activities prepare interns for professional practice with patients/clients with various conditions, including but not limited to weight management and obesity, diabetes, cancer; and cardiovascular, gastrointestinal and renal diseases.

Appendix 2.1.1 outlines the didactic learning that is planned within the Central Washington University DI. Interns are enrolled in didactic classes during the two summers, before and after the 9 month period of supervised practice rotations. The seminar (2 hours each week by distance education technology) during the 9 month supervised practice period provides additional didactic learning planned to augment and extend the applied learning of the practice rotations.

Didactic classes provide learning activities that encompass case studies of persons with various diseases/conditions including metabolic stress, overweight and obesity, diabetes, hypertension, cardiovascular disease, hyperlipidemia, inflammatory bowel disease, chronic and acute pancreatitis, hepatitis, cirrhosis with encephalopathy, and renal disease. Other didactic classes address the effects of nutrition in infancy, childhood, adolescence, pregnancy, and lactation; and complementary and alternative therapy options in health care. Topics covered in past seminars have included Aligning Expectations-Preceptors and Interns, Professionalism, Creating a Business Plan, Breastfeeding Support, Nutrition Needs in Elders, Budgeting, Developing Your Professional Portfolio, Case Study presentations by each intern, and review from the RD Exam. Beginning with the 2009-2010 internship year, the seminar will include the topics of Evaluation of Emerging Research in Nutrition, Advocacy and the Legislative Process, and Coding and Billing for Nutrition Services to fulfill the new standards.

Supervised practice sites offer opportunities for applied learning with diabetes, acute and chronic gastrointestinal disease, acute and chronic renal disease, cardiovascular disease, cancer, weight management, and obesity. Interns rarely work with persons with a single condition or disease, but usually deal with persons with multiple conditions/diseases. As in most hospital care settings, the acuity of care required by most persons is increasing. Those with low acuity of care needs are typically managed in the outpatient care setting.

The complexity of the patient condition and care is dependent on the facility where supervised practice is taking place. All interns experience the range of complexity of

care from the outpatient care settings of a hospital or agency to that of inpatient hospital care and the Intensive Care Units within the hospital setting.

2.1.2 Supervised practice and didactic learning activities prepare interns to implement the nutrition care process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly.

The variety of supervised practice rotations provides opportunity for interns to implement the nutrition care process with various populations and cultures. Through the Community/WIC rotation, interns work with infants, young children, pregnant/lactating women, and various ethnic groups. Through the School Food Service rotation, interns work with children and adolescents and the Long Term Care rotation allows interns to apply the nutrition care process with the elderly. The Medical Nutrition Therapy rotation provides for applying the nutrition care process across the life span, with a preponderance of the supervised practice being with adults and elders.

The diversity of culture that an intern has the greatest opportunity to work with is determined by the location of the Community/WIC clinic and the diversity of population of the geographic area. A high proportion of the clients in all geographic locations are of Hispanic heritage. Smaller populations of clients include Russian, Asian, Native American, Sudanese, and those of Middle Eastern heritage.

Appendix 2.1.2 outlines the populations and cultural groups that interns have the opportunity to work with in the various rotations.

2.1.3 Supervised practice and didactic learning activities prepare interns to implement all nutrition interventions defined in the nutrition care process (food and/or nutrient delivery, nutrition education, nutrition counseling and coordination of nutrition care).

Didactic learning activities in NUTR 540 – Nutrition Education, NUTR 541 – Applications in Dietetics, NUTR 543 – Advanced Nutrition and Biochemistry and NUTR 545 – Advanced Studies in Developmental Nutrition provide knowledge that allows interns to resolve or improve specific nutrition problems through appropriate nutrition interventions that are tailored to patient/client needs. Each of these classes provides opportunities to complete case studies and create education/counseling plans for individuals and groups with an understanding of the theoretical basis for the strategies used.

The didactic learning from the CWU summer classes and the individual intern's DPD curriculum is used in practice as interns apply the Nutrition Care Process including implementation of nutrition interventions. Food and nutrient delivery interventions are practiced in the MNT rotation (hospital setting), Community rotation (clinic setting), Long Term Care rotation (nursing home setting) and the Food Service Management rotation (public school setting). Food and nutrient delivery interventions that interns

practice include recommending and implementing meals (including prescribed diets), snacks, supplements, enteral feedings, and parenteral nutrition. Additionally, interns practice evaluating and making appropriate recommendations about feeding environments, need for feeding assistance, and nutrition-related medication management.

Nutrition education and nutrition counseling interventions are practiced in the MNT rotation, Community rotation, and to a lesser extent in the Food Service Management rotation. Interns practice both brief and comprehensive nutrition education with groups and individuals, utilizing appropriate theory to design strategies for the benefit of the individual or group. Brief education is most often practiced in WIC clinics and the hospital setting. More comprehensive education is practiced in the outpatient clinic settings. Interns document the education/counseling event according to the guidelines/protocol of the facility.

Coordination of nutrition care interventions are practiced in the MNT rotation and Community rotation where interns are required to make referrals, as needed, to other healthcare providers including speech therapy, social services, rehabilitation services, occupational therapy, community programs, etc and communicate nutrition care recommendations to the dietetics and kitchen staff. Additionally, interns are required to participate in interdisciplinary care or discharge planning meetings.

Appendix 2.1.3 outlines the alignment of nutrition interventions with supervised practice rotations and didactic classes.

2.1.4 Supervised practice learning activities occur in various settings, including acute care and critical care, outpatient, long-term care, a wellness program, public health/community (must include schools and WIC) and others determined by the program.

Appendix 2.1.4 outlines the name and type of facilities where interns are placed for supervised practice rotations. Facilities are selected on the basis of the opportunities available to accomplish the objectives and competencies assigned to each rotation. The facilities used for supervised practice include settings that allow interns to work with a varied and diverse client/patient population and an appropriate variety of conditions/diseases. Clients are varied in age from infants to elders and represent the range across the life cycle.

Facilities in each of the three geographic locations (Yakima Valley, Wenatchee, Tri-Cities) include hospitals that have acute and critical care patients. The Tri-Cities and Yakima Valley also have community hospitals which provide more local care for patients that do not require the high acuity/critical care. In Wenatchee, the lower acuity care patients are found within the acute care hospital. Interns in any of the three locations experience the range in care from that of low acuity to the critical care unit.

Additionally, interns practice health and wellness care in the community clinic (WIC) setting as well as the Child Nutrition Programs of the public school districts. Nutrition

care of the elderly is practiced in Long-Term Care facilities or nursing homes. Outpatient care is practiced in the community/public health centers, renal dialysis units, home health agencies, and outpatient clinics within hospitals.

Since interns are placed in various facilities in three major geographic areas, no two interns have exactly the same experience. However, the objectives and assignments for each rotation are designed to guide the intern and preceptor in being sure that each intern experiences the minimum activities that meet the specified competencies. Evaluation tools completed at the end of each rotation assesses the intern's ability to meet those competencies.

Criterion 2.2

In addition to the Competencies defines in Appendix A, the DI includes one, but not more than two, concentrations designed to begin development of the entry-level depth necessary for future proficiency in a particular area.

2.2.1 The concentration area(s) is chosen on the basis of mission, goals, resources, and expected learning outcomes.

The CWU Dietetic Internship offers a concentration in Community Nutrition. The concentration was selected based on the current mission, goals and resources of the internship and the current trends in healthcare. As the acuity of care has increased in hospital environments, increased quantity and variety of care is being completed in the community and outpatient setting. Additionally, more of the intern graduates are taking first jobs in community settings such as community health clinics, WIC clinics, and long-term care settings. Community and outpatient settings provide the opportunity to encourage preventive care and positive life-style choices rather than treating disease.

2.2.2 Competencies and learning activities are developed by the DI for the concentration area(s) that build on the Competencies defined in Appendix A.

The CWU DI is currently a general emphasis internship. The proposed concentration of Community Nutrition will be implemented with the intern class of June 2009. The Community Nutrition concentration will build on the routine activities in WIC Clinics and School Food Service and have interns working in the community to establish collaborative relationships and provide nutrition and health information to the community at large.

The proposed Learning Outcomes/Competencies and Planned Experiences take the intern out of the defined and more-traditional healthcare environments and require the intern to build alliances and relationships within the community and beyond the walls of the hospital or clinic. The following table outlines the learning outcomes, learning activities, assessment methods, and time/person doing the assessment.

	Competencies/ Learning Outcomes	Planned Experience	Assessment method	Assessed by	When assessed
Community Nutrition Concentration					
	The DI graduate will be able to plan, implement, and evaluate a health and wellness event for the community.	Community Project (Family Field Day) planned and implemented as a group	Summary and self evaluation in Portfolio	DI Director	Completion of project
			Peer evaluation	Interns	Completion of event
			Participant Evaluation	Participant	At event
		Plan, implement, and evaluate a National Nutrition Month activity or event.	Summary and self evaluation in Portfolio	DI Director	Completion of project
			Participant Evaluation	Participants	At event

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	The DI graduate will be able to develop collaborative relationships within the community.	Actively participate with a local health/wellness group.	Summary and self evaluation in Portfolio	DI Director	End of year
	The DI graduate will be able to plan, implement, and evaluate presentations on nutrition topics for various populations, including various ages and cultural groups.	Plan, present, and evaluate at least 2 public presentations on nutrition related topics.	Summary and self evaluation of each in Portfolio	DI Director	Completion of event
			Participant evaluation of each	Participants	At event

Criterion 2.3

The DI curriculum plan includes the following:

2.3.1 Identification of supervised practice rotations interns will complete to meet each of the Competencies defined in Appendix A and the program-defined competencies for the concentration area(s)

Each intern will complete the following rotations:

School Food Service	10 weeks	400 hours
Hospital Food Service	3 weeks	120 hours
Medical Nutrition Therapy	11 weeks	440 hours
Community (WIC) Clinic and Agencies	8 weeks	256 hours
Renal	2 weeks	80 hours
Long Term Care	2 weeks	64 hours
Optional	1 week	40 hours
	37 weeks	1400 hours

The matrix aligning competencies with each of the rotations (planned experiences) above can be found in Appendix 2.3.1.

2.3.2 Organized, sequential supervised practice rotations that logically progress from introductory learning activities and build on previous experience to achieve the expected competency upon completion of the program.

All interns begin the DI entering with the same minimum DPD education requirements from their undergraduate education. A BS degree and Verification of Completion of DPD is accepted as proof of their preparation to enter the internship.

Prior to any supervised practice and during the first summer session, each intern enrolls in NUTR 541 – Applications in Dietetics. This course is planned as a leveling course for new interns and covers medical terminology and case studies of patients, beginning with concepts of nutrition care in polypharmacy and diarrhea with dehydration to the more complex nutrition care concepts around acute and chronic renal disease. Interns complete the selected case studies independently and then present and discuss them during the specified class time. This class time also provides the opportunity to do some site visits to familiarize interns with types of facilities to increase their comfort level as they anticipate the first day of supervised practice in a specific rotation. Review of DI policies and procedures is also completed during the first summer session.

Beginning with the fall quarter, interns are placed in either the School Food Service rotation or the Community rotation. The number of preceptors in one facility and the number of facilities available in the three geographic areas limits the ability to have all interns in the same rotation at the same time. Additionally, MNT sites request that interns have another rotation completed prior to beginning MNT. Thus, our rotation

begins with School Food Service and Community, generally 4 interns in one and the other 4 interns in the other.

After completing one full rotation (either 7 or 10 weeks) the interns are scheduled for one of the remaining rotations. Due to the facility and preceptor limits, no sequence of rotations is possible to be maintained for all interns. Strengths and weaknesses of each intern are considered in scheduling, attempting to allow as much strength building as possible prior to scheduling MNT. The rotation schedule for 2008-2009 is included in Appendix 2.3.2.

Since no specific rotation sequence is able to be maintained, the sequence of learning activities to build towards the outcomes achievement is included within each rotation. Assignments are used to require skill building. When it is determined to be needed in a specific sequence, that sequence is prescribed in the written assignments. For example – in MNT, observation and practice of nutrition screening occurs within the first week of the rotation. Following the achievement of skill in nutrition screening, interns go on to observe and practice nutrition care with patients, beginning with the simpler cases and progressing to those with multiple diagnoses or more complicated care. Written directions for the interns designate the first 5-6 weeks of the MNT rotation as a period of observation and becoming familiar with the functions and responsibilities of the dietitian and gradually assuming more responsibility for patient nutritional care. The last 5-6 weeks of the rotation are designated as gradually assuming the functions and responsibilities of the dietitian with the goal of functioning independently for the last 2-3 weeks of the rotation.

2.3.3 Culminating experiences (such as staff experience) to demonstrate entry-level competence.

The culminating experience within the CWU DI is designated as the last 2-3 weeks of the MNT rotation when the intern is expected to function independently as a entry-level dietitian. The assessment of independent function is part of the preceptor evaluation of the intern at the end of the rotation.

Additional culminating experiences are part of the Community rotation and the Community Project. In the Community rotation, interns practice the independent functioning as a WIC dietitian. The Community rotation is the first or second rotation for most of the interns and preceptors give consideration to the level of experience in defining their expectations of “independent function.”

The Community Project offers the opportunity for the intern class to demonstrate their ability to work as a team and in collaboration with other community members, healthcare providers, and the public.

2.3.4 A variety of educational approaches (such as field trips, role-playing, simulations, problem-based learning, classroom instruction) necessary for delivery of curriculum content, to meet learner needs and to facilitate expected learning outcomes.

The didactic and supervised practice components of the DI provide a variety of educational approaches including field trips, classroom instruction, paired and team collaborative assignments, observation with subsequent practice, and programmed learning format. Interns have the opportunity to practice through role-playing prior to practice with clients/patients.

Among the favorite learning events are the opportunities for interns to observe other health care providers in their area of expertise such as speech therapy in a swallowing evaluation or the placement of a PEG tube. Attending local/regional/state professional meetings is one other means of learning that is expected of the interns.

Field trips have been used within didactic classes and within various rotations. Sites for field trips have included supervised practice sites prior to rotations, Bastyr University to learn about complementary and alternative medicine integration with traditional medicine, and product food shows.

2.3.5 Opportunities for interns to participate in interdisciplinary learning activities

Each rotation includes assignments and objectives that encourage the preceptor to include the intern in all interdisciplinary activities available within that rotation. Those interdisciplinary activities include:

- Interdisciplinary patient care meetings/rounds – including physicians, nurses, OT, PT, Social work. Speech therapy, etc.
- Discharge Planning
- Observation of PEG placement
- Observation of Swallow Evaluation
- Diabetes Education Classes
- Offsite day with Sanitarian

Preceptors have also included interns in local/regional/ and state meetings of associations/agencies such as Food Service Managers, Diabetes Education, Child Nutrition Services, and WALWICA (Washington Association of Local WIC Agencies).

2.3.6 Opportunities for interns to develop collaboration, teamwork, problem solving, critical thinking and self-assessment skills; and personal and professional attitudes and values, ethical practice, cultural competence, leadership and decision-making skills

Collaboration and teamwork is required of all interns through assignments and planned supervised practice activities. The following assignments are examples of the collaboration and teamwork required:

1. Hospital Food Service Rotation: Intern plans and implements a cafeteria theme day. This involves selecting the theme, planning the menu, ordering the food, and working with the kitchen staff and employees to supervise the preparation and service, costing, and arrangement of the food.

2. Community Project (DI class project): The community project, Family Field Day, is presented in April each year and involves planning and implementing 'Nutrition Messages' and 'Physical Activity' for the community in a fun and inviting way. Sponsors are sought for cash donations and donations of raffle goods and give aways. Other organizations such as the local Lung Association participate by providing a healthy activity for participants. The Dietetic Interns work as a team in collaboration with Yakima Valley Dietetic Association, The Greenway, and FitKids USA to plan and implement the activity.

Problem solving and critical thinking skills are used in all rotations, as interns complete assignments, plan and implement care for patients, counsel clients on healthy nutrition and physical activities across the life cycle, supervise employees in food production units, and participate in care rounds and interdisciplinary meetings.

Prior to beginning each rotation, interns determine personal goals for the rotation and determine their strengths and weaknesses (self-assessment) as they begin the rotation. Rotation summaries at the end of the rotation give interns further opportunity to assess their success in meeting their goals. When goals are not met, interns are assisted in further self evaluation and planning for future activities.

Within the MNT and Community rotation, interns are required to assess their own performance on practice activities and then review their assessment with the preceptor. The preceptor will also evaluate the intern on the same activity at a subsequent time.

Professional attitudes and values, ethical practice and cultural competence are taught through didactic classes, modeled by staff, faculty, and preceptors, and built into supervised practice activities through readings and nutrition care activities. Interns are evaluated on professionalism, ethical practice, and cultural competence through the rotation evaluations and will receive feedback from 6 or more preceptors throughout the internship.

2.3.7 Supervised practice rotation descriptions with clearly defined objectives reflecting the breadth and depth of supervised practice and expected intern performance

Each rotation has one or more written documents that describe the requirements of that rotation. Those documents are housed on Blackboard and available to the intern from any location through web access. Additionally, resources that are needed for the rotation and the rotation assignments are kept on Blackboard when available in an electronic format.

The curriculum documents for the Community Rotation and Medical Nutrition Therapy can be found in Appendices 2.3.7a and 2.3.7b as examples. Documents for all rotations will be available on site. Page one for each rotation includes directions for the interns at the beginning and the conclusion of the rotation.

At the beginning of the rotation, each intern is required to write 3-6 specific goals they would like to accomplish during the rotation. Additionally, they evaluate their strengths and weaknesses as they begin the rotation. At the completion of each rotation, interns complete a summary of their experiences addressing how their self-development goals were met and the learning aspects of the rotation. Interns place the materials from the rotation in a portfolio/notebook including: rotation evaluation with signatures of preceptor, intern, and DI director;; intern evaluation of preceptor(s); goals; rotation summary, rotation assignments; and copies of forms/resources for intern future use.

During the rotation, interns are guided by a document that lists major objectives and provides directions for assignments and activities during the rotation. Assignments usually include a specified number of articles for the intern to read and summarize in written format. The articles are accessible on Blackboard in an electronic format or the readings might be resources typically available in the rotation facility. Assignments are outlined, frequently with a timeline for completion. Assignments include materials that are to be reviewed on site such as training manuals; directions for discussion topics with preceptors such as agency structure, organization, philosophy, and policies; directions for observation of the preceptor; checklists to be completed for types of clients the intern has worked with regarding the nutrition care process; directions for developing in-service training and a visit to a food bank; and assignments to be completed in written format and reviewed by the preceptor.

The major rotations – Medical Nutrition Therapy, Community, and Food Service Management – have extensive directions for the activities and learning to be accomplished within the rotation. The preceptors are encouraged to alter assignments as they see appropriate within the specific facility or program as long as the same objective and learning outcome can be accomplished with the proposed assignment.

The last piece of the rotation curriculum is the evaluation used by the preceptor to evaluate the intern's accomplishments. Evaluation forms can be found in Appendix 2.5.2. The intern is ranked on a 3 criteria scale M/E/U with M=meets the performance

criteria, E=exceeds the performance criteria, and U=unable to meet the performance criteria. The preceptor then determines a summative evaluation for the rotation of P=pass (meets or exceeds expected skill level), F=fail (does not meet minimum skill level), or I=incomplete (requires more time/experience to master skills). In facilities where more than one preceptor works with an intern, each preceptor submits an evaluation or the preceptors submit a single evaluation with input from each of the preceptors incorporated into the one evaluation.

Criterion 2.4

The DI program length, including planned number of supervised practice hours is based on the program mission and goals, conforms to commonly accepted practice in higher education and is consistent with intern learning outcomes.

The CWU DI is 14 months in length, beginning in June of one year and finishing at the end of July the following year. Interns complete summer school didactic hours during June and July of each year. The supervised practice is accomplished from September through June. The schedule can be seen in table format in Appendix 2.1.1.

Didactic classes are included during the summer to contribute to a depth and breadth of knowledge for the interns as they become competent practitioners and are prepared for employment in dietetic-related fields. Since supervised practice sites are in three different geographic locations, it is not feasible to do face-to-face didactic instruction in the three different areas with the available faculty. Additionally, the supervised practice work load of 32-40 hours per week and homework in the evening would not allow successful completion of course work at the same time. Summers present an available time frame when interns can dedicate time to the didactic work.

Completing the didactic class work of 23 credit hours presents interns with the beginning steps to being a life-long learner. During the supervised practice, interns are required to participate in a specified number of dietetic related activities which include the Yakima Valley Dietetic Association meetings and the Washington State Dietetic Association annual meeting. Interns experience the continuing education opportunities that are provided by and required for maintaining credentialing. At the beginning of each rotation, interns are directed to the Professional Development Portfolio Process as a guide for establishing 3-6 specific goals for the rotation. During the spring quarter of supervised practice the Portfolio Process is reviewed and interns complete a learning plan they can revise and use once they have passed the RD exam. After finishing the internship and passing the registered dietitian exam, CDR will present further incentive to seeking continuing education.

Supervised practice rotations are outlined under Criterion 2.3.1. Scheduled rotations result in 37 weeks and 1400 clock hours of assigned time for each intern. This schedule has been used since 2004, when a change was made from 40 weeks to 37 weeks.

With the new standards, all competencies have been planned to be accomplished within the 37 weeks. The one change from the current rotation schedule is the dropping of the Optional week and replacing it with a one week Research Rotation to allow interns time to finish the required competencies. This change will be initiated with the intern class of 2009-2010. The 37 week rotation schedule has been planned to match the academic calendar for fall, winter, and spring quarters so that interns and preceptors are provided with sufficient DI Director and faculty support during supervised practice.

Recent survey responses from preceptors indicated that the majority of them agreed that the current length of time for rotations is adequate. As the rotation schedule is implemented in fall 2009 with the new competencies, program assessment will continue to evaluate the appropriateness of the length of rotations and total hours of practice.

At the successful completion of the 14 months, the intern has earned a certificate of completion, the ADA Verification Statement of completion of the dietetic internship, and 23 quarter hours of graduate level class work. The credits are earned at the Post Baccalaureate level unless the intern applies and is admitted to graduate school. If the intern does apply to graduate school, the 23 credits can count towards the 45 hours required in the Masters of Science in Nutrition available at CWU.

Criterion 2.5

The DI has a written plan for ongoing assessment that demonstrates the process by which interns are regularly evaluated on their acquisition of the abilities necessary to attain each Competency specified in Appendix A and the program-defined competencies for the concentration area(s). The plan must include:

2.5.1 Assessment methods that will be used

The written assessment plan for the DI can be found in Appendix 2.5. Varied assessment methods are used to evaluate intern attainment of the competencies/learning outcomes. Written evaluations at the end of each rotation are a primary source of determining if interns have achieved appropriate competencies. The rotation evaluations are scored as P/F/I with P=pass (meets or exceeds expected skill level), F=Fail (does not meet minimum skill level), and I=Incomplete (requires more time/experience to master skills). Individual attributes which are aligned with specified competencies/learning outcomes are scored as M/E/U with M=meets the performance criteria, E=exceeds the performance criteria, and U=unable to meet the performance criteria. To achieve a P for the rotation, an intern must not receive a U for any of the individual attributes.

In addition to end of rotation evaluations, specific assignments/activities have been selected from the intern's didactic class work that is completed in the summer. Those assignments are aligned with one or more specific competencies/learning outcomes and will be evaluated on a percentage score by the instructor. Class syllabi with assignments are included in Appendices 2.5.1a – 2.5.1d.

2.5.2 Supervised practice rotations(s) in which assessment occurs

Assessment in the form of rotation evaluations occur in each rotation of 2 weeks or longer. Rotations are scored as Pass, Fail; or I as described above. Evaluation forms for the Community, Clinical, Food Service Management, and Hospital Food Service Management rotations are included in Appendix 2.5.2.

In accordance with the assessment plan of this Self Study, the assignments/project from the 1 week Research rotation, the Theme Meal assignment from the FSM rotation and the case study presentation during the MNT rotation will be evaluated and scored as M/E/U. These items have previously been evaluated as part of the overall rotation assessment. Assessment tools for these items are in development and will be available on site.

Activities that do not occur in a specified rotation but may occur at different times throughout the supervised practice period include: Community Project, the Seminar activities record, an in-service or client education presentation, and the National Nutrition Month activity. Over the past years, the in-service or client education presentation has been evaluated with the results being incorporated into the end of rotation evaluation.

Each of these activities will now have an evaluation tool and be scored as M/E/U as described above. Those evaluation tools are in development and will be available on site. The evaluation tool that has been used for in-service or client education presentations is included in Appendix 2.5.2

Class activities from NUTR 540, 541, 543, and 547 are also included in the assessment plan. Individual class assignments have been selected from the classes to align with specified competencies/learning outcomes. Those assignments will be scored as a percentage on the range of 1-100. These activities do not occur during the supervised practice portion of the internship but during the summer school didactic classes that are part of the required curriculum. Appendix 2.5.1b includes the syllabus for NUTR 543 and the case study assignment with grading that is included in the assessment plan.

2.5.3 Individuals responsible for ensuring assessment occurs

Ultimately it is the DI Directors responsibility to ensure that assessment occurs in a routine and timely manner. However, cooperation of rotation preceptors and classroom instructors will be responsible for completing the assessments that are designated from their specific rotations and/or classes. The DI Director will be responsible for compiling the assessment data into a form that can be used in program evaluation and analysis.

2.5.4 Timeline for collecting the formative and summative assessment data

Data will be collected at the end of rotations, at the end of summer classes, and at the end of the supervised practice period. That data will be categorized, recorded, and filed for use at a later time for summative assessment. However, as data is received, it will be reviewed for any potential urgent issue around program success/quality that needs to be addressed. If data indicates the need, the scheduled summative assessment may be completed prior to its typical designated time, to facilitate timely attention to any problem.

Summative assessment will be carried out annually in the winter quarter. The specific competencies/learning outcomes will be assessed on a rotating basis, with each area being reviewed every three years. Review in the winter quarter will allow results to be shared with the Advisory Board at the spring meeting with sufficient time to involve any additional stakeholders/constituents in any needed program modifications.

Year	Areas of Review	Assessment Needed
First	Scientific and Evidenced Base of Practice (DI 1.1 – 1.5)	MNT Rotation Evaluations Community Rotation Evaluations NUTR 543 Oral Case Study Presentation NUTR 545 EAL Assignment NUTR 547 Written Term Paper Research Report

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	Practice Management and Use of Resources (DI 4.1 – 4.12)	Food Service Management Rotation Evaluations Hospital Food Service Rotation Evaluations MNT Rotation Evaluations Community Rotation Evaluations Business Plan Presentation NUTR 540 WEB Assignment Community Project Report
Second	Professional Practice Expectations (DI 2.1 – 2.14)	MNT Rotation Evaluations Community Rotation Evaluations FSM Rotation Evaluations NUTR 540 Nutrition Curriculum Community Project Report Intern Report of Professional meetings/activities
Third	Community Nutrition Concentration	Community Project Report Intern Report of participation with local health/wellness group National Nutrition Month activity report
	Clinical and Customer Services (DI 3.1 – 3.7)	Community Rotation Evaluations MNT Rotation Evaluations Renal Rotation Evaluations Food Service Theme Meal In-service or client education presentation Community Project Report NUTR 541 Case Study Presentation NUTR 540 Nutrition Curriculum

Criterion 2.6

The DI has implemented the process for assessing intern competencies/learning outcomes and provides evidence of the following:

2.6.1 Data on actual intern learning outcomes are collected, aggregated, and analyzed by comparing to expected competencies/outcomes according to the timeline in the assessment plan.

Past assessment of learning outcomes has been on the basis of end of rotation evaluations completed by preceptors. Interns who met or exceeded the performance criteria as listed on the rotation evaluation form were classified as passing and given a P. Passing each of the rotations met a part of the criteria for completion of the internship. Additional learning outcomes were evaluated through course grades in the required courses. A course grade of C or better was established by CWU DI policy as meeting the criteria for completion of the internship. When interns had a P for all rotations, had submitted complete portfolios/notebooks for all rotations, and had a C or better for all class work, they were assessed to have met all competencies.

Over the past five years, 1 of 40 interns was unsuccessful at completing a required rotation and would be deemed as failing. One student from the 2007-2008 is still in the process of completing the MNT and Renal rotations. Other rotations have been successfully passed.

Over the past five year, didactic classes have been successfully completed with better than a C grade for all interns. The following table demonstrates the average scores for the internship related courses for the classes of 2003-04 through 2007-08.

Average Scores for Internship Related Courses						
Class Year	NUTR 540	NUTR 541	NUTR 543	NUTR 545	NUTR 547	Average
2003-04	84.7	91.3	90.0	93.4	90.7	90.0
2004-05	90.0	93.0	85.6	91.3	88.4	89.7
2005-06	95.0	92.8	89.3	95.0	92.1	92.8
2006-07	94.4	93.9	89.9	93.9	92.4	92.9
2007-08	93.9	92.0	88.4	85.0	90.4	91.1
Average	91.7	92.6	88.6	91.7	90.9	91.4

Over the past 5 years, the assessment data on intern competency has been based on the prior standards of competency or learner outcomes. The results of the intern assessment of competency at one year after completion can be found in Appendix 2.6.2. The Dietetic Internship Assessment tool rating was from 1=Very well prepared to 5=Unprepared. A mean score of 2.5 or above was designated as a trigger for review related to program quality. The following table shows those statements that had a mean score of 2.5 or more.

12. Conduct general health assessment, e.g. blood pressure, vital signs (perform).	3.38
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
37. Supervise community-based food and nutrition programs.	2.57
43. Participate in legislative and public policy processes as they affect food, food security and nutrition.	2.64

With the new standards and development of the Learning Outcome and Assessment Plan, future assessment activities will allow a more discrete assessment of learning outcomes based on individual assignments and individual aspects of the preceptor end of rotation evaluation tool. The end of rotation evaluation forms are in the process of being reviewed and reworded/changed to reflect the language and intent of the new competencies. Beginning with the 2009-2010 class, student assessment will be recorded with the revised rotation evaluation forms. Additionally, assignment evaluation tools will utilize the new standards as aspects of outcome assessment.

Criterion 2.7

Ongoing, formal review of the DI curriculum including supervised practice rotation objectives and content, length and educational methods occurs to maintain or improve educational quality.

2.7.1 Curriculum review uses results of the intern learning and program outcomes assessment processes to determine strengths and areas for improvement

Curriculum review has been an ongoing and continuous process in the past, evaluating data as it has been received. Dietetic Intern completion rates, RD exam pass rates, intern graduate employment history, rotation evaluations, review of portfolios/notebooks, and intern/preceptor comments throughout the year have all contributed to curriculum review and revision. Results of the review and revision have been summarized and reported to the Advisory Boards twice each year. During the past three years, curriculum review has resulted in the following actions:

1. Updating rotation assignments to include recent, less than 5 years old, articles as assigned reading and resource material.
2. Clarifying written instructions for assignments to reduce confusion and ineffective use of intern and preceptor time.
3. Reduction from the 40 week supervised practice schedule to the 37 week supervised practice schedule as discussed in Criterion 2.4.
4. Changes in site selection for rotations. a) Kennewick General Hospital (KGH) was discontinued as a site for the MNT rotation. Following observation in the facility, discussion with interns and preceptors, and the failure of an intern to pass the RD exam, it was decided to not use KGH as a facility to complete the entire MNT rotation. As a community hospital, KGH was determined to not offer sufficient breadth and acuity of care for interns to achieve the full range of entry-level competencies needed. b) Yakima School District was discontinued as a site for a period due to lack of preceptor time availability. This action was taken on the basis of intern comments, observations on site, and discussions with the preceptor.

2.7.2 Curriculum review includes awareness and integration of new knowledge and technology impacting dietetics practice

CWU faculty, the DI Director, and preceptors all strive to maintain the most current knowledge and apply that knowledge to practice. CWU faculty and the DI Director are encouraged and supported in attending professional meetings such as local/regional allied healthcare education meetings, state professional association meetings such as the Washington State Dietetic Association, area Dietetic Educator of Professional meetings, the American Dietetic Association Food Nutrition Conference and Expo, and others. These meetings serve as a means of gaining new and cutting edge knowledge that is incorporated into the DI curriculum and practice activities.

Preceptors are encouraged and supported in maintaining their needed continuing education requirements for registration. That education is often obtained from the meetings previously mentioned as well as through educational sessions provided through the DI.

Over the past five years, the following efforts have involved the incorporation of new knowledge and technology into the DI curriculum:

1. Blackboard, CWU web based software, is now used as a means of sharing and receiving information. The DI Manual and additional resources are available to the intern continuously from any computer with WWW access. This has been a financial and ecological saving, eliminating quantities of paper. Interns can choose to print paper copies or read on screen as they find appropriate to their assignments.
2. Several of the healthcare facilities are now using online/electronic medical records and charting. Each intern is involved in online/electronic recording at a minimum of one practice site, often the WIC clinic.
3. The Nutrition Care Process and Standardized Diagnostic Nutrition Language has been incorporated into seminar review, discussion, and practice with care plans. At the current time, no facility is formally using the PES statement as part of the routine plan of care/documentation.
4. Discussions with preceptors regarding the Standardized Diagnostic Language have demonstrated interest on their part but a lack of sufficient time to fully familiarize themselves with the information. Over the last 18 months, an increased number of preceptors have become more familiar with the concepts through their exposure at professional education opportunities. During the next 6 months, the DI will offer ADA developed education (CE based) to all preceptors with continuing education units provided.
5. Seminar topics are adjusted to provide new and "cutting edge" information to the interns as it becomes available.

2.7.3 Curriculum review includes assessment of comparability of educational experiences and consistency of learning outcomes when different delivery methods (such as distance education) or supervised practice sites are used to accomplish the same educational objectives

Continuous curriculum review occurs regarding comparability of educational experiences and consistency of learning outcomes as the DI Director listens and discusses rotations and experiences with preceptors and interns. Additionally, written comments are available from the preceptor evaluation of the interns and the interns evaluation of the preceptors/experiences. This information is often difficult to quantify and of a more qualitative nature, but none the less, is essential to maintaining quality within the program.

In response to comparability of educational experiences and practice sites, the following has occurred over the last five years:

1. Sites have been selected/excluded based on observations on site, verbal and written comments from interns, and discussions with preceptors. Kennewick General Hospital has been excluded as a primary site for MNT rotation. KGH has been found to not provide the full depth and breadth of experiences needed to meet all learning outcomes in MNT. KGH will be considered as a site for Community Hospital experience, a 4 week component of the MNT rotation.
2. A change in management for one of the Yakima Valley larger hospitals resulted in its withdrawal as a practice site during the 2004-2005 year. During the 2007-08 year, under new management, the hospital administration and Nutrition Services Director, agreed to serve as a practice site for one intern. Ongoing efforts are in place to assure that the learning environment is comparable to that of the other larger hospitals.

2.7.4 Curriculum review results in actions to maintain or improve intern learning

Many of the actions taken to maintain or improve intern learning have been discussed in previous sections of this document. Over the past five years the following have occurred:

1. Blackboard has become the site for housing the DI Manual and other resources. This action was taken to conserve paper and finances for the interns and the program. The Manual was a 4" notebook that was purchased from the copying center. Now the interns can print what is essential to have in hard copy, read electronic documents on screen, and have access to the materials from any computer with WWW access. Additionally, the electronic format is more easily updated. Interns and preceptors have responded very favorably to this change.
2. Sites have been included/excluded based on observations on site, verbal and written comments from interns, and discussions with preceptors. Please see number 1 and 2 under 2.7.3 above.
3. In 2005 a new activity was added to the curriculum which is planned and implemented as part of the weekly seminar time. In the first year, the activity was fully organized by the interns. This past year, it included collaboration with community agencies, financial supporters, and many other volunteers. The activity is now a community wide "Family Field Day" event to encourage physical activity and healthy nutrition messages. This activity was implemented to provide opportunities for interns to meet learning outcomes that have had poor scores on the assessment tool. Those learning outcomes include: participate in business plan development, perform marketing functions, and supervise the integration of financial, human, physical, and

material resources. The activity is believed to be a great opportunity for learning in the new Community Concentration.

4. In response to intern ratings on the Intern Competency Assessment at one year, increased time in the Intern Seminar is dedicated to business plans, budgeting and financial information, and review for the registration exam.

With the new standards and the evaluative data that is available, the following changes or activities are being planned. They will be initiated with the class of 2009-2010.

1. Implementation of the Community Concentration with the activities and assessments discussed previously.
2. The Optional Rotation of the past curriculum will be changed to include time for completion of a research project planned and implemented by the intern to meet competencies DI 1.1 through DI 1.5.
3. Continuation of the Community Project described in number 3 above. Interns will take the role of collaborator with the community partners that are involved. Methods of event assessment will be emphasized as they continue to meet competencies through this event.
4. A new activity associated with the DI Seminar will include the development of a business plan by each intern for an actual or proposed business venture. This activity is intended to further address the past responses on questions # 18 in section 2.6.1 above.
5. Increased time during seminar will be devoted to evaluating emerging research through journal article review, coding and billing of nutrition services, and participation in public policy activities as identified in the new standards and the Competencies and Planned Experiences in Appendix 2.3.1. These topics include new competencies as identified in the new standards or have received low ratings of competencies over the past five years as indicated in Appendix 2.6.2, question 43.
6. Preceptor responses to Evaluation of the DI indicated a desire for more preceptor support efforts. In response, activities with continuing education units are being planned for this internship year. And, those efforts will be continued on an annual basis.
7. Preceptors are being encouraged to complete the online Preceptor Training that is available through ADA. They have previously been provided with the access information and have indicated some interest in completing the training. Follow-up emails to all preceptors and lead preceptors at each of the sites will continue to be provided.
8. A Preceptor Manual will be developed and implemented before the 2009-2010 class year. This was requested by preceptors through the Evaluation of the DI. Frequent contacts and discussions on site have provided this information in the past. As the internship now uses three different geographic areas and less time is spent in a single area with a single group of preceptors, having a

written Preceptor Manual will serve as a means of assuring that all preceptors have the same information and in an accessible form on site.

9. Each site will be provided with the new rotation materials including assignments and needed practice activities prior to the beginning activities of the 2009-2010 class. These new materials will include the new learning outcomes/competencies aligned with activities and assessment methods. Preceptors from the specific rotations will be involved in the development and review of the materials before finalizing them.