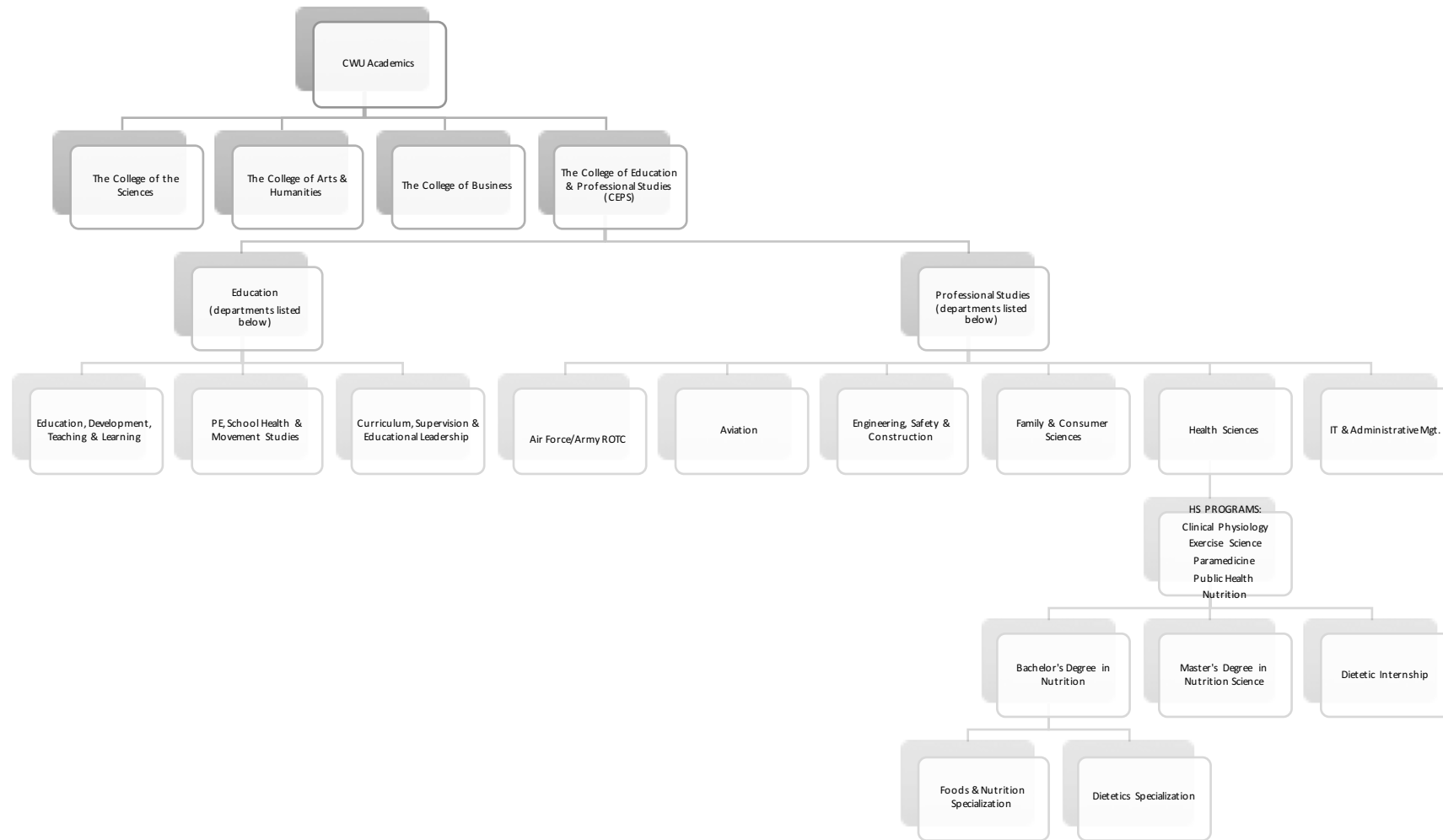


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Appendix 1



Appendix 2

ACEND 2017- Standard 10

CWU Dietetic Internship Policies & Procedures

ACEND Required Element 10.1

- a.
- Baccalaureate degree from a US regionally accredited institution
 - Verification of DPD completion or declaration of intent to complete DPD program with DPD completion date within the last five years
 - GPA of 3.0 or higher (4.0 scale) in DPD courses and overall
 - A strong background in sciences and evidence of ability and willingness to work productively are expected for admission to the Dietetic Internship. Experience, whether paid or volunteer, in clinical nutrition, food service management, or community nutrition is highly desirable.
 - Applicant finalists will be evaluated in a short web interview
- b. Intern performance is continuously monitored by DI Director/preceptors. At the end of each rotation, a formal evaluation will take place between intern, preceptor & DI Director.
- c. Interns with minimal chance of success will be counseled by DI Director into a career path that is appropriate based on their abilities. If intern is not passing rotations, this process will then be initiated.
- d. Interns will routinely submit a “DI Hour Log” assignment on Canvas to track supervised practice hours.
-

ACEND Required Elements 10.2

a. Medical/Health and Professional Liability Insurance

Policy: The affiliation agreements between the dietetic internship program and the institutions or organizations which provide supervised practice experiences for dietetic interns specify that each intern must carry their own medical/health insurance and professional liability insurance. Proof of insurance must be available prior to being placed in the institution or organization.

Procedure:

- i. Students must provide the dietetic internship director with proof of medical/health insurance. A copy of the policy or health card, indicating the intern as a covered plan member, is acceptable proof of coverage. (Student Health Insurance is available through the Business Services and Contracts office at CWU.)
- ii. Professional liability insurance (Student Medical Malpractice Insurance) is obtained through the Business Services and Contracts office at CWU. Students will provide a copy of the Certificate of Insurance to the DI Director prior to being placed in any supervised practice rotation.

b. Liability for Travel

Policy: Students in the dietetic internship program will provide proof of a valid driver's license and auto insurance upon entering the internship program. Automobile insurance and costs of travel are the responsibility of the dietetic intern.

Procedure:

Each student will provide proof of a valid driver's license and automobile insurance before s/he will be scheduled for the internship rotations in the affiliating institutions. All costs associated with travel to and from supervised practice sites is the responsibility of the student.

c. Care for Injury or Illness While in Supervised Practice

Policy: Affiliation agreements with supervised practice sites provide for emergency health care or first aid for accidents occurring in their facilities. This care is available to the student when they are in the facility for the purpose of supervised practice activities. The cost of the care is the responsibility of the student.

Procedure:

Supervised practice facilities are not responsible for non work related injury or illness. A student who is injured or develops a work related illness should immediately report the circumstance to their preceptor or another facility supervisor, if the preceptor is not available. Emergency care will be provided by the facility. As soon as reasonable, the student should notify the Dietetic Internship Director of the injury or illness. Extended care will be the responsibility of the Dietetic Intern.

d. Immunizations, Drug Screen, Background Checks

Policy: The affiliation agreements between the dietetic internship program and the institutions or organizations which provide supervised practice experiences for dietetic interns specify that the Dietetic Internship will obtain evidence of current immunizations for the following: 1) diphtheria, 2) tetanus, 3) poliomyelitis, 4) measles (rubeola), 5) mumps, 6) rubella (or a positive titer), 7) history of chickenpox or chickenpox immunity titer, 8) hepatitis B immunity status documented by a protective titer, 9) up-to-date annual PPD testing with history of a two step procedure included and 10) annual influenza vaccine. The Dietetic Internship and/or Intern will provide records of immunization to supervised practice sites when requested via CertifiedProfile.com. All costs for maintaining current immunizations are the responsibility of the student. Interns will also complete a 12-panel drug screen.

The affiliation agreements between the dietetic internship program and the institutions or organizations which provide supervised practice experiences for dietetic interns specify that each intern will obtain a criminal history background record from the Washington State Patrol (WSP) and a national background check. Select facilities/organizations request an agency provided background check specified in their procedures. Students are required to provide a copy of or access to the background check records. Supervised practice sites may refuse placement of students who do not provide the requested records or have a record of prior criminal conduct. Cost of obtaining background checks are the responsibility of the student.

Procedure:

- i. Interns will provide copies of medical documents/drug testing to CastleBranch.com demonstrating currency of status for each of the above immunities to prior to being scheduled for supervised practice rotations.

- ii. Interns without the required immunizations may experience the following: 1) facility refusal to accept the intern for the rotation, 2) requirement to sign a waiver of facility liability related to consequences for the lack of immunization, and/or 3) requirement for special protective procedures while in the facility such as wearing a surgical mask while in the facility.
- iii. Additional immunizations or changes in needed immunizations may occur during the year as the affiliation agreements are renewed on a rolling schedule. Students may need to meet those new or changed requirements to be placed in their assigned supervised practice site.
- iv. Each intern will complete both the Washington State Patrol criminal history record and the CastleBranch.com online background check.
- v. WSP WATCH background check can be completed at <https://fortress.wa.gov/wsp/watch/>. Name and date of birth will be required. A fee is required and is the responsibility of the student.
- vi. The CastleBranch.com background check can be accessed online. Cost of the completed background check is dependent on the number of counties of residence for the last 7 years. Cost generally varies from \$ 40-60 and is the responsibility of the student.
- vii. Interns scheduled in facilities that require an agency completed background check within a specified time frame of beginning the supervised practice rotation may find it necessary to complete an updated background check during the year. Updated background checks are available from certifiedbackground.com and are generally at a reduced rate.
- viii. A copy of the WSP WATCH and CastleBranch.com background checks will be maintained in the confidential student file online. Interns will have the opportunity to provide authorization for supervised practice rotation facility to access background check results.

e. Supervised Practice Rotations

Policy: Supervised practice rotation sites are used to provide experiences for meeting the competencies required to be a qualified entry level dietitian. Placement of interns in supervised practice rotations is for educational purposes. Interns will not to be used to replace facility employees and require preceptor supervision throughout the rotation.

Procedure:

- i. Interns will be placed in supervised practice sites that have affiliation agreements with Central Washington University.
- ii. Affiliation agreements will designate that students are not employees of the facility and are not to replace employees.

f. Intern Compensation

Policy: Interns are not paid as part of the CWU Dietetic Internship Program.

g. Complaint/Grievance Procedures

Policy: An intern has the right to appeal an evaluation of performance believed to be unfair. In addition, interns & preceptors may formally file a complaint about the program without recourse or retaliation.

Procedure:

- i. Immediately after receiving an appraisal believed to be unfair, the student should discuss the appraisal with the appropriate preceptor and internship director.
- ii. The student should notify the internship director in writing of his/her disagreement with an evaluation within one week after the evaluation has been given.
- iii. The student may proceed in one of two ways:
 - a. The student may request that a rebuttal statement concerning all or portions of the appraisal be attached to the evaluation in question. A copy of this rebuttal will be sent to the preceptor and the internship director. The preceptor has the right to issue an explanation, which will also be attached to the appraisal with a copy given to the student.
 - b. The student may request a conference with the internship director and the preceptor. If the student feels that satisfactory settlement is not reached, he/she may write a rebuttal statement to attach to the evaluation.
- iv. Preceptors & interns may file a formal program complaint with the current CWU - Health Sciences Department Chair
- v. In the event that no agreement is reached, the student have access to the Office of Student Rights and Responsibilities <http://www.cwu.edu/student-rights/> and may initiate a formal appeal through the following the CWU Academic Appeals Process which can be found here: <http://www.cwu.edu/student-success/academic-appeal-process>
- vi. Record of complaints will be kept for 7 years, including resolution of complaints.

h. ACEND Complaints:

Policy: Student may also file a complaint related to program noncompliance with ACEND after all other options with the program & institution have been exhausted, by visiting:

<http://www.eatrightpro.org/resources/acend/public-notice-and-announcements/filing-a-complaint>

i. Credit for Prior Learning

Policy: Previously completed undergraduate, didactic graduate work will not routinely be considered for credit toward program requirements. A student requesting credit will need to provide sufficient documentation of equivalency of course work and demonstrated competency in the subject. Credit will not be given for previously completed supervised practice from another program, work experience, independent study, or life experience.

Procedure:

- i. After acceptance to the dietetic internship, the student may formally request substitution of a previously completed graduate course for a graduate course required in the program.
- ii. The course must be equivalent in level and credit hours of instruction.
- iii. The student must be able to demonstrate equivalency in course content through written documents such as the class syllabus, schedule, and/or work documents from the class. A committee of current faculty will review the submitted materials to determine if sufficient equivalency is found.

- iv. The student must demonstrate adequate knowledge of the topic by completing a challenge exam for the course with an 80% or better score.
- v. Supervised practice from another program, independent study, work experience, or life experience will not be counted towards the scheduled supervised practice hours that are part of the CWU Dietetic Internship. However, significant experience in a specific area of practice will be taken into account when scheduling rotation practice sites. When/where possible, if students demonstrate competency attainment to the preceptor and dietetic internship director, alternate experiences that expand their learning rather than repeat prior experiences will be scheduled.

j. Supervised Practice Evaluations

Policy: Supervised practice rotations that exceed five calendar days and include demonstration of competency attainment will include formal final performance evaluation using the Supervised Practice Evaluation specific to the rotation. Evaluations will be based on determination of professional behaviors, knowledge, and practice competencies.

Procedure:

- i. The student is responsible for consulting the preceptor and Dietetic Internship Director to determine an appropriate time during the last week of the rotation for the rotation evaluation. The Dietetic Internship Director will participate in final and mid rotation evaluations whenever possible.
- ii. If for some reason a time for the evaluation is not possible during the last week of the rotation, it should be made as soon as possible after the end of the rotation or prior to the last week.
- iii. The student and preceptor will use the current written form for the evaluation. The student is responsible for providing the evaluation form to the preceptor. The preceptor will complete the evaluation form and review it with the intern during the scheduled final evaluation
- iv. If the evaluation is performed face-to-face, the evaluation form should be signed by the dietetic intern, preceptor & DI Director. If the evaluation is completed at-a-distance (via conference call or email), this will be noted on the evaluation form and original signatures will not be required from all parties. The final evaluation form will be submitted to the Dietetic Internship Director at the end of the evaluation session or within one week of the evaluation date.
- v. All assignments for the rotation without an earlier due date *must* be completed prior to the performance evaluation. Assignments should be given to the preceptor and the Internship Director prior to the evaluation or by a prearranged due date.

k. Program Remediation/ Unsatisfactory Student Performance

Policy: An intern who does not have satisfactory performance in a supervised practice rotation will be notified of his or her unsatisfactory performance as soon as possible to allow for appropriate changes in performance prior to the completion of the rotation.

Procedure:

- i. The preceptor will notify the internship director of the student's unsatisfactory performance.
- ii. The preceptor and/or internship director shall notify the student of his/her unsatisfactory performance as soon as possible.

- iii. A conference will be held including the student, the preceptor and the program director to discuss the students' performance. The purpose of the conference is to discuss the student performance and to arrive at a plan for correction of the unsatisfactory performance.
- iv. A written plan will be developed to allow for the student to improve his or her performance. Records of this written plan/communication will be kept in the intern's personal file.
- v. In the event that a student is unable to meet the requirements of the supervised practice experience, a grade of unsatisfactory will be given to the student and the student will not be allowed to proceed in the internship program.
- vi. One, single extension (additional time) to meet requirements will be provided if an intern does not pass a rotation. The duration of the extension is to be determined by the DI Director and preceptors. Extensions will be allowed only for extenuating circumstances and when good progress has been made during all other rotations. Interns will only be allowed an extension on one rotation during the internship.
- vii. Failure to pass a rotation, will result in an Unsatisfactory grade in the enrolled NUTR 492 (a, b, c).
- viii. In the event a Dietetic Practicum course (NUTR 492 a, b, c) is not successfully completed, it may not be repeated.

I. Discipline and Termination

Policy: Students who fail to adhere to the policies and procedures of the University, the Dietetic Internship Program, and/or the affiliating institutions or who exhibit inappropriate behavior may be subject to disciplinary action and termination from the program.

Procedure:

- i. Students are expected to comply with the policies and procedures of the University, the Dietetic Internship Program, and the affiliating institutions in which they are placed for supervised practice.
- ii. Disciplinary action, including termination from the program, may occur if a student fails to comply with these policies and procedures.
- iii. Inappropriate behavior which would be cause for disciplinary action can be found here:
 - a. <http://apps.leg.wa.gov/WAC/default.aspx?cite=106-125-020>
 - b. In addition, any behavior or conduct, which may interfere with the activities of the affiliating institution(s), the Dietetic Internship Program, or the University.
- iv. Students may be removed from an affiliating institution and or placed on suspension during the time an investigation is occurring regarding an incident or complaint.
- v. Procedures for disciplinary action are outlined in the Central Washington University Undergraduate/Graduate Catalogue -Initiation, Investigation and Disposition of Complaints.

m. Program Completion Requirements

Policy: Interns must successfully complete all didactic coursework and supervised practice rotations in the dietetic internship program in order to receive verification of completion of the dietetic internship program.

Procedure:

- i. Interns must receive an S (satisfactory) grade in each of the Dietetic Practicum courses (NUTR 492a, 492b, 492c), in sequence. To receive the S grade, interns must:
 - a. Satisfactory completion of all assignments for each rotation in the assigned/designated length of time with an M (meets criteria).

- b. Demonstrate entry-level knowledge and performance skills for competencies indicated for the rotation by receiving an M (meets criteria) on final evaluation. Receive an S (satisfactory) score on each final evaluation that demonstrates ability as an entry level dietitian
 - c. If any competencies on rotation evaluations are indicated as U (unsatisfactory) but the preceptor has determined the student to have an S score for the rotation, those U competencies must be improved and rated as M in the subsequent rotations.
 - d. Intern must arrange in advance, with the internship director, to correct or make up missed assignments or assignments which do not meet the completion criteria.
 - e. One, single extension to additional time to meet requirements will be provided if an intern does not pass a rotation. The duration of the extension is to be determined by the DI Director and preceptors. Extensions will be allowed only for extenuating circumstances and when good progress has been made during the rotation. Interns will only be allowed an extension on one rotation during the internship.
- ii. In the event a Dietetic Practicum course (NUTR 492 a, b, c) is not successfully completed, it may not be repeated.
 - iii. Students must receive a grade of C or better in all didactic courses.
 - iv. Students must maintain a 3.0 or higher GPA (4.0 scale)
 - v. Students must successfully complete all didactic coursework and supervised practice rotations within 21 months of beginning the program (150% of normal program completion).
 - vi. The DI Program is a 14-month (5 quarter) program that begins each summer quarter. The intern will complete 18 credits of course work during two summer sessions. During the fall, winter, and spring quarter, the student will complete 54 total credits (1320 planned supervised practice hours) of supervised practice experience.

***Summer: One (12 credits)**

NUTR 541: Applications in Dietetics (5)

*NUTR 543: Advanced Nutrition & Biochemistry (3)

*NUTR 545: Advanced Studies in Developmental Nutrition (4)

Fall, Winter Spring:

NUTR 492a,b,c: Dietetic Practicum (18 each,54 total)

During this time, interns will complete 360 hours in school food service, 120 hours in hospital food service, 440 hours in Clinical/MNT, 256 hours in community, 80 hours in renal, 64 hours in long term care (1320 total supervised practice hours).

***Summer: Two (6 credits)**

*NUTR 598: Special Topics TBD (3)

*NUTR 547: Nutrition Update (3)

(*) Summer courses alternate each summer. For example, NUTR 543 & 545 will be offered on odd years (2015) and NUTR 598 & 547 will be offered on even years (2016). Order of (*) summer courses vary depending on your specific start date. You will be notified of your summer offerings when you are matched to our program.

n. DI Verification Statements

Policy: DI Verification Statements will be issued to interns who successfully complete the dietetic internship, including all supervised practice rotations and didactic course work. A copy of the DI Verification Statement will be kept indefinitely to satisfy Accreditation Council for Education in Nutrition and Dietetics and to be able to meet requests for DI Verification Statements from students.

Procedure:

- i. Original copies of DPD Verification Statements and Official transcripts displaying bachelor's degree awarded are provided to the DI Director following program admission. The DI Director will validate the Verification Statement/Bachelor's Degree against the intern's official transcripts. Documentation is required to begin supervised practice.
- ii. When DI Verification Statements are completed, 5 copies will be issued with original signature of the DI Director.
- iii. Three (3) copies will be given to the intern graduate. One (1) copy will be placed in the intern student file held in the Department office.
- iv. Should the program be discontinued, the Verification Statements will be maintained in the department as permanent files.

o. Distance Instruction

Policy: The CWU-DI does not currently have a distance internship option

p. Withdrawal and Reinstatement in the Dietetic Internship Program

Policy: A student who has completed at least 12 weeks and who withdraws from the internship program in good standing can re-enter the program within a three-year period from the date of withdrawal.

Procedure:

- i. A student who wishes to withdraw from the internship program must submit a letter of withdrawal to the internship director.
- ii. There will be no tuition reimbursement for the student who has withdrawn from the program. Students re-enrolling will be required to pay tuition at the current rate until the program is completed.
- iii. A former student seeking reinstatement to the internship must notify the internship director of his/her desire to be reinstated.
- iv. The internship director will determine the length of time and type of experience(s) required to complete the program and the starting date to complete the program.
- v. Reinstatement in to the program and completion of program requirements will be made considering the needs of the affiliating institution and the current students in the program. Current students in the program will be given first consideration.

*Reasons for withdrawal in good standing: Health problems; Unforeseen family commitments; In cases of an acute personal illness, an intern who has satisfactorily completed at least 6 weeks in the program may be considered for reinstatement.

q. Program Schedules, Holidays, Student Illness/Absence

Policy: The dietetic internship director is responsible for planning the supervised practice rotation schedule for each of the students. The affiliating institutions that provide the supervised practice rotations for students will be responsible for planning student experiences and making student assignments under the direction of the dietetic internship director.

Procedure

- i. Students will participate in his/her learning experiences on the days of the week and the times scheduled by the affiliating institution. Students may be scheduled to work holidays and/or weekends at the discretion of the internship preceptors in the affiliating institutions.
- ii. Each student will be given a 2-week winter vacation and 1-week Spring break during the internship. Interns may be asked to "Make Up" time during these scheduled holidays, if deemed necessary due to illness or unsatisfactory performance in a rotation.
- iii. Absences from assigned rotations are made up at the discretion of the internship director and internship preceptors based on the students' progress in the rotation.
- iv. Students may be excused from supervised practice rotations for special meetings and workshops, which have been approved by the internship director. These meetings and workshop will be considered 'on-duty' time for the intern. However, they will not relieve the intern from successfully completing the competencies and assignments of the rotation.
- v. In the event of extenuating circumstances and or special requests* the student will obtain permission from the internship director and make arrangements with the affiliating institution to be absent from a scheduled rotation.
- vi. The intern is responsible for completing any assigned work and or special projects by the given deadline. This may require being present in the affiliating institution or facility at time other than when the student is scheduled.

*Definition of extenuating circumstances: Death or critical illness in family or personal health needs

*Definition of Special Requests: Job interviews or Family Celebrations

Policy: A student will be required to make up dietetic internship experiences if six (6) or more days are missed from the program. In the event that a student misses time in any one rotation, which interferes with the student's ability to meet the competencies of the rotation, the student will be required to make up this time.

Procedure:

- i. The preceptors in affiliating institutions will notify the internship director of any days missed by the student during his/her rotation. The intern is responsible for notifying the DI Director via phone or email as soon as possible when an illness/absence will take place. *DI Director must be notified within 24 hours of an absence.*
- ii. Students may be required to make up missed time in the following ways:
 - a. The student may be required to continue in the supervised practice beyond the end of the scheduled rotation.
 - b. If appropriate, the student may be schedule to work extended hours/day or 6 days/week until the time is made up.

r. Privacy of Information

Policy Intern's assignments and performance appraisals are a private matter between the student and his/or her supervisors.

Procedure:

- i. Student assignments and evaluations are to be discussed in private with only the student, supervising preceptor, and/or the dietetic internship director present. The only exception will be if the student, preceptor, or dietetic internship director requests another person or persons to be present. In this case, the student, preceptor, and internship director must agree to the presence of another party.
- ii. The student will be given a written copy of all evaluations.

- iii. The dietetic internship director will keep selected assignments and all written evaluations. All written evaluations will remain part of the student file for five years.
- iv. Assignments will be returned to the student after they are reviewed.
- v. Before any assignments are shared with another student or interested party, the preceptor or dietetic internship director will obtain permission from the student to share the information.

s. Access to Personal Files

Policy: A student is entitled to access to her/his personal records at any time.

Procedure

- i. All dietetic intern records are on file in the internship director's office. This includes all final performance evaluations
- ii. The student may request access to his/her record at any time and may review them in the presence of the internship director. A student may not have access to another student's file.
- iii. Prior to showing the student his/her file, the internship director will remove any program application recommendations, which the intern has waived his/her right to review.

t. Access to Support Services

Policy: Interns have access to all support services available to CWU Students, including, but not limited to: 1) Disability Services 2) CWU Medical & Counseling Clinic 3) CWU Financial Aid Office 4) Career Services 5) CWU Testing Center

u. Supervised Practice Facility Selection and Evaluation

Policy: Facilities for supervised practice are selected to provide a breadth of experiences, opportunities for students to achieve required competencies, and qualified preceptors willing to mentor dietetic interns.

Procedure:

- i. The dietetic internship director will annually review the list of currently used facilities.
- ii. Interns will complete evaluations of preceptors/rotations and informal data will be gathered to determine if current facilities are meeting needs.
- iii. If areas of concern are identified, the dietetic internship director will meet with the primary preceptor at the facility to discuss the concerns. If no resolution can be reached about the concerns, the program will seek alternative facilities to provide the needed practice experience.

v. Affiliation Agreements for Supervised Practice Facilities

Policy: Affiliation agreements will be required for all facilities and rotations where students are participating in supervised practice activities that allow students to achieve competency.

Procedure:

- i. Facilities that can provide the appropriate breadth of experiences, opportunities for students to achieve required competencies, and qualified preceptors will be identified by the dietetic internship director.
- ii. An initial discussion will be held with potential preceptors to determine the possible interest of the facility in being a supervised practice site for dietetic internship rotations. If common interest is found, the appropriate facility signatory for contracts will be determined.

- iii. Request for initiation of an affiliation agreement will be made by the dietetic internship director to the CWU Office of Business Services and Contracts (OBSC). The OBSC will be provided with the name and contact information of the signatory for the facility/organization and the type of facility (hospital, community clinic, food service site, etc.).
- iv. OBSC will initiate the affiliation agreement and negotiate any changes in terms requested by the facility.
- v. Signed copies of the affiliation agreement will be kept on file in the OBSC office.
- vi. Affiliation agreements typically renew annually unless changes in terms are desired by the affiliating facility or CWU. OBSC monitors the renewal process.
- vii. Interns are not placed in an affiliating facility until the agreement has been signed by CWU and the affiliating facility/organization.

Position Description Dietetic Internship (DI) Director

Qualifications:

Education: The DI Director must hold a minimum of a Master's Degree in Dietetic or a closely related field and be a Registered Dietitian with active registration by the Commission on Dietetic Registration.

Experience: The DI Director will have a minimum of 3-5 years professional work experience in dietetics in addition to college/university level teaching experience.

Position Summary: The responsibilities of the DI Director include the assessment, planning, implementation, and evaluation of the DI curriculum and supervised practice activities. In addition, the director will teach in foods and nutrition courses offered through the Food Science and Nutrition program, engage in scholarly and professional dietetics activities and make professional contributions to the department and university communities. Six (6) quarter hour assigned time is allotted during the fall, spring, and winter quarters for the duties specific to the DI Director position.

Responsibilities:

- Managing the Dietetic Internship at Central Washington University
- Maintain accreditation status for the DI
- Establish and implement goals and expected outcomes for the program
- Recruit students to the program
- Develop recruitment materials including web based materials for the departmental website
- Advise, evaluate, and counsel students within the program
- Develop, coordinate, and maintain supervised practice sites for the DI
- Developing, reviewing, and revising policies and procedures.
- Develop and implement application requirements
- Develop and implement applicant review and selection procedures
- Conduct clinical site visits
- Provide intern oversight
- Participate in evaluation and assessment of intern performance
- Complete documentation of intern completion and submit to Commission on Dietetic Registration
- Conduct on-going program assessment and implement curricular changes when warranted
- Maintain records of complaints about the DI and disposition of those complaints
- Provide references as requested by students
- Maintain active skills and knowledge in nutrition and dietetic, and teaching through continuing education, professional meetings and on-going experience
- Teach classes within the DPD curriculum
- Engage in scholarly activities
- Provide service to the department and university communities

DANA (STORLIE) OGAN MS, RDN, CD

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EDUCATION

- Master of Science in Nutrition Science*** August 2011
Central Washington University, Ellensburg, WA
Thesis Title: Vitamin D Status in Male Collegiate Athletes Following Supplementation with an Oral Vitamin D Spray
- Dietetic Internship, Registered Dietitian*** May 2008
Idaho State University, Boise, ID
- Bachelor of Science in Food Science & Nutrition*** June 2007
Central Washington University, Ellensburg, WA

PROFESSIONAL EXPERIENCE

- Assistant Professor & Director of Dietetic Internship*** Sept 2014-present
Central Washington University, Ellensburg, WA
*New Courses: *Quantity Food Production Service, Intro to Foods, Dietetic Internship Seminar, Nutrition*
Interview, Food & Nutrition Professionalism
*Plan supervise and evaluate clinical, community and food service rotations for Dietetic Internship
- Lecturer & Interim Director of Didactic Program in Dietetics*** June 2013-Aug 2014
Central Washington University, Ellensburg, WA
*Courses taught: *Intro to Human Nutrition* (lecture & lab), *Developmental Nutrition, Peer Nutrition Education(PNE), Nutrition & Society* and *Nutrition Assessment LAB, Eating Disorders*.
*Developed a new website, electronic charting and online referral process for PNE.
*Director roles: Provide current program data to ACEND; complete Verification and Internship Eligibility Statement via DICAS; Facilitate Advisory Board Meeting
- Nutrition & Wellness Blogger*** Aug 2011-present
*“Vitamin F: Food, Fitness, Fun.” Personal blog featuring recipes, nutrition advice, food/nutrition trends, wellness, and life experiences: danastorlie.blogspot.com
- Clinical Assistant Professor*** Aug 2012-June 2013
Utah State University, Logan, UT
**Coordinated Program in Dietetics Clinical Coordinator* – Planned, & supervised clinical, community and food service rotations
*Developed relationships with nutrition professionals in the community; established intern rotation sites
*Primary preceptor contact for clinical internship rotation; Facilitated student/preceptor evaluations
**Maternal & Child Nutrition instructor*, including a supervised practice rotation
**Medical Dietetics Seminar instructor*: planned & facilitated guest lecturers & presentation for interns; graded case studies/ADIME notes
*Oversight & development of new “Soup Connection” project, which provided experience in food service, quantity food preparation, marketing and customer service. The project was made up of a 50-share Soup “CSA” and soup for lunch served twice per week. Included teaching about local produce, recipe trials, and quantity food production
<http://ndfs.usu.edu/htm/newsblogger/articleID=20683>

PROFESSIONAL EXPERIENCE (...continued)

Graduate Teaching Assistant

Central Washington University, Ellensburg, WA Sept 2009-July 2011

- Instructor, advisor and/or teaching assistant for the following undergraduate nutrition courses:
- *Basic Nutrition Discussion Lab* (up to 3 sections per quarter) – Taught 1 of 5 credits
- *Nutrition Interview* (1 section per quarter)– Led mock counseling sessions
- *Peer Nutrition Education* (1 section per quarter)– Head advisor and instructor; assigned final grade
- *Supplemental Instruction* (2-3 sections per quarter)– Led weekly study sessions for basic nutrition
- *Introduction to Foods Lab* (1 section per quarter) – Taught 2 of 4 credits; Led students in preparing and learning about introductory food preparation through hands-on cooking lab; assigned final grade

Clinical Dietitian, Stevens Hospital/Swedish Edmonds, Edmonds, WA Sept 2008 – Sept 2009

- Assessed nutritional status in inpatient/outpatient population
- Developed and implemented nutrition care plan for inpatient/outpatient population
- Provided recommendations for diet therapy (appropriate meals, snacks, supplements), and nutrition support (Enteral/Parenteral Feeding)
- Provided nutrition education to inpatient/outpatient population; Education material development.
- Assisted in foodservice preparation and planned for a conversion to room service meals
- Outpatient dietitian responsibilities included: one-on-one nutrition education (diabetes education [Type I, II, Gestational], celiac disease, cholesterol, weight loss, charting, & referrals; taught various community nutrition education classes in the evenings
- Dietetic Intern preceptor for Bastyr University and various Distance Education Internships

JOURNAL PUBLICATIONS

Completed/Published

- Gerrish, H., Broad, E., LaCroix, M., **Ogan, D. M.**, Pritchett, R. C., & Pritchett, K. L. (2017). Nutrient Intake of Elite Canadian and American Athletes with Spinal Cord Injury. *International Journal of Exercise Science*.
- Brzozowski, H., **Ogan, D. M.**, Englund, T. F., & Stendell-Hollis, N. R. (2017). National School Breakfast Programs with Implementation of Farm to School Have No Influence On Body Weight Among 3rd and 4th Grade Students. *The Journal of Child Nutrition & Management*, 41(2), 1–13.
- Pritchett, K. L., Pritchett, R. C., **Ogan, D. M.**, Bishop, P., Broad, E., & LaCroix, M. (2016). 25(OH)D Status of Athletes with a Spinal Cord Injury Relative to Lifestyle Factors. *Nutrients*.
- Ellis, J., **Ogan, D. M.**, Wengreen, H., & Brown, K. (2016). Nutrition and Dietetic Students' Vitamin and Mineral Knowledge and Concurrent Learning and Retention Strategies. *International Journal for Innovation Education and Research*.
- Barbee, M., **Ogan, D. M.**, Bergman, E. A., Englund, T. F., Watkins, T., & Rushing, K. (2016). Beverage Selections and Impact on Healthy Eating Index Scores for Elementary Children's Lunches From School and From Home. *The Journal of Child Nutrition & Management*.

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Smith, K., **Ogan, D. M.**, Bergman, E. A., Englund, T. F., & Barbee, M. (2015). School Lunch Quality Following Healthy, Hunger Free Kids Act Implementation. *The Journal of Child Nutrition and Management*.

Harris, N., **Ogan, D. M.**, Gee, D. L., D'Acquisto, D. M., & Pritchett, K. L. (2015). Eating Disorder risk, exercise dependence, and body weight dissatisfaction among female nutrition and exercise science university majors. *Journal of Behavioral Addictions*, 4(3), 206–209.

Ogan D.M., Pritchett K.(2013)Vitamin D and the athlete: risks, recommendations and benefits. *Nutrients*; 5(6):1856-1868. Access at: <http://www.mdpi.com/2072-6643/5/6/1856/>

Storlie D.M., Pritchett K, Pritchett R, Cashman L. (2011)12-Week vitamin D supplementation trial does not significantly influence seasonal 25(OH)D status in male collegiate athletes. *International Journal of Health and Nutrition*; 2(1). Access at: <http://www.asiencejournal.net/asj/index.php/IJHN/>

Accepted

Stendell-Hollis, N. R., Arango, C. P., & **Ogan, D. M.** (2017). The Effects of a Nutrition Education Intervention on Third- and Fifth-grade Students' Fruit and Vegetable Knowledge, Preference and Consumption. *The Journal of Child Nutrition and Management*.

Submitted

Hightower, W., Pearson, R. L., Gee, D. L., Stendell-Hollis, N. R., & **Ogan, D. M.** (2018). Community Readiness Assessment: Applications for the Field of Nutrition and Dietetics. *Journal of Community Health*.

PROFESSIONAL PRESENTATIONS

Oral Presentations

Ogan, D. M., & Stendell-Hollis, N. R. (2016, April). *Break your Fast with Farm to School*. Washington and Oregon State Academy of Nutrition & Dietetics.

Ogan, D. M., & Stendell-Hollis, N. R. (2016, March). *Break Your Fast with Farm to School*. Yakima Valley Dietetic Assoc.

Ogan, D. M., & Bergman, E. A. (2016, April). *National School Lunch Program: What Factors Influence Nutrition in School Children? District Directors & Supervisors Chapter of the Washington School Nutrition Association Spring Conference*.

Ogan, D. M. (2015, March). *Update: DSM 5 Diagnostic Criteria for Eating Disorders*. Yakima Valley Dietetic Association.

Storlie, D. M., (2011, May) *Vitamin D status of male collegiate athletes following supplementation with an oral vitamin D spray*. CWU Symposium on University Research and Creative Expression. (Awarded Best Oral Presentation)

Poster Presentations

Ogan, D. M., & Lamb, T. (2017, Autumn). *Working Together for Healthy Food Access in Kittitas County: Small Steps, Big Impact*. Washington State Public Health Association.

Hightower, W., Pearson, R. L., Gee, D. L., Stendell-Hollis, N. R., & Ogan, D. M. (2016, Autumn). *Community Readiness Assessment: Applications for the Field of Nutrition and Dietetics*. FNCE 2016.

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PROFESSIONAL PRESENTATIONS (...continued)

- Gerrish, H., Pritchett, K. L., Pritchett, R. C., & Ogan, D. M. (2016, Spring). *NUTRIENT INTAKE OF ELITE ATHLETES WITH A SPINAL CORD INJURY*. Annual SCAN Symposium.
- Ogan, D. M., Bergman, E., Shaw, E., Watkins, T. E., Englund, T. F., Cashman, L., ... Rushing, K. (2014, Autumn). *The Effects of the Healthy Hunger-Free Kids Act on School Lunch*. FNCE Atlanta, GA. Atlanta, GA.
- Ogan, D. M., Bergman, E., Shaw, E., Watkins, T. E., Englund, T. F., Cashman, L., ... Rushing, K. (2014, May). *The Effects of the Healthy Hunger-Free Kids Act on School Lunch*. CWU's SOURCE - Faculty Poster Presentation. Ellensburg, WA.
- Ogan, D. M., Barbee, M., Bergman, E. A., Englund, T. F., Watkins, T. E., & Rushing, K. (2014, July). *Demographic Differences Affect Beverage Selection, and Presence, in Student Lunches*. School Nutrition Assoc. Boston, MA.
- Ogan, D. M., Bergman, E. A., Englund, T. F., Watkins, T. E., Barbee, M., & Rushing, K. (2014, July). *Nutritional Contribution of Snack Foods and Sweets to Elementary School Lunches*. School Nutrition Association, Boston, MA.

PROFESSIONAL SERVICE WORK

- | | |
|--|------------------------|
| Washington State Academy of Nutrition & Dietetics | 2016 & 2017 |
| • Convention Planning Committee Co-Chair | |
| Washington State Academy of Nutrition & Dietetics | 2017-2018 |
| • Nominating Committee Chair | |
| Yakima Valley Dietetic Association | 2017 |
| • Nominating Committee | |
| Presidents Unite to Solve Hunger, PUSH Committee Member | Fall 2016- present |
| CWU Dietetic Intern Community Nutrition Series | Fall 2016 |
| • 3-part community nutrition series for patients from Community Health of Central Wa | |
| Ellensburg Rotary Speaker | Winter 2016 |
| Food Access Coalition, Ellensburg, WA | Fall 2015-present |
| Yakima Valley InterProfessional Education Collaboration | Fall 2015-present |
| • YVIPEC Clinical Practice Subcommittee Member | |
| Ellensburg School District Wellness Committee Member | Spring 2015-present |
| Kids Fish In, Yakima, WA | April 2015, April 2016 |
| CWU Associate Graduate Faculty | Fall 2014-present |
| • Mentor 1-3 graduate students/year | |
| Family Field Day, Yakima, WA | May 2014 |
| Utah State University, Logan, UT | |
| • Food Day 2012, Prepared local foods for community event | Oct 2012 |
| East Boise Community Work Center, Boise, ID | Apr 2008 |

CERTIFICATIONS & PROFESSIONAL ORGANIZATIONS

- | | |
|---|--------------|
| ServSafe Certified | 2013-2018 |
| Sports, Cardiovascular and Wellness Nutrition (SCAN) DPG Member | 2012-present |
| CWU Community College Teaching Certificate Program Completion | Summer 2010 |

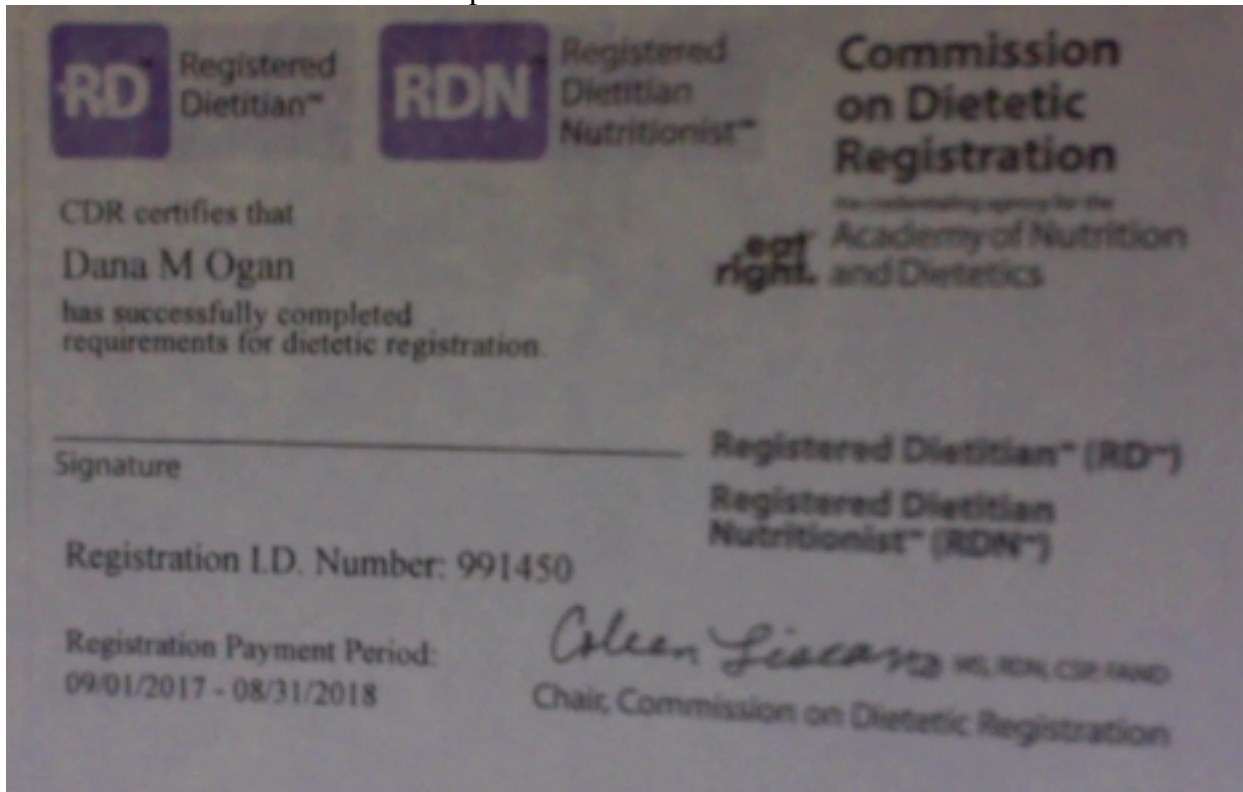
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Academy of Nutrition & Dietetics Member (AND)	2006-present
Washington Academy of Nutrition & Dietetics Member (WSAND)	2006-present
Washington State Certified Dietitian (CD)	2008-present
Registered Dietitian Nutritionist (RDN)	2008-present
CPR/HeartSaver	current
YogaFit Level 1 Instructor	2010-present
Canvas & Blackboard Online Learning proficient	current




AWARDS & HONORS


CWU Health Science Award for Outstanding Professional Achievement	2017
Central Washington University's Distinguished Thesis Award	2012
Awarded Best Oral Presentation CWU-SOURCE (University Research Symposium)	2011
Daughters of the American Revolution Scholarship	2010
Nellie Martin Carmen Scholarship	2003 – 2007
Washington Trust Scholarship	2003 – 2004
Marysville Rotary Scholarship	2003
CWU President's Award Scholarship	2003



Appendix 5

Annual DI Director Duties:

Quarter	Duties
 <p>FALL</p>	<ul style="list-style-type: none"> • Nutrition Program Fall Retreat – present Annual Review results and any prospective changes • Teach DI Seminar • Update webpage (tuition/fees, check links) • Purchase applicant guide, NCM/eNCPT, Molly Kellogg • Answer DICAS Fall questionnaire for Spring Match • ACEND annual report (due Dec.) (RE1.5.c.3) • Fall DI Orientation (week before rotations start) • Annual evaluation of curriculum (Complete Program Evaluation Plan Matrix) • Record data from previous academic year (record for accreditation) – share in Nutrition Faculty Meeting/retreat & Advisory Board • Ongoing preceptor evaluation data collection • Update preceptors/faculty on program changes • Applicant Guide Survey
 <p>WINTER</p>	<ul style="list-style-type: none"> • Teach DI Seminar • Nominate Outstanding DI WSAND Award • Letter of Rec. for grads • Speak to NSC Club about DI application • Feb. DI Appl. Due • FEB-MARCH DI Applicant Review • March – DI Applicant interviews • Annual Accreditation Fee Due (RE1.5.c.3) •
 <p>SPRING</p>	<ul style="list-style-type: none"> • Teach DI Seminar • Samples of intern work saved • APRIL –preceptor appreciation awards • Develop next years DI schedule and send to preceptors • Print HIV course certificates • April – Send out welcome letter to new DI class. • Facebook group created for incoming class

<p>SUMMER</p> 	<ul style="list-style-type: none"> • Teach NUTR 541 • DI Welcome Celebration (June) • Graduation Celebration (July) • Issue Verification Statements (RE1.5.c.4,10) • CDR Exam Eligibility Submission for outgoing class • Annual Surveys Sent (via Qualtrics): <ul style="list-style-type: none"> ○ Exit Survey (given to outgoing students) ○ Alumni Survey (given one-year post completion) ○ Employer Survey (sent out after Alumni survey, Employer contact info provided via Alumni survey) ○ Preceptor Survey (Sent to preceptors) • Send out preceptor evaluations survey results • Close outgoing/Create incoming intern Files (RE1.5.c.4,10) • Update preceptor contact information • Annual program review & SLO assessment (RE1.5.c.9)
<p>Ongoing Duties</p>	<ul style="list-style-type: none"> • Intern performance evaluations • Preceptor communications • Intern preceptor evaluations (via Qualtrics) • Intern Advising • Managing Prospective student inquiries, recruitment, advising, evaluation, counseling, complaints (RE1.5.c.2,6) • Collection of data for SLO assessment • Site evaluations/communication • Intern/preceptor/faculty communication (RE1.5.c.8) • Curriculum review (RE1.5.c.7) •

Appendix 6

Central Washington University – Dietetic Internship Planned Supervised Practice Hours (Required Elements 1.6.a and b) CP, DI, DT, FDE, IDE, ISPP

Table 1: Types of Planned Experiences – All supervised practice hours occur on-site except for an average of 2 hrs/week in “Seminar.”

Track: Rotation Area/Course	Column A	Column B				
	# of hours in Professional Work Setting	# of hours in Alternate Practice Experiences				
US Based		B1 Simulation	B2 Case Studies	B3 Role Playing	B4 Other (Seminar avg. 2hr/week)	B5 Combined Hours for Alternate Practice Experiences
Clinical – MNT A (4 wks @ 40*/wk)	152				8	
Clinical – MNT B (7 wks @ 40*/wk)	266				14	
Foodservice Management– School (9 wks@ 40*/wk)	342				18	
Foodservice Management- Hospital (3 wks @ 40*/wk)	114				6	
Community (7 wks @ 32*/wk)	210				14	
Community Outpatient (1 wk @ 32*/wk)	30				2	
Renal (2 wks @ 40*/wk)	76				4	
Long Term Care (2 wks @ 32*/wk)	60				4	
International						
TOTAL	1250				70	
Sum of Hours for Each Category (Program may insert additional rows.)	Total Column A must be ≥ 900 hours for CP, DI, ISPP; and ≥ 350 hours for DT.	Total Column B5 must be ≤ 300 hours for CP, DI, ISPP and ≤ 100 for DT.				

Table 2: Total Planned Hours

Total Planned Hours	
Sum of hours in professional work setting and alternate experiences (Total Sum of Columns A and B5 in Table 1)	1320
Total Hours within/outside the US and its territories	
Total Hours within the US and its territories (must be at least 900 hours in professional work setting)	1320
Total Hours outside the US and its territories	NA

**Central Washington University – Dietetic Internship
Program Evaluation Plan (Required Element 4.1, 4.2)**

All Program Types

Date of Last Accreditation Review (PAR or self-study report) 2/1/2014

History of Annual Review		
Date of Annual Review	Individuals/Groups who Reviewed Plan	Results of the Review (i.e. changes that were made, if any)
Summer 2014	Outgoing/Incoming Director & Program faculty	No changes made.
Summer 2015	Director & Program Faculty	No Changes made.
Summer 2016	Director & Program Faculty	No changes made.
Winter 2017	Director, Preceptors & Program Faculty	Following DI Director attendance of program directors workshop in October, began revision of materials to align with 2017 standards. Substantive Change Approved Feb. 2017: Removed MGT 381 from summer course curriculum, competencies met during FSM rotation &/or Seminar, reducing summer course credits from 23 to 18. Removed “elective week rotation”, reducing total clock hours from 1360 to 1320.
Summer 2017	Director & Program Faculty Facebook Advisory group formed & surveyed on updated Mission/Obj./Goals	Mission/Objectives/Goals, SLO and curriculum map updated to align with 2017 standards. Substantive changes approved in winter put into place.
Spring/Summer 2018	Director & Program Faculty	Annual review & surveys completed early to include limited 2017.18 data in Self Study. Some language revisions made in objectives to align with MAY 2018 ACEND revisions
Summer 2019		
Summer 2020		
Summer 2021		
Summer 2022		
Summer 2023		
Summer 2024		

Mission of the Dietetics Program

The mission of the CWU-DI is to prepare competent, entry-level Registered Dietitian Nutritionists who are committed to life-long learning.

Program Goals, Objectives and Actual Outcomes

A) GOAL #1: CWU DI will graduate competent, entry level RDN's who obtain employment in nutrition related fields					
B) Objectives	C) Data Needed for Evaluation and Data Source	D) Evaluation Method(s) for Collected Data	E) Individual(s) Responsible for Ensuring Data Is Collected	F) Timeframe for Collecting Data (When is data collected?)	G) Actual Outcomes (3 year avg. required for ACEND req. obj.)
ACEND-required objective OBJ. 3.3.b.1 At least 80% of CWU interns compete the program requirements within 21 months	CWU DI Course grades reviewed from MyCWU	Review verification statements issued	DI Director	Annually each Summer	2016-2018 92.6% (2017: 77.8%, 2016,18: 100%) 2018-2020 2019-2021 2020-2022 2021-2023
ACEND-required objective OBJ. 3.3.b.2 Of graduates who seek employment, 90% are employed in nutrition and dietetics or related field within 12 months	Alumni Survey	Send & Review Alumni Survey data	DI Director	Annually each Summer	*Since objective language changed in 2017, first 3 year avg. available will be 18-20) 2018-2020 2019-2021 2020-2022 2021-2023
ACEND-required objective OBJ. 3.3.b.3.a 90% of CWU DI graduates will take the CDR Credentialing Exam for dietitian nutritionists within 12 months of program completion	Pearson VUE Data for CDR Exam Alumni Survey	Pearson Vue Reports Review Three-Year Pass Rate Summary Reports Send & Review Alumni Survey data	DI Director	Annually each Summer	*Since objective language changed in 2017, first 3 year avg. available will be 18-20) 2018-2020 2019-2021 2020-2022 2021-2023
ACEND-required objective	Pearson VUE Data for CDR Exam/	Pearson Vue Reports	DI Director	Annually each Summer	*Since objective changed in 2017, first 3

Central Washington University – Dietetic Internship

OBJ. 3.3.b.3.b The program's one-year pass rate (graduates who pass the registration exam within one year of first attempt) on the CDR credentialing exam for dietitian nutritionists is at least 80%	Alumni Survey	Review Three-Year Pass Rate Summary Reports			year avg. available will be 18-20) 2018-2020 2019-2021 2020-2022 2021-2023
ACEND-Required objective OBJ. 3.3.b.4 90% of employers will express satisfaction with graduate's <i>preparation</i> for entry level practice, 1 year after program completion	Employer Survey	Send & Review employer Survey data	DI Director	Following completion of Alumni Survey, Employer Survey is sent out Annually each Summer	*Since objective changed in 2017, first 3 year avg. available will be 18-20) 2018-2020 2019-2021 2020-2022 2021-2023
Program Specific Objective OBJ. 1 90% of employers will rate graduates as competent entry level practitioners 1 year after program completion	Employer Survey	Send & Review employer Survey data	DI Director	Following completion of Alumni Survey, Employer Survey is sent out Annually each Summer	2017-2018 2018-2019 2019-2020 2020-2021 2021-2022 2022-2023 2023-2024

A) GOAL #2: CWU DI will produce graduates who are committed to life-long learning					
B) Objectives	C) Data Needed for Evaluation and Data Source	D) Evaluation Method(s) for Collecting Data	E) Individual(s) Responsible for Ensuring Data Is Collected	F) Timeframe for Collecting Data	G) Actual Outcomes
Program Specific Objective OBJ. 2 At least 20% of graduates will pursue an	Graduate Survey	Send & Review Alumni Survey data Informal tracking of graduates	DI Director	Annually each Summer	2017-2018: 2018-2019 2019-2020 2020-2021 2021-2022

Central Washington University – Dietetic Internship

advanced degree or certification 1 year after program completion					2022-2023 2023-2024
Program Specific Objective OBJ. 3 90% of graduates will report participating or planning to participate in continuing education when surveyed 1 year after program completion	Graduate Survey	Send & Review Alumni Survey data Informal tracking of graduates	DI Director	Annually each Summer	2017-2018 2018-2019 2019-2020 2020-2021 2021-2022 2022-2023 2023-2024

Appendix 8

Program Assessment Summary Matrices (Standard 7) Assessment Period from 2013 to 2017

Mission of the Dietetics Program (Standard 4)

The mission of the DI at CWU is to prepare competent entry level dietetic practitioners by providing academic and supervised practice experiences that satisfy the requirements for eligibility to take the exam to become a registered dietitian and promote development of life-longer learners.

Program Goal, Objectives and Assessment (Standards 5, 6, 7 and 8)

Goal #1 – Graduate competent entry-level practitioners who obtain employment in dietetics-related fields

A) Objectives (Guideline 7.1a)	B) Data Assessed and the Data Source (Guideline 7.1b & c)	C) Data Assessment Method(s) (Guideline 7.1d)	D) Assessed by: (Guideline 7.1e)	E) Actions to Assure that the Outcome Is or Will Be Met (Guideline 8.2)	F) Timeframe (Finished?) (Guideline 7.1f)	G) Actual Outcome (Guideline 7.2 b)
Example: Over a 5-year period, 90% of enrolled students will complete program requirements within 3 years.	Graduation records from the Office of Student Records	Review graduation records annually.	Program Directors & Committee on Student Retention	<ul style="list-style-type: none"> Identify students at risk Advisor meets with students to make sure they are on track. Etc.... 	Annually each June (on-going)	Not Met: 67% of enrolled students completed program requirements within 3 years.
Course completion: 90% of graduates will complete all rotations and coursework within 150% of the time planned for completion or 21 months.	- DI records for completion of practice rotations - University online student records for completion of course work and a GPA at 3.0 or better	Review of records Verification Statements issued	DI Director	- Identify students at risk - Provide additional mentoring and supervision on site during rotation - Arrange additional time in additional facility for further supervised practice	- Informally at end of each rotation and quarter as grades are determined. - Formally at the end of internship year as verification statements are being completed.	2013.14: (9/9) 100% 2014.15: (9/9) 100% 2015.16: (9/9) 100% *2016.17: (7/7) 100% *discussed in narrative AVG: 100% MET
Employment: 90% of graduates who seek employment will be employed in dietetics-related fields within 3 months of graduation	Survey of graduates	Review of survey data Informal FB Survey	Intern graduates DI Director	-Inclusion of Job interview skills in seminar schedule -Inclusion of resume writing in seminar schedule	-Formally through graduate survey -Informally through conversations and social media	2013.14: (9/9) 100% 2014.15: (7/8) 88% 2015.16: (8/8) 100% 2016.17: (5/5) 100% AVG: 97% MET (86% 5yr response rate)
Pass Rate: 80% of the first-time test takers (over the past five years) will pass the registration exam	Record of Exam Pass Rates from ACT	Review of data	DI Director	-Provide RD Exam review materials for use by my interns	Annually 2013: 91% 2016: 80% AVG: 88% MET	2013: 91% 2014: 85.7% 2015: 100% 2016: 80% 2017: 85.71% AVG: 88% MET
90% of graduates will rate themselves as competent when surveyed one year after graduation	Survey of graduates	Review of survey data Qualtrics Alumni Survey Data Response Rates vary	DI Director	-Review survey data -Incorporate action when possible to address concerns	Ann 13.14: no data available from past PD 14.15 (44% response rate): (4/4) 100% 15.16 (77% response rate): (6/7) 85% 16.17 (100% response rate): (7/7) 100%	AVG: 95% MET
90% of employers will rate graduates as competent	Employer survey	Review of survey data Qualtrics Employer Survey Data; Response Rates vary, typically only 2-4 employers are contacted.	DI Director	-Encourage interns to provide name and contact information for employer -Send survey reminders	Ann 13.14: no data available from past PD 14.15 (100% response rate 2/2): (2/2) 100% 15.16 (42% response rate 3/5): (3/3) 100% 16.17 (25% response rate 1/4): 100% 100% MET (only 50% response rate with small sample size)	

Program Goal, Objectives and Assessment (Standards 5, 6, 7 and 8)

Goal #2 – Produce graduates committed to life-long learning

A) Objectives (Guideline 7.1a)	B) Data Assessed and the Data Source (Guideline 7.1b & c)	C) Data Assessment Method(s) (Guideline 7.1d)	D) Assessed by: (Guideline 7.1e)	E) Actions to Assure that the Outcome Is or Will Be Met (Guideline 8.2)	F) Timeframe (finished?) (Guideline 7.1f)	G) Actual Outcome (Guideline 7.2 b)
Example: External grant funding increases 10% in the next 5 years.	Data from grants and contracts office.	Review data quarterly. Discuss funding activity during faculty reviews.	Program Director	<ul style="list-style-type: none"> Send faculty to grant writing workshops. Provide internal seed money for new faculty. 	Quarterly June '05 – May '10 (on-going)	Met: External grant funding increased 18% over 5 years.
25% of graduates will pursue an advanced degree in nutrition or related field	Survey of graduates	Review of survey data Informal tracking of grads and exit survey	DI Director	<ul style="list-style-type: none"> -Provide seminar session on the benefits of graduate education -Provide seminar session on CWU Graduate program 	Annually	2013.14: 3/9 33% 2014.15: 3/9 33% 2015.16: 2/9 22% 2016.17: 5/7 71% AVG: 39.75% MET
90% of graduates will report pursuing certification or participating in continuing education activities	Survey of graduates	Review of survey data FB Survey yield better response rate than Qualtrics Used both FB & Qualtrics to collect data on this objective	DI Director	-Continue to have each intern complete self assessment and continuing education plan	Annually	2013.14: no data available from past PD 2014.15 (55% response 5/9): (5/5) 100% 2015.16 (55% response 5/9): (5/5) 100% 2016.17 (100% response 7/7): 7/7 100% AVG: 100% MET (3 years of data avail.)

Goal #3 – Provide dietetic internship preceptors with support which enables them to function effectively in their roles.

A) Objectives (Guideline 7.1a)	B) Data Assessed and the Data Source (Guideline 7.1b & c)	C) Data Assessment Method(s) (Guideline 7.1d)	D) Assessed by: (Guideline 7.1e)	E) Actions to Assure that the Outcome Is or Will Be Met (Guideline 8.2)	F) Timeframe (finished?) (Guideline 7.1f)	G) Actual Outcome (Guideline 7.2 b)
Example: External grant funding increases 10% in the next 5 years.	Data from grants and contracts office.	Review data quarterly. Discuss funding activity during faculty reviews.	Program Director	<ul style="list-style-type: none"> Send faculty to grant writing workshops. Provide internal seed money for new faculty. 	Quarterly June '05 – May '10 (on-going)	Met: External grant funding increased 18% over 5 years.
90% of dietetic internship preceptors will report that they are satisfied with the support they receive	Survey of preceptors	Review of survey data Qualtrics Preceptor Survey typically sent to 30-35 Preceptors with 60-65% response rate	DI Director	<ul style="list-style-type: none"> -Review survey results annually -Develop response to any concerns raised that can be addressed 	Annually	2013.14: no data available from past PD 2014.15: no data available from past PD 2015.16: (20/20) 100% report satisfied/ somewhat satisfied 2016.17: (20/20) 100% report satisfied/ somewhat satisfied AVG: 100% MET (2 years of data avail.)

Appendix 9

Central Washington University - DI
Continuous Program Improvement Plan (Required Element 4.3)
All Program Types

Date of Last Accreditation Review (PAR or self-study) 2/1/2014

POLICIES AND PROCEDURES				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Area of Improvement: Remediation procedure was not up-to-date to deal with current intern issues	Review of P&P manual for use with intern remediation (spring 2017) & for 2017 ACEND update	Remediation/Unsatisfactory Student Performance Policy updated in Summer 2017. Will be reviewed with incoming interns and used as needed	Implemented in Fall 2017	None to date; no remediation since new policy was implemented
Area of Improvement: Lacking a method for interns to track supervised practice hours.	During Summer 2017 program evaluation, it was identified that ACEND required hour logs and this was not being met by our program.	Fall 2017 - A "weekly hour log" was implemented in Fall 2017. Spring 2018 - New hour log was created that tracks hours for each rotation, instead of a weekly basis.	Weekly hour log Initially implemented Fall 2017 Revised hour log implemented Spring 2018. Revised Hour log Implement Fall 2018 Starting in Fall 2018, preceptors will be asked to verify reported hours during the intern's final evaluation	Hour logs reviewed for 2017-18. 100% of interns logged over 1200 hours of supervised practice.
Strength: Student Illness/Absence Policy updated & currently in use.	2014 PAR Study identified that P&P was lacking a "personal day" policy.	P&P section 10.2.q; outlines the student illness/absence policy, which provides students a max. of 6 days for illness/personal days/etc.	Implemented Fall 2014	DI Director logs of a intern absences reveal 100% compliance with policy
Strength: Recency of Education Policy updated & currently in use	2014 PAR Study identified that P&P was lacking a "recency" of education policy.	P&P section 10.1.a outlines recency of education as 5 years to be eligible for application to the CWU DI	Implemented during Spring 2015 application cycle	RD Exam Pass rates continue to exceed goal of 80% 100% compliance with policy

CURRICULUM

Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Strength: Human Resource Management course removed from curriculum	Specific competency being met by this course was identified as a competency that was better met during supervised practice, rather than in class that was not specific to dietetics. Surveys also revealed that students were not finding value in this course.	Monitor performance on CRDN 4.1; Monitor RD exam data in Food Service System & Management following these changes. We currently align with the national average in this area.	Summer 2017 - class was removed from curriculum	2016.17 - CRDN 4.1 Met or Exceeded by all interns 2017.18 - CRDN 4.1 Met or Exceeded by all interns RD Exam Data - None to date following change
Strength: NUTR 598 Special Topics in Nutrition course has a variety of focuses in recent years, including, advanced mineral metabolism and natural supplements/integrative medicine.	Due to retirement of faculty member teaching “international nutrition” topic, program faculty discussed offering a new variety of topics based on new faculty expertise, hot topics in nutrition and areas that are not emphasized in supervised practice. Informal feedback revealed students wanted a more commonly relevant topic for this course (something they were more likely to use in practice).	Continue to evaluate faculty expertise and current hot topics, as necessary. Monitor student course evaluations (focusing on course content scores, since instructors will vary)	Summer 2018 – new topic offered: Adv. Mineral Metabolism Add specific question to Exit Survey that evaluates summer courses taken	Exit Surveys
Area of Improvement: Intern knowledge of Medical Terminology & Medications	Preceptor feedback and intern evaluations 2014 PAR also identified medications as an area of improvement	Summer 2015 added medical terminology content to NUTR 541 content Required Medication Assignment added to MNT rotation Fall 2018.	Fall 2018 Required Medication Assignment has been added to MNT rotation assignment list	Question added to 17.18 preceptor survey to specifically evaluate knowledge gaps in interns. (Surveys will be sent first week of Aug. 2018)

TEACHING METHODS

Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
<p>Strength: A combination of face-to-face and online seminars have replaced the old distance classroom technology that was previously used.</p>	<p>Past classes had complained of poor connections with their classmates and expressed a preference for live group seminars. New DI Director also identified intern’s ability to use online learning/ meeting platforms as a need for future RDs, therefore a combination of face-to-face/virtual seminar was adopted.</p>	<p>In Fall 2014, this new dynamic seminar style was implemented.</p> <p>Fall 2015, improvements in “online” seminar content & delivery made.</p> <p>It is not feasible to have interns drive to Ellensburg each week for seminar, so online meetings will need to continue & adapt according to feedback collected.</p> <p>Annual Improvements will be made based on survey feedback. For example, 14.15 data revealed the online seminar as a weakness according to graduating interns. Content was improved for 15.16 and survey data showed this weakness was resolved.</p>	<p>Distribute Annual Intern Exit Survey</p> <p>17.18 Exit Survey has been updated to provide more feedback on this topic</p>	<p>14.15 Exit Survey 4/6 (66%) identified the “online” seminar as a weakness</p> <p>15.16 Exit Survey 2/6 (33%) identified Seminar as a program strength; 0% identified it as a weakness</p> <p>16.17 Exit Survey 0% identifies seminar as either a strength or weakness. (poor survey response this year)</p>
<p>Area of Improvement: All “homework” assigned to interns during rotations may not be necessary</p>	<p>Informal intern/preceptor feedback. Formal Exit Surveys DI Director observation</p>	<p>Change exit survey to collect feedback on specific assignments</p> <p>Informally discuss assignment requirements with preceptors for feedback.</p>	<p>17.18 exit survey has been updated to collect data on this topic</p>	<p>None to date; revised survey will be sent Aug 2018</p>

PROGRAM LENGTH				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Strength: Program recently decreased program length by 40 hours	DI Director noted significant burnout between winter/spring with interns. In addition, it was identified that excessive hours were being provided and there was room for a 1 week reduction in program length.	ACEND Substantive program change made in Winter 2017 to reduce hours and provide student with a "spring break".	Class of 17.18 will have a Spring Break Add question exit survey to assess	None to date; survey will be sent Aug 2018
FACULTY				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Strength: DI Clinical Coordinator was hired to assist with oversight, evaluation and teaching of interns, specifically in their clinical rotation. The DI Coordinator is assigned 1 Work Load Unit per quarter or approximately 2-3 hours/week.	Informal feedback from preceptors and past DI Director requesting more on-site oversight during MNT, specifically at the Wenatchee site.	Continue to keep this position filled in Wenatchee. DI Director will collect informal feedback and monitor other sites to see if this position should be expanded into other locations.	Each fall, hire(or re-hire) for this position in Wenatchee	No formal data collected; informal data from preceptors & students are in favor of continuing use of Clinical Coordinator in Wenatchee
Strength/Area of Improvement: Faculty continuity could have been considered an area for improvement	Faculty changes were considerable following 2014 PAR Report, but are now very	Continue to support the tenure/promotion of current faculty.	Fall 2015: attended program director workshop	Director Workshop 10.5 CEU's complete

early on 2014-2015 and now (2016-present) is considered a strength. New DI Director hired in 2014.	stable and all positions are currently filled with FTTT positions.	DI Director to participate in continuing education and self improvement regarding dietetics education.	Continual NDEP Membership Summer 2018: Completion of self study	
PRECEPTORS				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Strength: Student satisfaction with Preceptors	Anonymous surveys completed by interns regarding preceptor performance	Continue to maintain relationships with preceptors; continue to track with survey	Continue to track with end of rotation/preceptor surveys completed by interns	15-16: overall 90% preceptor rating by interns 16-17: overall 92% preceptor rating by interns 17-18: not yet available
Strength: continuity of preceptors/sites in program; longstanding relationships with CWU and supervised practice sites	Consistent student placement in site for past 10+ years. Positive Preceptor survey data	Continue to provide consistent preceptor support in the future. Continue to communicate and support preceptors.	Continue to track this data annually with survey	100% of preceptors from 2015-2017 were satisfied with the support they received from our program 15.16 100% reported as either satisfied /somewhat satisfied 16.17 100% reported as either satisfied /somewhat satisfied 17.18: not yet available.
Strength: preceptor training provided individually to each new lead preceptor	During self study, DI Director reviewed Standard 7.3 and identified that no formal preceptor training	An informal survey was administered to preceptors in 2017 to ensure that	Preceptors will continue to be surveyed annually	Informal email sent to 30 preceptors regarding satisfaction with

	policy was in place, however, our relationships are so long-standing and our classes are small enough that the director is able to orient each new lead preceptor as they join our program.	preceptors were satisfied with training provided. An online preceptor HUB was created in 2016.17 to provide optional training materials & additional resources for preceptors.	Continue to maintain, refer and update the Preceptor HUB online.	training. Only 1 preceptor felt the CDR Preceptor Modules should be required training for preceptors. This same preceptor retired shortly after in Summer 2018.
RESOURCES				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Area of Improvement: CWU Teaching kitchen, cooking labs are outdated & not able to support quantity food production.	Faculty/students have observed insufficient lab space. While the CWU DI uses these spaces very minimally, updated spaces would be beneficial, regardless.	CWU Health Sciences Department will break ground on a new building in 2019, which will have a quantity foods kitchen and updated teaching/lab spaces.	Washington State Legislation & Capital Budget will determine actual construction timeline	None to date. Planning & Design phase of building is complete.
OTHER				
Identify strengths and/or areas of improvement resulting from the program evaluation process	How the program identified this strength or area of improvement	Short- or long-term strategy to maintain strength or address area of improvement	Specific timeframe for implementation of the action steps.	Resulting data based on steps taken to date.
Area of Improvement: Surveys need to be edited to provide more accurate, measurable data	During self study, and specifically in completion of this table, DI Director noticed that the surveys administered needed improvement to more	17.18 surveys have been edited as improvements were identified to provide data for future program improvement	Summer 2018 – New, Improved surveys will be distributed	None to date

	specifically measure program strengths & areas of improvement.			
Strength: CWU DI graduates achieve entry level competence and are readily employed following program completion.	Data from graduate & employer surveys reveal this as a consistent program strength.	Continue to elicit formal (survey) and informal feedback from graduates, faculty and preceptors for continuous program improvement	Summer 2018 – New, Improved surveys will be distributed and will gather more information specific to program improvement	None to date
Strength: In the 2014 PAR Report, the past DI Director identified survey response rates and connections with program graduates as an area for improvement. This issue has been remediated and turned it into a program strength!	During the self study, the DI Director noted this was a previous “area for improvement” from the 2014 PAR, however, data moving forward has been more complete and graduates are easier to track with new technology and social media.	The new DI Director has used simplified electronic surveys, text messaging, email and social media (Facebook) to successfully survey and connect with program graduates.	Annual survey review	Response rates are reported in Standard 4 and have continuously trended favorably.

Appendix 10

Central Washington University - DI CRDN Curriculum Map (Required Element 5.1/5.2) Supervised Practice Rotations Aligned with Core Competencies for the RDN (DI, ISPP)

Background: The CRDN Curriculum Map is used to identify the rotations in which students are being taught ACEND-Required Core Competencies (CRDN).

Directions: List rotations in chronological order or by category (Food Service Management, Clinical, Community, etc). Next, using rotation descriptions, learning objectives and assignments, identify which ACEND-Required Core Competencies occur in a rotation and place an 'X' in the appropriate column. Add additional rows as needed.

Rotation/Course/Required Activity	CRDN 1.1	CRDN 1.2	CRDN 1.3	CRDN 1.4	CRDN 1.5	CRDN 1.6		CRDN 2.1	CRDN 2.2	CRDN 2.3	CRDN 2.4	CRDN 2.5	CRDN 2.6	*CRDN 2.7	CRDN 2.8	CRDN 2.9	CRDN 2.10	CRDN 2.11	CRDN 2.12	CRDN 2.13	CRDN 2.14	CRDN 2.15
Clinical/MNT (440hr)		x		x		X		X	X	X	X	x	X	x			X	X				
MGT- School FS (360hr)	x	X	x		X	X		X	X	X	X		X	x			X	X				
MGT – Hospital FS (120hr)		X				X		X	X	X	X		X	x			X	X				
Community (224hr)		X				X		X	X	X	X	x	X	x			X	X				
Community Outpt (32hr)		X				X		X	X	X	X		X				X	X				
Renal (80hr)		X				X		X	X	X	X		X				X	X				
LTC (64hr)		X				X		X	X	X	X		X				X	X				
NUTR 492 Seminar (80 hr in class, 54 credits)										X						x			x	x	x	
NUTR 541 Application in Dietetics (5 credits)		x		X		X				X												
NUTR 543 Adv. Nutr. Biochem. (3 credits)		X		X		X				X												
NUTR 545 Adv. Devel. Nutr. (3 credits)		X		X		X				X												
NUTR 547 Nutr. Update		X		X		X				X												

(3 credits)																							
NUTR 598 Special Topics in Nutr. (3 credits)		X		X		X																	
Community Emphasis Assignments & Event															X	X	X						X

Rotations	CRDN 3.1	CRDN 3.2	CRDN 3.3	*CRDN 3.4	*CRDN 3.5	CRDN 3.6	CRDN 3.7	CRDN 3.8	CRDN 3.9	CRDN 3.10		CRDN 4.1	CRDN 4.2	CRDN 4.3	CRDN 4.4	CRDN 4.5	CRDN 4.6	CRDN 4.7	CRDN 4.8	CRDN 4.9	CRDN 4.10	
Clinical/MNT (440hr)	x	X	X	x	X	X		X							X							x
MGT- School FS (360hr)			X	x	x					x		x	X	x	X	x	x	x				
MGT – Hospital FS (120hr)			X	x	x					x		x	x	x	X							
Community (224hr)	x		X	x	X	X	X	x							X							
Community Outpt (32hr)			X												X							
Renal (80hr)			X			X		X							X							
LTC (64hr)	X		X												X							
NUTR 492 Seminar (80 hr)												x									x	
Community Emphasis Assignments & Event				x	X		x												x			

***FOOTNOTE:** *2.7, 3.4, 3.5 may occur in any (but not all) of the noted rotations

Concentration Competency Curriculum Map (Required Element 5.1)

Supervised Practice Rotations Aligned with Program-Defined Concentration Competencies

Background: The Concentration Competency Curriculum Map is used to identify the rotations in which students are being taught Program-Defined Concentration Competencies.

Directions: List rotations in chronological order or by category (Food Service Management, Clinical, Community, etc). Next, using rotation descriptions, learning objectives and assignments, identify which Program-Defined Concentration Competencies occur in a rotation and place an 'X' in the appropriate column. Add additional rows as needed.

Community Nutrition – The CWU-DI considers all rotations to be “community based” and contributing to the community concentration, given that Central Washington is generally a rural area, with a community based healthcare system. To further emphasize our community concentration, the CWU-DI has 3 additional assignments/activities that are not part of a specific rotation, but are in addition to rotation requirements. These 3 activities and the competencies they meet are listed below. More details on these activities can be found in the Self Study RE 5.1

Rotations	CRDN 2.3	CRDN 2.4	CRDN2.7	CRDN 2.8	CRDN2.9	CRDN2.15	CRDN 3.4	CRDN 3.5	CRDN 3.7	CRDN3.9	CRDN 4.8
Capstone Community Event Project (~8-10 hours)			X	X		X			X	X	X
3 Dietetics Community Events/activities (~3-6 hours)					X		X	X	X		
Participation in Interdisciplinary Practice (~5 hours)	X	X	X		X						

Appendix 11

17.18

	TC Intern 1	TC Intern 2	YAK Intern 3	YAK Intern 4	YAK Intern 5	YAK Intern 6	YAK Intern 7	WEN Intern 8	WEN Intern 9
Summer Session #1									
9/18/2017	BFHD	PSD	YVMH-FS	YNHS	WVSD	YVFWC	SSD	CWH-FS	CVCH
9/25	BFHD	PSD	YVMH -FS	YNHS	WVSD	YVFWC	SSD	CWH-FS	CVCH
10/2	BFHD	PSD	YVMH -FS	YNHS	WVSD	YVFWC	SSD	CWH-FS	CVCH
10/9	BFHD	PSD	YVMH -A	YNHS	WVSD	YVFWC	SSD	CWH - A	CVCH
10/16	BFHD	PSD	YVMH	YNHS	WVSD	YVFWC	SSD	CWH	CVCH
10/23	BFHD	PSD	YVMH	YNHS	WVSD	YVFWC	SSD	CWH	CVCH
10/30	BFHD	PSD	YVMH	YNHS	WVSD	YVFWC	SSD	CWH	CVCH
11/6	KMC-FS	PSD	YVMH -B	LTC	WVSD	Renal	SSD	CWH – B	Renal
11/13	KMC-FS	PSD	YVMH	LTC	WVSD	Renal	SSD	CWH	Renal
11/20	KMC-FS	CO	YVMH	YRMS-FS	KVH-A	ESD	YVFWC	CWH	WSD
*11/23-11/26	*Thanksgiving (Thursday/Friday off)								
11/27	KMC -A	LTC	YVMH	YRMC-FS	KVH	ESD	YVFWC	CWH	WSD
12/4	KMC	LTC	YVMH	YRMC-FS	KVH	ESD	YVFWC	CWH	WSD
12/11	KMC	BFHD	YVMH	YRMC-A	KVH	ESD	YVFWC	CWH	WSD
*12/16-1/1	*Holiday Break								
1/2/2018	KMC	BFHD	YVMH	YRMC	YVMH-FS	ESD	YVFWC	CWH	WSD
1/8	KMC - B	BFHD	LTC	YRMC	YVMH-FS	ESD	YVFWC	Renal	WSD
1/15	KMC	BFHD	LTC	YRMC	YVMH-FS	ESD	YVFWC	Renal	WSD
1/22	KMC	BFHD	SSD	YRMC- B	YVMH-B	ESD	CO	CO	WSD
1/29	KMC	BFHD	SSD	YRMC	YVMH	ESD	Renal	LTC	WSD
2/5	KMC	BFHD	SSD	YRMC	YVMH	CO	Renal	LTC	CWH-FS
2/12	KMC	KMC-FS	SSD	YRMC	YVMH	KVH-A	LTC	WSD	CWH-FS
2/19	KMC	KMC -FS	SSD	YRMC	YVMH	KVH	LTC	WSD	CWH-FS
2/26	CO	KMC-FS	SSD	YRMC	YVMH	KVH	YRMC-FS	WSD	CWH - A
3/5	PSD	KMC -A	SSD	YRMC	YVMH	KVH	YRMC-FS	WSD	CWH
3/12	PSD	KMC	SSD	CO	LTC	*SB	YRMC-FS	WSD	CWH
3/19 CWU SB*	PSD	KMC	SSD	*SB	LTC	YVMH-FS	*SB	WSD	CWH
3/26	*SB	KMC	*SB	WVSD	*SB	YVMH-FS	YRMC-A	WSD	*SB
4/2	PSB	*SB	Renal	WVSD	YNHS	YVMH-FS	YRMC	*SB	CWH - B
4/9	PSD	KMC - B	Renal	WVSD	YNHS	YVMH-B	YRMC	WSD	CWH
4/16	PSD	KMC	CO	WVSD	YNHS	YVMH	YRMC	WSD	CWH
4/23	PSD	KMC	YVFWC	WVSD	YNHS	YVMH	YRMC-B	CVCH	CWH
4/30	PSD	KMC	YVFWC	WVSD	YNHS	YVMH	YRMC	CVCH	CWH
5/7	PSD	KMC	YVFWC	Renal	YNHS	YVMH	YRMC	CVCH	CWH
5/14	LTC	KMC	YVFWC	Renal	YNHS	YVMH	YRMC	CVCH	CWH
5/21	LTC	KMC	YVFWC	WVSD	CO	YVMH	YRMC	CVCH	CO
5/28	Renal	Renal	YVFWC	WVSD	Renal	LTC	YRMC	CVCH	LTC
6/4	Renal	Renal	YVFWC	WVSD	Renal	LTC	YRMC	CVCH	LTC
Summer Session #2									

Due to the nature of our program, with many interns placed in one geographical location, each intern has a unique progression through the required rotations. Each ROTATION progresses from introductory to demonstration of entry level competence. Our program has limited supervised practice facility availability, so all interns cannot be schedule to progress through the rotations in the same pattern.

Food Service – 3 Weeks Hospital, 9 Weeks School

YVMH-FS: Yakima Valley Memorial Hospital Food Service
 YRMC-FS: Yakima Regional Medical Center Food Service
 CWH-FS: Central Washington Hospital Food Service - Wenatchee
 KMC-FS: Kadlec Medical Center Food Service -Richland
 WVSD: West Valley School District (17 Spr Break 4/3-7)
 SSD: Selah School District (17 Spr Break 4/3-7)
 ESD: Ellensburg School District
 WSD: Wenatchee School District (17 Spr Break 4/3-7)
 EWSD: Eastmont (East Wenatchee) School District
 KSD: Kennewick School District
 PSD: Pasco School District
 RSD: Richland School District (17 Spr Break 4/3-7)

WIC Community– 7 Weeks

YNHS: Yakima Neighborhood Health Services
 YVFWC: Yakima Valley Farm Workers Clinic
 KCPH: Kittitas County Public Health
 BFHD: Benton Franklin Health District
 TCCH: Tri Cities Community Health
 CVCH: Columbia Valley Community Health (Wenatchee)
 CDHD: Chelan Douglas Health District

LTC – 2 weeks

LTC-W: Wenatchee,
 LTC-TC: Lourdes Hospital, TC
 LTC-GS: Good Samaritan, Yakima,
 LTC-LC: Living Care, Yakima,

Medical Nutrition Therapy/Clinical – 11-Weeks Total (4 weeks MNT-A, 7 weeks MNT-B)

YVMH: Yakima Valley Memorial Hospital
 YRMC: Yakima Regional Medical Center
 CWH: Central Washington Hospital – Wenatchee
 KMC: Kadlec Medical Center
 TRIOS: Trios Health – Tri Cities
 KVH: Kittitas Valley Healthcare
 TCH: Toppenish Community Hospital

Renal Rotation – 2 Weeks

Y (Yakima Davita)
 W (Wenatchee Davita)
 LM (Tri Cities Davita)
 ML: (Moses Lake Fresenius Dialysis)
 *See preceptor contact list for details

CO-Community-Outpatient– 1 week

Yakima, Tri Cities, Wenatchee Interns all have different sites set up for this rotation; SEE Preceptor contact list for details.

***ELECTIVE ROTATIONS/WINTER/SPRING BREAK**

Interns are encouraged to spend some time during breaks networking in an area that they are interested in working in, if the internship was not able to provide that specific experience.

APPENDIX 12

Central Washington University Dietetic Internship RDN Summary of Learning Activities (Required Element 5.3) (CP, DI, DPD, FDE, FDE, IDE, ISPP)

Populations	List a course or rotation in which the populations and/or cultures are covered (* noted on course/rotation which example is provided for)	Learning Activity Example
Infants	NUTR 541/545 *Community Rotation	In Community Rotation, interns will weigh/measure infants and counsel new parents on best feeding practices.
Children	*NUTR *541/545 Community rotation School Food Service Rotation	In NUTR 541, interns read “Child of Mine” by Ellyn Satter and present key feeding points for each age group to the class in a 10 minute presentation.
Adolescents	NUTR 541/545 Community Rotation *School Food Service Rotation	In School Food Service Rotation, interns rotate through kitchens in all schools, including high schools. Interns conduct a plate waste study on a meal served in the cafeteria.
Adults	NUTR 541/543/545/547 *Community Rotation Clinical Rotation Hospital Food Service Rotation Long Term Care Rotation Renal Rotation	In Community Rotation, interns will create/utilize/evaluate education materials that are an appropriate literacy level for an adult audience
Pregnant & Lactating Females	*NUTR *541/545 Community Rotation	In NUTR 541, interns complete & present a “case study” related to different challenges presented during breastfeeding
Older Adults	NUTR 541 *Long Term Care Rotation Clinical Rotations Renal Rotation	During Long Term Care Rotation, interns perform nutrition assessments on senior residents.
Examples of other populations and diverse cultures		
Hispanic/Latino Population	*Community Rotation	During Community Rotation, interns will use translator to provide education to ESL clients. All of our sites have a

		strong Hispanic population and interns will commonly work with these clients/patients in most of their rotations.
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Central Washington University Dietetic Internship
RDN Summary of Learning Activities (Required Element 5.3)
(CP, DI, DPD, FDE, FDE, IDE, ISPP)

Conditions or Disease States	List a course or rotation in which the populations and/or cultures are covered (* noted on course/rotation which example is provided for)	Learning Activity Example
Overweight & Obesity	NUTR 541/543/545/547 Community Rotation *Clinical Rotation Hospital Food Service Rotation Long Term Care Rotation Renal Rotation	During Clinical Rotation, interns will routinely assess nutrition needs on patients who are overweight/obese as part of the Nutrition Care Process, as displayed during case study/care plan assignments.
Endocrine Disorders	*Community Rotation Clinical Rotation Hospital Food Service Rotation School Food Service Rotation Renal Rotation	During Community Rotation, interns will provide nutrition counseling for clients with gestational diabetes and type 2 diabetes.
Cancer	*Clinical Rotation	During Clinical Rotation, interns will assess patients with a history of/current Cancer diagnosis part of the Nutrition Care Process, as displayed during case study/care plan assignments.
Malnutrition	NUTR 541 *Clinical Rotation Long Term Care Rotation Renal Rotation	During Clinical Rotation, interns assess risk for malnutrition by performing 3 Nutrition Focused Physical Exams (CRDN 3.2)
Cardiovascular Disease	Community Rotation Clinical Rotation *Hospital Food Service Rotation Long Term Care Rotation Renal Rotation	During Hospital FS Rotation, interns participate/facilitate tray line preparing meals for patients with special nutrition needs related to CVD.
Gastrointestinal Disease	Clinical Rotation Hospital Food Service Rotation *School Food Service Rotation	During School FS Rotation, interns will review district's policy for students with Celiac Disease.

Renal Disease	Clinical Rotation Hospital Food Service Rotation *Renal Rotation NUTR 541	During Renal Rotation, interns conduct nutrition screening and review monthly labs with patients on dialysis.
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Appendix 13

Central Washington University Dietetic Internship Community Nutrition Rotation

Rotation Sites:

Facilities	Primary Contact
Benton Franklin Health Department Kennewick, WA	* See current Preceptor Contact List on Canvas
Columbia Valley Community Health Wenatchee, WA	
Yakima Valley Farm Worker's Clinic Yakima Valley	
Yakima Neighborhood Health Services Yakima Valley	

Hours:

7 weeks, minimum of 32 hours/week, 224 clock hours minimum.

Rotation Description: In this rotation, interns develop skills in providing nutrition education through community based programs, focusing on nutrition education and counseling to individuals and groups.

Competencies/ Objectives of Rotation:

The dietetic intern will be working on the following learning competencies.

Please review your final evaluation form and the following table at the beginning of your rotation to ensure that all competencies are met. Please see Canvas for assignment details.

Description of Competencies	How Competency is Evaluated
CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.	Evaluated by preceptor at end of rotation on resource management ability. See final evaluation form for details. Associated Learning Activity: Article summaries; Community Nutrition Review Assignment
CRDN 1.6 Incorporate critical-thinking skills in overall practice.	Evaluated by preceptor at end of rotation on: Critical thinking skills incorporated into practice. See final evaluation form for details. Associated Learning Activity: Article summaries; Community Nutrition Review Assignment
CRDN 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics. CRDN 2.2: Demonstrate professional writing skills in preparing professional communications.	Evaluated by preceptor at end of rotation on ability to be: Compliant with regulations, confidentiality and/or ethical considerations Professional written communication Active participation/collaboration with teams/groups; Functions as part of an inter-professional team See final evaluation form for details. Associated Learning Activity: Daily Clinical RD activities/Staff Relief (ethics, charting, interprofessional teams)

CRDN 2.3: Demonstrate active participation, teamwork and contributions in group settings. CRDN 2.4: Function as a member of interprofessional teams.	
CRDN 2.5: Assign patient care activities to NDTRs and/or support personnel as appropriate.	Evaluated by preceptor at end of rotation on ability to: Assign duties to support staff as necessary Associated Learning Activity: Daily Clinical RD patient screening/Staff Relief
CRDN 2.6: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.	Evaluated by preceptor at end of rotation on ability to: Refer appropriately to other professions/services when necessary Associated Learning Activity: Daily Clinical RD activities/Staff Relief
CRDN 2.7: Apply leadership skills to achieve desired outcomes.	Evaluated by DI Director & Preceptor using presentation evaluation form to evaluate Associated Learning Activity: 3 in-service presentations
CRDN 2.10: Demonstrate professional attributes in all areas of practice.	Evaluated by preceptor at end of rotation on ability to: professional manner and ability to manage increasing workload Associated Learning Activity: Daily Clinical RD activities/Staff Relief
CRDN 2.11: Show cultural competence/sensitivity in interactions with clients, colleagues and staff.	Evaluated by preceptor at end of rotation on ability to: Displays cultural competence with clients/ colleagues Associated Learning Activity: Daily Clinical RD activities/Staff Relief
CRDN 2.12: Perform self-assessment and develop goals for self-improvement throughout the program.	Evaluated by DI Director Associated Learning Activity: Rotation Goals, Summary & Self Assessment
CRDN 3.1: Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.	Evaluated by preceptor at end of rotation on ability to: Perform the Nutrition Care Process and use standardized nutrition language for a diverse population, in a variety of settings Associated Learning Activity: Daily Clinical RD activities/Staff Relief; Care Plan Assignment
CRDN 3.3: Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.	Evaluated by DI Director & Preceptor at end of rotation on ability to Effectively communicate in a variety of formats (verbal, written) & settings (individual/group) Associated Learning Activity: Daily Clinical RD activities/Staff Relief;
CRDN 3.4: Design, implement and evaluate presentations to a target audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.5: Develop nutrition education materials that are culturally and age appropriate and designed for the educational level of the audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.6: Use effective education and counseling skills to facilitate behavior change.	Evaluated by Preceptor using presentation evaluation form & final rotation evaluation

	Associated Learning Activity: Community Nutrition Education Observation & Critique Assignment
CRDN 3.7: Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.	Evaluated by preceptor at end of rotation on intern ability to deliver appropriate health messages to clients Associated Learning Activity: Daily Clinical RD activities/Staff Relief
CRDN 3.8: Deliver respectful, science-based answers to client questions concerning emerging trends.	Evaluated by Preceptor using presentation evaluation form & final rotation evaluation Associated Learning Activity: Community Nutrition Education Observation & Critique Assignment
CRDN 4.4: Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.	Evaluated by preceptor at end of rotation on: resource management and use of technology Associated Learning Activity: Daily Clinical RD activities/Staff Relief

Assignments:

****See assignment Checklist & Evaluation Form/CANVAS for list of Required assignments**

Preparation:

- ❑ Contact the primary preceptor 1 month prior to your assigned start date for the Community Rotation. Determine the time and location for beginning the rotation.
- ❑ Write 3-6 specific goals (**CRDN 2.12**) 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 Canvas) during the first week of your rotation.
- ❑ **Prior** to starting the rotation:
 - Read the Canvas articles that are asterisked & submit summary to Canvas. (**CRDN 1.2, 1.6**)
 - Review the Community Nutrition Assignment. (**CRDN 1.2, 1.6**)
 - Review the materials on WIC and WIC formulas:
 - <http://www.doh.wa.gov/YouandYourFamily/WIC.aspx>
 - <http://www.doh.wa.gov/YouandYourFamily/WIC/WICFoods/InfantFormula.aspx>
 - Review “Community Materials” from summer session.
- ❑ Each rotation will progress from “introductory” to “demonstration of entry level competence”. The assignments, activities and tasks that are assigned by the DI and your preceptor are designed to help you through this process. For successful rotation completion, your preceptor will evaluate your “entry level” competence at the end of this rotation.

Assignment Outline:

_____ By the end of the first week: Complete the first set of questions on Community Nutrition Assignment (1-13). Review with preceptor & submit on Canvas.

_____ By the end of the second week: Review Case Studies completed during summer session and Complete the remaining “Case Studies” and “Apply Your Knowledge” sections of the Community Nutrition Assignment. Be prepared to discuss all case studies with your preceptor & submit on Canvas.

_____ By the end of the third week:

- Review Elynn Satter fact sheets from summer session. Review Molly Kellogg Motivational Interviewing materials online at: www.mollykellogg.com (Find updated password on Canvas Page: “Resources Access Information”, under General DI Information Module.
- Submit Molly Kellogg Summary papers on Canvas. Be prepared to discuss with preceptor

_____ By the end of the fourth week: Complete the “Pathophysiology” section of the Community Nutrition Assignment. **Submit entire assignment to Canvas.**

_____ By the fifth week:

- **CRDN 1.2, 1.4** Finish reading all of the articles and submit all article summaries.
- **CRDN 3.6, 3.8** --Set up a time for your preceptor to observe/evaluate 2 appointments for the Education Observation/Self Critique assignment (Due at end of rotation; see details on Canvas)
- **CRDN 3.5** -- Begin working on the Review/Development of Community Education Materials assignment (Due at the end of the rotation; see details on Canvas)
- **CRDN 2.1-6, 2.10, 2.11, 3.1, 3.3, 3.7, 4.4** -- Begin Staff Relief (ie. Seeing clients independently) CRDN

_____ By the end of rotation:

- **In-Service Training (CRDN 2.7, 3.4, 3.5):**
Plan and conduct an in-service training session assigned by your preceptor. Have your preceptor and participants evaluate the session. Provide an outline of the training to your preceptor 1-week prior to the training. See details on Canvas. **Submit outline, evaluations, and self critique to Canvas. (* Remember you are required to do 3 in-services or presentations during the internship and they can be completed at anytime)**

_____ **Organization Overview and Management: During your rotation, review/participate in the following areas. At rotation completion, submit a summary of these points to Canvas.**

_____ 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).

SUMMARY OF ORGANIZATION DUE AT END OF ROTATION ON CANVAS

Nutrition Care Process (CRDN 3.1):

- _____ 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.
- _____ Include a list of “types” of patients you saw in your final rotation summary

Additional Experiences (if possible):

- _____ 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.
- _____ Participate, or observe coding/billing

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?

At Completion of the Community Nutrition Rotation

- ❑ Schedule the final evaluation of the rotation. See the DI General Guidelines for further instructions.
- ❑ 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 benefitted you, the intern, both personally and

professionally. This summary should also include a list of the “types” of clients you saw during your rotation. Submit the summary on Canvas. **(CRDN 2.12)**

- ❑ Complete the online preceptor evaluation survey for the preceptor(s) you worked with during the rotation. Link is available on Canvas. Complete one form for each preceptor that you worked with enough that you feel you can provide an effective evaluation. The evaluation(s) will be anonymously shared with the preceptor(s) in a summary format at the end of the internship year.

**Central Washington University
Dietetic Internship
Medical Nutrition Therapy A**

Rotation Sites:

Facilities	Primary Preceptors
Yakima Regional Medical Center	* see current preceptor list
Yakima Valley Memorial	
Kittitas Valley Healthcare	
Central Washington Hospital/Confluence	
Kadlec Medical Center	

Hours:

4 weeks, 40 hours/week, 160 clock hours

Rotation Description: In this rotation, interns will practice the Nutrition Care Process in a clinical setting focusing on common medical conditions and lower risk patients.

Competencies/ Objectives of Rotation:

The dietetic intern will be working on the following learning competencies. Some of these MAY not be met during MNT A, but are expected to be fully met by MNT B completion.

Please review your final evaluation form and the following table at the beginning of your rotation to ensure that all competencies are met. Please see Canvas for assignment details.

Description of Competencies	How Competency is Evaluated
CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.	Evaluated by preceptor at end of rotation on resource management ability. See final evaluation form for details. Associated Learning Activity: Article summaries; outline of disease states
CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.	Evaluated by preceptor at end of rotation on ability to: Evaluate emerging research for application in practice. See final evaluation form for details. Associated Learning Activity: Article summaries; outline of disease states
CRDN 1.6 Incorporate critical-thinking skills in overall practice.	Evaluated by preceptor at end of rotation on: Critical thinking skills incorporated into practice. See final evaluation form for details. Associated Learning Activity: Article summaries; outline of disease states
CRDN 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of	Evaluated by preceptor at end of rotation on ability to be: Compliant with regulations, confidentiality and/or ethical considerations Professional written communication Active participation/collaboration with teams/groups; Functions as part of an inter-professional team

<p>Ethics for the Profession of Nutrition and Dietetics.</p> <p>CRDN 2.2: Demonstrate professional writing skills in preparing professional communications.</p> <p>CRDN 2.3: Demonstrate active participation, teamwork and contributions in group settings.</p> <p>CRDN 2.4: Function as a member of interprofessional teams.</p>	<p>See final evaluation form for details.</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief (ethics, charting, interprofessional teams)</p>
<p>CRDN 2.5: Assign patient care activities to NDTRs and/or support personnel as appropriate.</p>	<p>Evaluated by preceptor at end of rotation on ability to: Assign duties to DTRs &/or support staff as necessary</p> <p>Associated Learning Activity: Daily Clinical RD patient screening/Staff Relief</p>
<p>CRDN 2.6: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.</p>	<p>Evaluated by preceptor at end of rotation on ability to: Refer appropriately to other professions/services when necessary</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief</p>
<p>CRDN 2.7: Apply leadership skills to achieve desired outcomes.</p>	<p>Evaluated by DI Director & Preceptor using presentation evaluation form to evaluate</p> <p>Associated Learning Activity: 3 in-service presentations</p>
<p>CRDN 2.10: Demonstrate professional attributes in all areas of practice.</p>	<p>Evaluated by preceptor at end of rotation on ability to: professional manner and ability to manage increasing workload</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief</p>
<p>CRDN 2.11: Show cultural competence/sensitivity in interactions with clients, colleagues and staff.</p>	<p>Evaluated by preceptor at end of rotation on ability to: Displays cultural competence with clients/ colleagues</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief</p>
<p>CRDN 2.12: Perform self-assessment and develop goals for self-improvement throughout the program.</p>	<p>Evaluated by DI Director</p> <p>Associated Learning Activity: Rotation Goals, Summary & Self Assessment</p>
<p>CRDN 3.1: Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.</p>	<p>Evaluated by preceptor at end of rotation on ability to: Perform the Nutrition Care Process and use standardized nutrition language for a diverse population, in a variety of settings</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief; Care Plan Assignment</p>
<p>CRDN 3.2: Conduct nutrition focused physical assessment.</p>	<p>Evaluated by DI Director & Preceptor at end of rotation on ability to diagnose malnutrition via NFPA</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief; NFPA Assignment</p>
<p>CRDN 3.3: Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.</p>	<p>Evaluated by DI Director & Preceptor at end of rotation on ability to Effectively communicate in a variety of formats (verbal, written) & settings (individual/group)</p> <p>Associated Learning Activity: Daily Clinical RD activities/Staff Relief;</p>

CRDN 3.4: Design, implement and evaluate presentations to a target audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.5: Develop nutrition education materials that are culturally and age appropriate and designed for the educational level of the audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.6: Use effective education and counseling skills to facilitate behavior change.	Evaluated by Preceptor using presentation evaluation form & final rotation evaluation Associated Learning Activity: MNT Education Observation & Evaluation Assignment
CRDN 3.8: Deliver respectful, science-based answers to client questions concerning emerging trends.	Evaluated by Preceptor using presentation evaluation form & final rotation evaluation Associated Learning Activity: MNT Education Observation & Evaluation Assignment
CRDN 3.10: 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.	Evaluated by DI Director & Preceptor at end of rotation on ability to Use formulas, supplements and menus appropriately to accommodate various populations Associated Learning Activity: Daily Clinical RD activities/Staff Relief; Care Plans
CRDN 4.4: Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.	Evaluated by preceptor at end of rotation on: resource management and use of technology Associated Learning Activity: Daily Clinical RD activities/Staff Relief;
CRDN 4.10: Analyze risk in nutrition and dietetics practice.	Evaluated by DI Director & Preceptor at end of rotation on ability to analyze risks to RD Associated Learning Activity: Daily Clinical RD activities/Staff Relief; Case Study Presentation

Assessments/Assignments:

****See assignment Checklist, Canvas, & Evaluation Form for list of Required assignments**

Preparation:

- ❑ Contact the primary preceptor 4 weeks prior to your assigned start date for the MNT A rotation to assure timely completion of needed paperwork and background checks. Determine the time and location for beginning the rotation.
- ❑ **CRDN 2.12** 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 Canvas) during the first week of your rotation.
- ❑ Complete first four diseases/conditions in the “Outline of Disease States” (**CRDN 1.2, 1.4, 1.16**) assignment prior to beginning MNT A. **Submit on Canvas.** The other conditions/diseases must be complete prior to beginning MNT B.

- ❑ Establish daily arrival and departure hours for this rotation with preceptor. Interns are expected to maintain established hours and stay additional time if needed to accomplish patient care and/or gather needed information for assignments.
- ❑ **Reading Assignment:** Thoroughly read Chapters in Nelms on DM, CAD, CHF, and HTN.
- ❑ Complete asterisked* article summaries. **Submit to Canvas.**
- ❑ Prior to starting the rotation, review Medical Terminology & case studies (from summer session)
- ❑ Complete Medical Terminology/EN/PN Review Assignment. **Submit to Canvas**
- ❑ **Review Medical Term Course online per Canvas**
- ❑ Each rotation will progress from “introductory” to “demonstration of entry level competence”. The assignments, activities and tasks that are assigned by the DI and your preceptor are designed to help you through this process. For successful rotation completion, your preceptor will evaluate your “entry level” competence at the end of this rotation.

Week 1

***NOTE: CRDN’s noted below will likely be “in-progress/development” during MNT A, to be masters in MNT B.**

- ❑ Introduction to diet changes/nutrition risk identification.
- ❑ Observe dietitians complete diet changes.
- ❑ Review and demonstrate charting consistent with format used by the facility.
- ❑ Review screening criteria.
- ❑ Review nutrition risk classification criteria used by facility.
- ❑ Take notes on terminology, acronyms and drugs that you are unfamiliar with. Look up at the end of the day.
- ❑ Become familiar with reference materials commonly used by RD (**CRDN 1.2, 1.4**)
- ❑ Observe basic nutrition education when available.
- ❑ (**CRDN 3.1**) Look through medical records with RD for pertinent information related to patient care including;
 - Not tolerating diet
 - Prolonged NPO, poor intake, supplement needs
 - Weight loss
 - Dysphagia
 - New diagnosis (i.e. cancer, diabetes)
 - New nutrition support
 - Pt education needs
 - Change in medical status (i.e. surgery, dialysis, GI dysfunction) that may alter nutrition needs or plan of care.
 - Nursing notes, I/O’s, etc
- ❑ Review common supplement/formula/food products and usages. (**CRDN 3.10**)
- ❑ Review first 4 Outline of Disease States w/ preceptors, be prepared to answer question from your reading assignments (Nelms, article summaries)
- ❑ Begin working on Medication Review assignment (Due at start of MNT B)

Week 2

- ❑ Participate in diet changes/nutrition risk identification as assigned
- ❑ Observe RD in the assessment, documentation & education process for patients. *Note taking and questions are strongly encouraged and expected.* You will be completing an assignment from your education observations. **(CRDN 3.6, 3.8)**
- ❑ Begin assessing nutritional status including energy needs with preceptor.
- ❑ Observe any Nutrition Focused Physical Assessment that may take place. **(CRDN 3.2)**
- ❑ Begin developing nutrition support care plans with preceptor.
- ❑ Initiate data collection from charts with assistance from RD **(CRDN 4.4)**.
- ❑ Use available resources to review any medical terminology, lab values, and diagnoses unfamiliar to you.
- ❑ Select patient for care plan with assistance of preceptor. Diagnosis should include one of the following: DM, CAD, CHF, HTN. Select a patient that is not too complex at this time. However, very few patients present with a single diagnoses.

Week 3 and 4

- ❑ Care plan due to DI Director and preceptor by the end of week 3.
- ❑ Independently participate in diet changes, correctly identifying patients at high nutrition risk.
- ❑ Continue to build skills for independently reviewing charts, collecting data, and completing draft assessments and follow-ups with appropriate documentation of care plan. Review notes with preceptor prior to placing in chart.
- ❑ Recommend appropriate enteral or parenteral nutrition support as needed.
- ❑ Observe RD provide nutrition education and complete 2 education observation assignment.
- ❑ Continue to use available resources to review any medical terminology, lab values, and diagnoses unfamiliar to you.
- ❑ Complete the “Outline of Disease States” and submit on **Canvas**.
- ❑ **Care Plan #1 (CRDN 3.1, 3.10) & Education Observations due on Canvas end of week 3. (CRDN 3.6, 3.8)**
- ❑ **NOTE:** During your internship, you will be required to conduct 3 in-services **(CRDN 2.7, 3.4, 3.5)**. These may be completed any rotations.

At the Completion of the Medical Nutrition Therapy A Rotation:

- ❑ **Schedule the final evaluation** for the rotation. See the DI General Guidelines for further instructions.
- ❑ **Complete the online preceptor evaluation** survey for the preceptor(s) you worked with during the rotation. Link is available on Canvas. Complete one form for each preceptor that you worked with enough that you feel you can provide an effective evaluation. The evaluation(s) will be anonymously shared with the preceptor(s) in a summary format at the end of the internship year.
- ❑ **Complete a summary of your experiences during this rotation (CRDN 2.12)**. 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. Submit the summary on Canvas.

**Central Washington University
Dietetic Internship
School Food Service Management**

Rotation Sites:

Facilities	Primary Preceptors
Schools in Yakima, Tri Cities, Wenatchee areas	* See current preceptor contact list

Hours: 9 weeks, 40 hours/week, 360 clock hours

Rotation Description: In food service management rotations, interns will focus on all aspects of producing and delivering nutrition to a target population (hospital, school), which includes: menu planning, marketing, trayline, safety, sanitation, quality improvement and human resource management.

Competencies/ Objectives of Rotation:

The dietetic intern will be working on the following learning competencies.

Please review your final evaluation form and the following table at the beginning of your rotation to ensure that all competencies are met. Please see Canvas for assignment details.

Description of Competencies	How Competency is Evaluated
CRDN 1.1: Select indicators of program quality and/or customer service and measure achievement of objectives.	Evaluated by preceptor at end of rotation on Intern ability to select appropriate indicators to measure objectives. Associated Learning Activity: Plate Waste Study
CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.	Evaluated by preceptor at end of rotation on resource management ability. Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 1.3: Justify programs, products, services and care using appropriate evidence or data.	Evaluated by preceptor at end of rotation on ability to: Justify products/service using appropriate evidence or data. Associated Learning Activity: Specification/Feasibility Assignment
CRDN 1.5: Conduct projects using appropriate research methods, ethical procedures and data analysis.	Evaluated by preceptor at end of rotation on Intern's ability Conduct a project using appropriate research methods, ethical considerations & data analysis. See final evaluation form for details. Associated Learning Activity: Plate Waste Study
CRDN 1.6 Incorporate critical-thinking skills in overall practice.	Evaluated by preceptor at end of rotation on: Critical thinking skills incorporated into practice. See final evaluation form for details. Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.	Evaluated by preceptor at end of rotation on ability to be: Compliant with regulations, confidentiality and/or ethical considerations Professional written communication Active participation/collaboration with teams/groups; Functions as part of an inter-professional team See final evaluation form for details. Associated Learning Activity: Daily RD activities/Staff Relief

CRDN 2.2: Demonstrate professional writing skills in preparing professional communications. CRDN 2.3: Demonstrate active participation, teamwork and contributions in group settings. CRDN 2.4: Function as a member of interprofessional teams.	
CRDN 2.6: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.	Evaluated by preceptor at end of rotation on ability to: Refer appropriately to other professions/services when necessary Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 2.7: Apply leadership skills to achieve desired outcomes.	Evaluated by DI Director & Preceptor using presentation evaluation form to evaluate Associated Learning Activity: 3 in-service presentations
CRDN 2.10: Demonstrate professional attributes in all areas of practice.	Evaluated by preceptor at end of rotation on ability to: professional manner and ability to manage increasing workload Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 2.11: Show cultural competence/sensitivity in interactions with clients, colleagues and staff.	Evaluated by preceptor at end of rotation on ability to: Displays cultural competence with clients/ colleagues Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 2.12: Perform self-assessment and develop goals for self-improvement throughout the program.	Evaluated by DI Director Associated Learning Activity: Rotation Goals, Summary & Self Assessment
CRDN 3.3: Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.	Evaluated by Preceptor at end of rotation on ability to Effectively communicate in a variety of formats (verbal, written) & settings (individual/group) Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 3.4: Design, implement and evaluate presentations to a target audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.5: Develop nutrition education materials that are culturally and age appropriate and designed for the educational level of the audience.	Evaluated by DI Director & Preceptor using presentation evaluation form Associated Learning Activity: 3 in-service presentations
CRDN 3.10: 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.	Evaluated by DI Director & Preceptor at end of rotation on ability to Use formulas, supplements and menus appropriately to accommodate various populations Associated Learning Activity: Menu/Recipe Development
CRDN 4.1: Participate in management of human resources.	Evaluated by Preceptor at end of rotation on ability to participate in HR duties. Associated Learning Activity: Participate in HR Activity

CRDN 4.2: Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	Evaluated by Preceptor at end of rotation on ability to complete & evaluate safety and sanitation inspections. Associated Learning Activity: Safety/ Sanitation Inspection Assignment
CRDN 4.3: Conduct clinical and customer service quality management activities.	Evaluated by preceptor at end of rotation on Intern ability to work well with a team to conduct customer service quality management activities Associated Learning Activity: Plate Waste Study
CRDN 4.4: Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.	Evaluated by preceptor at end of rotation on: resource management and use of technology Associated Learning Activity: Daily RD activities/Staff Relief
CRDN 4.5: Analyze quality, financial and productivity data for use in planning.	Evaluated by preceptor at end of rotation on ability to: Analyze quality, financial, and productivity data for use in planning Associated Learning Activity: Specification/Feasibility Assignment
CRDN 4.6: Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment	Evaluated by preceptor at end of rotation on Intern ability to Propose solutions that promote sustainability & reduce waste Associated Learning Activity: Plate Waste Study
CRDN 4.7: Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	Evaluated by preceptor at end of rotation on ability to: Conduct feasibility study for a product/program or service with consideration of costs and benefits Associated Learning Activity: Specification/Feasibility Assignment

Assessments:

See Assignment Checklist on Canvas

Preparation:

- Contact preceptor at 4 WEEKS prior to the beginning of the rotation. Establish arrival time and location.
- Write 3-6 specific goals you would like to accomplish during this rotation. **(CRDN 2.12)** Include an evaluation of your strengths and weaknesses coming into this rotation. These goals are to be shared with your preceptor and the DI Director during the first week of the rotation. PLEASE note on the final evaluation form (and share with your preceptor), which specific competencies you need to meet during this rotation. Submit via Canvas.
- Prior to starting the Food Service Management rotation, review foodservice management resources that you have and those on Canvas.
- Each rotation will progress from “introductory” to “demonstration of entry level competence”. The assignments, activities and tasks that are assigned by the DI and your preceptor are designed to help you through this process. For successful rotation completion, your preceptor will evaluate your “entry level” competence at the end of this rotation.

Weeks 1-9

During this long rotation, interns will be working on a number of projects to accomplish assigned competencies and to gain confidence in your role. Interns will eventually absorb many tasks that your preceptor would regularly do and provide **semi-staff relief** (as much as this type of position allows).

Typical Rotation Progression:

Weeks 1-3 Begin working in many of the kitchen to learn the roles of employees.

Observe flow, service, production, procurement, etc. Understanding the employees will allow intern to understand food service management. Observe the preceptor's daily activities.

Weeks 3-9 Identify projects (see below) to complete and discuss a plan with preceptor.

Complete projects. Provide semi-staff relief (as much as this type of position allows).

Checklist of Activities:

The following checklist of activities may be used by the intern/preceptor to monitor the completion of the FS Mgmt required activities.

(*) Assignments/Projects are required.

Required Assignments:

*Become familiar with terminology used in food service management by completing the FSM Terminology Assignment. Submit on Canvas. Due at end of week 1.

***Semi-Staff Relief (CRDN1.2, 1.6, 2.1-4, 2.6, 2.10, 2.11, 3.3, 4.4)**- Interns will eventually absorb many tasks that your preceptor would regularly do and provide **semi-staff relief** (as much as this type of position allows).

***Human Resource Management (CRDN 4.1) –**

With your preceptor, Discuss the process of HR in your facility and the role of your preceptor. Participate in any HR duties as they arise (interviews, hiring, firing, etc). (No specific assignment due on Canvas, but you will be evaluated by your preceptor on your ability to do this on your final evaluation)

***Organizational Overview Assignment:**

Write an organized (bullet points preferred) review paper. See details on Canvas. Submit on Canvas at end of week 2.

* **Menu/Recipe Development (CRDN 3.10)**- Develop/evaluate recipes, formulas and menus for acceptability & affordability that accommodate various populations (No assignment due on Canvas, but you will be evaluated by your preceptor on your ability to do this on your final evaluation)

*** PLATE WASTE STUDY (CRDN 1.1, 1.5, 4.3, 4.6, 4.7)**– Complete plate waste surveys on 3 different meals. Create/access a form for this assignment. Submit brief report on Canvas.

- Complete this Human Subject Training online (takes 2-4 hours): Go to <http://www.cwu.edu/hsrc/training-responsible-conduct-research> ; scroll to bottom of page and follow directions for CITI Training; follow directions for Researcher/investigator; submit proof of completion on Canvas {If you think you may have already completed this class in the past (within 5 years), contact hsrc@cwu.edu and they will be able to confirm if your training is current.}
- Have your preceptor help you identify which meal to observe/collect data. Ask your Preceptor to make arrangements and connect intern with CNP site where the plate waste study can take place. Upload to Canvas proof of completion
- Intern will discuss with the Preceptor and CNP site operator the goals and objectives of the plate waste study. Please discuss how your study provided information that can improve program quality/customer service. Set specific objectives/goals to be met by the study and explain how they will be achieved.
- Working with the CNP site operator, the intern will select a meal service to conduct the plate waste study.
- Intern conducts the study: observe and record the types and weight of food waste. Separate the discarded food into separate waste container. Describe the foods discarded and calculate the weight of the food waste. Calculate the approximate cost of the discarded food. You can use the “quarter waste” method for assessing waste: see details here: [http://jandonline.org/article/S2212-2672\(17\)30451-3/abstract](http://jandonline.org/article/S2212-2672(17)30451-3/abstract)
- Create a report that summarizes your findings (% wasted). Intern summarizes the findings and makes recommendations to minimize food waste, reduce food costs, and increase acceptability of meals. Describe how you worked with various child nutrition professionals on this project (CRDN 2.9)
- **Important New Requirement**, (CRDN: 1.5) Explain how you used appropriate research methods, ethical considerations and data analysis for this project.
- **Important New Requirement**, (CRDN: 4.6, 4.7) Explain your proposal for solutions to decrease plate waste/promote sustainability. In addition, discuss feasible alternatives (menu items, etc) considering the costs and benefits to each.
- **Write a report for this assignment including all important bullets above, explaining your active role in managing quality & customer service.**

*** Specifications & Feasibility (CRDN 1.3, 4.5, 4.7):**

Equipment:

_____ Identify one piece of equipment needed by the foodservice (check with your preceptor). Develop the desired specifications for that piece of equipment based on the facilities needs. Contact the equipment salesperson(s) and obtain necessary information on at least two alternatives. Compare these alternatives to the specifications you have developed and decide which alternative best meets the facilities needs.

___ Prepare a written justification for purchase and write specifications for bid. Include as part of your justification: facility need, safety and sanitation considerations, cost, installation, maintenance, and other related factors.

___ **Important Requirement**, (CRDN 1.3): Include a written justification for the product with supporting evidence/data

___ **Important Requirement**, (CRDN 4.5): Analyze quality, financial and productivity data for product use

___ **Important Requirement**, (CRDN 4.7): Evaluate the feasibility (cost vs benefit analysis, resources, space, etc) for each product

Food Product:

___ Write at least two food specifications for purchasing (assigned by your preceptor).

___ Evaluate each specification for adequacy for your site

___ **Important Requirement**, (CRDN 4.5): Analyze quality, financial and productivity data for product use

___ **Important Requirement**, (CRDN 4.7): Evaluate the feasibility (cost vs benefit analysis, resources, space, etc) for each product

Submit a brief report to Canvas.

***Safety and Sanitation (CRDN 4.2) (may be completed in either hospital or school FSM, or both!):**

___ Conduct a sanitation and safety survey of an assigned area or kitchen. Submit a brief report to Canvas.

___ **Important Requirement**, (CRDN 4.2): Explain your role as a manager in this inspection and how you provided feedback to employees, customers, patients, management and/or facilities

___ If possible, Schedule and make rounds with a Sanitarian from health district.

***NOTE:** During your internship, you will be required to conduct 3 in-services (**CRDN 2.7, 3.4, 3.5**). These may be completed any rotations. See Canvas for details.

Optional Assignments (to fill any gaps in learning competencies):

***TIME & TEMPERATURE STUDY-** Conduct a study on the cashiers/servers in the cafeteria. Monitor the time it takes for transactions, or the flow of the lines in the lunchroom.

___ **Important New Requirement**, Not included on Example (CRDN: 1.1) Select indicators of program quality &/or customer service and measure achievement of objectives.

NOTE: if time doesn't allow this project to be completed in hospital FSM, it **MUST** be completed during school FSM.

INVENTORY – Perform one physical inventory. Have a management team member start you out in the inventory process. Inventory at least six items from the following product categories: paper, chemicals, dry food, produce, dairy, meat and frozen items. Be careful to watch for the units (i.e. boxes, cases, and eaches). Also, make note of different can sizes, quantities that foods are purchased in, number of items in inventory and which products are carried in diet and regular forms. Submit brief report on Canvas.

NOTE: if time doesn't allow this project to be completed in hospital FSM, it can be completed during school FSM.

Food/Supply Purchasing and Menu Planning:

_____ Read the chapter on food purchasing in your Foodservice Management textbook.

_____ Review First Choice, A Purchasing Systems Manual for School Food Service, National Food Service Management Institute at:

<http://www.nfsmi.org/Information/firstchoice/fcindex.html>

_____ Write a one month general menu. Prepare a written evaluation of the menu addressing: equipment usage, production flow, food purchasing, personnel needs, customer acceptability, nutritional adequacy, aesthetic quality, menu pattern, and potential for revenue generated. Discuss how the menu functions as a production control. Provide the menu and evaluation to preceptor and discuss with preceptor.

_____ Participate in food purchasing including taking inventory, writing orders to meet menu/production need, phoning and receiving orders. Complete a food order to a vendor following the procedures used in the facility.

_____ Whenever possible, participate in interviews with sales representatives, and food brokers.

Food Production:

_____ Read chapter on Food Production in your Foodservice Management textbook

_____ Review Recipe Standardization Process by Food Service Management Institute at: <http://www.nfsmi.org/Information/stdrecipes/process.pdf>

_____ Develop and standardize two recipes. Conduct taste panel to determine acceptability. Calculate nutrient content and cost per serving. See information attached. Review with preceptor.

_____ Work under the direction of a supervising cook in each production station (vegetable prep, entree, baking, salad pre, modified diet, and sandwich).

_____ Observe the flow of food from receiving to service. Identify the procedures used to assure safe, efficient food production.

_____ Operate all major kitchen equipment under the supervision of a trained operator.

_____ Write an operating (including safety features) and cleaning procedure for one piece of equipment. Ask your preceptor which piece of equipment s/he would like you to do. Provide your preceptor with a copy of the procedure.

_____ Complete a written report on the types of production/service systems in foodservice: conventional, commissary, ready prepared (include both cook-chill and cook-freeze), and assembly/serve. See A Guide to Centralized Foodservice Systems by National Foodservice Management Institute at: <http://www.nfsmi.org/Information/cfs/cfsindex.html>.

_____ While working in the production area, observe and identify any current production problems. Suggest modifications of production schedule as needed. Communicate changes to the appropriate manager or your preceptor. (e.g. substitution of items, different prep methods, equipment utilization, ect.) to assure control measures are effectively utilized.

_____ Conduct time and motion study of employee completing a single task. Plan and implement work simplification technique. Summarize in written report.

_____ Review records pertaining to food usage and production. Explain each type of record produced.

_____ For the last two weeks of your rotation, assist in supervising all food service operations for an assigned site. (Work with your preceptor to identify the site). Complete all checklists and necessary paperwork.

Cafeteria Service:

_____ Observe the service of food to the customer; diagram the flow of food through the cafeteria line. Determine if there are 'bottle necks' in service which could be improved. Offer possible solutions. Share your findings with the preceptor.

_____ Monitor portion control in cafeteria to include: proper yield from service pans, plate appearance, use of correct serving utensils.

_____ Observe cafeteria employees in safe and sanitary food handling and in the operation of equipment.

_____ Abstract two articles on customer relations, future trends, personnel, or service concept related to school or university foodservice. Provide a copy to your preceptor.

Catering:

_____ Plan, supervise, and serve a catered event for 15 or more people. (Work with your Preceptor to identify this event.) This will consist of the overall planning for the event including menu planning, purchasing of food/supplies, employee scheduling, set-up, and clean-up. It may involve working outside normal hours.

_____ Complete temperature check sheet for catered event to assure proper serving temperatures.

_____ Prepare a written report of the catered event, include menu planning, purchasing needs, production needs, set-up of event (diagram), evaluation of service, sanitation principles involved and final evaluation. Calculate food cost, manpower hours, and labor efficiency.

Human Resource Management:

_____ Read the chapter on Human Resource Management in your Foodservice Management textbook.

_____ Prepare a work schedule for an assigned position. (Check with your preceptor regarding the position). Work with an employee who does the position for at least one day prior to writing the work schedule. Provide a copy to your preceptor. Review with preceptor.

_____ Write one mock evaluation for a foodservice employee, preferably an employee with whom you have had an opportunity to work. Review with your preceptor.

_____ Develop or revise a policy/procedure as assigned by the preceptor. See the handout on writing a policy and procedure in your notebook as a guide.

_____ Review with your preceptor the processes of recruiting and filling a food service staff position. Include job description, review/development, and requisition, posting procedure, interviewing, and hiring.

_____ Review with your preceptor, procedures for orientation to include: setting up an employee file, physical exam, orientation, dietetics department orientation, employee handbook, evaluations, and schedules.

_____ If possible, participate in the interviewing and hiring of a new employee. Make an appointment with the human resource department at your facility to discuss the hiring procedures used by the organization.

At the Completion of the Food Service Management Rotation:

- ❑ Schedule the final evaluation of the rotation. See the DI General Guidelines for further instructions.
- ❑ 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 benefitted you, the intern, both personally and professionally. Submit the via Canvas.
- ❑ Complete the online preceptor evaluation survey for the preceptor(s) you worked with during the rotation. Link is available on Canvas. Complete one form for each preceptor that you worked with enough that you feel you can provide an effective evaluation. The evaluation(s) will be anonymously shared with the preceptor(s) in a summary format at the end of the internship year.

**Learning Assessment Summary Matrix (Standard 13) On-going
Assessment of Core Knowledge & Competencies for the RD
Assessment Period from 2013 to 2017**

Domain 1: Scientific and Evidence Base of Practice: integration of scientific information and research¹ into practice					
KRD 1.1: The curriculum must reflect the scientific basis of the dietetics profession and must include research methodology, interpretation of research literature and integration of research principles into evidence-based practice. (Note: <i>Examples of evidence-based guidelines and protocols include the Academy’s Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites.</i>)					
	A) Learning objective and the assessment methods that will be used (Guideline 13.1a & b)	B) Rotation or class in which assessment will occur (Guideline 13.1c)	C) Individuals responsible for ensuring assessment occurs (Guideline 13.1d)	D) Timeline for collecting formative and summative data (Guideline 13.1e)	E) Resulting data with the date collected for 2 competencies per domain
Example: Evaluate emerging research for application in dietetics practice	When given articles on emerging research that are relevant to a patient’s care, all students (100%) are able to accurately explain the relevance of the articles and make appropriate suggestions on how to modify care in 75% of interventions.	MNT rotation	Preceptors	During the MNT rotation	When given articles on emerging research, less than 50% of students were able to explain the relevance of the articles and make appropriate suggestions for modifying care in 75% of interventions. (Not Met).
CRD 1.1: Select indicators of program quality and/or customer service and measure achievement of objectives. (Note: <i>Outcomes may include clinical, programmatic, quality, productivity, economic or other outcomes in wellness, management, sports, clinical settings, etc.</i>)	All interns will complete a time and motion study or a temperature study and receive rating of “Met” or better rating on rotation evaluation	FS Mgmt Rotation	Preceptor of FS Mgmt rotation <i>13-14 data was incomplete</i>	Intern Performance Evaluation form at the end of the FS Mgmt rotation.	<i>13.14: (8/8, 1 NA) 100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (8/8) 100%</i> <i>OBJECTIVE MET 100%</i>

¹ Research is broadly defined as an activity that includes all components of the scientific method; i.e., statement of the problem, data collection, analysis and interpretation of results; and decision-making based on results. All students should have core experiences that prepare them to properly interpret research literature and apply it to practice (evidence-based practice), document the value of their services, and participate in adding to the body of scientific knowledge on nutrition, health, and wellness. Activities may include community needs assessment, food science experiments, product development/improvement, continuous-quality improvement activities, or other research projects including master theses and doctoral dissertations.

CRD 1.2: Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetics practice	All interns will include evidence-based guidelines and protocols in completing 3 case studies with a minimum score of satisfactory on each case study.	NUTR 541	Instructor of NUTR 541	Summer school	
CRD 1.3: Justify programs, products, services and care using appropriate evidence or data	All interns will complete a food product or equipment specification assignment and receive rating of "Met" or better rating on rotation evaluation	FS Mgmt rotation	Preceptor of the FS Mgmt rotation 13-14 data was incomplete	Intern Performance Evaluation form at the end of the rotation	13.14: (6/6, 3 NA) 100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (7/8) 87.5% OBJECTIVE NOT MET (96.8% 4-yr avg.) (please see narrative)
CRD 1.4: Evaluate emerging research for application in dietetics practice	Each intern (alone or as a team member) will present an oral case study on emerging research with a score of 80% or better	NUTR 543	Instructor and peers	Instructor/peers during summer quarter	
CRD 1.5: Conduct projects using appropriate research methods, ethical procedures and data analysis	All interns will complete a grant proposal project with a score of 80% or better	NUTR 598: International Nutrition	Instructor	Instructor during summer quarter	

Domain 2: Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

KRD 2.1: The curriculum must include opportunities to develop a variety of communication skills sufficient for entry into pre-professional practice. (Note: *Students must be able to demonstrate effective and professional oral and written communication and documentation.*)

KRD 2.2: The curriculum must provide principles and techniques of effective counseling methods. (Note: *Students must be able to demonstrate counseling techniques to facilitate behavior change.*)

KRD 2.3: The curriculum must include opportunities to understand governance of dietetics practice, such as the Scope of Dietetics Practice and the Code of Ethics for the Profession of Dietetics; and interdisciplinary relationships in various practice settings.

	A) Learning objective and the assessment methods that will be used (Guideline 13.1a & b)	B) Rotation or class in which assessment will occur (Guideline 13.1c)	C) Individuals responsible for ensuring assessment occurs (Guideline 13.1d)	D) Timeline for collecting formative and summative data (Guideline 13.1e)	E) Resulting data with the date collected for 2 competencies per domain
CRD 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics	All interns will read and discuss Scope of Dietetics Practice and the Code of Ethics for the Profession of Dietetics. All interns will apply Scope of Dietetics Practice and Code of Ethics to their practice and receive rating of “Met” or better on rotation evaluation	DI Seminar All rotations	DI Director Preceptors	Attendance at seminar Intern Performance Evaluation form at the end of each rotation	
CRD 2.2: Demonstrate professional writing skills in preparing professional communications (Note: <i>Examples include research manuscripts, project proposals, education materials, policies and procedures</i>)	Interns will demonstrate professional writing skills in medical record entries, written reports, written communications, and/or assignments and receive a rating of “Met” or better on rotation evaluation	All rotations	Preceptors 13-14 data was incomplete	Intern Performance Evaluation form at the end of each rotation	13.14: (5/5 M, 4NA)100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (8/8) 100% OBJECTIVE MET (100% 4 yr avg.) (see narrative)
CRD 2.3: Design, implement and evaluate presentations to a target audience (Note: <i>A quality presentation considers life experiences, cultural diversity and educational background of the target audience.</i>)	Each intern will design, implement, and evaluate presentations for at least 2 different target audiences and receive a satisfactory rating..	1 during FS Mgmt rotation 1 or more during any rotation and/or in the community	FS Mgmt Preceptor Designated Preceptor or DI Director	During FS Mgmt rotation Throughout the year – may be summer classes, other rotations, or community groups	

CRD 2.4: Use effective education and counseling skills to facilitate behavior change	All interns will use effective education and counseling skills and receive a rating of “Met” or better on rotation evaluation	Community rotation MNT II rotation	Community preceptor MNT II preceptor	During Community and MNT II rotations: recorded on Intern Performance Evaluation form	13.14: (8/8, 1 NA) 100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (7/8) 87.5% OBJECTIVE NOT MET (96.8% 4-yr avg.) (please see narrative)
CRD 2.5: Demonstrate active participation, teamwork and contributions in group settings	All interns will complete a class project/assignment demonstrating teamwork with a satisfactory rating.	NUTR 541 NUTR 598	Instructors	During summer school quarter	
CRD 2.6: Assign patient care activities to DTRs and/or support personnel as appropriate (Note: <i>In completing the task, students/interns should consider the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.</i>)	All interns will make appropriate referrals to support personnel and/or DTRs and receive a rating of “Met” or better on rotation evaluation	MNT II rotation	MNT II preceptor	During the MNT rotation	
CRD 2.7: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice	All interns will refer clients/patients to other professionals or services when appropriate and receive rating of “Met” or better on rotation evaluation.	MNT rotation(s)	Preceptors	During the MNT rotation	
CRD 2.8: Apply leadership skills to achieve desired outcomes	All interns will complete a self assessment of their leadership skills participate in Family Field Day or other activity and take a leadership role and receive a satisfactory score.	Winter or Spring quarter	DI Director	End of spring quarter	

CRD 2.9: Participate in professional and community organizations ^{2,3}	All interns will participate in 4 or more dietetic related professional meetings, including the state dietetic annual meeting.	Throughout the year.	Intern to record participation on activity log.	DI Director to review activity logs at end of year.	
CRD 2.10: Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services (Note: <i>Other health professional include physicians, nurses, pharmacists, etc.</i>)	All interns will work collaboratively with other support personnel and health professionals and receive rating of “Met” or better on rotation evaluation.	Community, MNT II, and FS Mgmt rotations	Preceptors	Intern Performance Evaluation form at the end of each rotation	
CRD 2.11: Demonstrate professional attributes within various organizational cultures (Note: <i>Professional attributes include showing initiative and proactively developing solutions, advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic.</i>)	All interns will demonstrate attributes including good “people skills”, initiative, responsibility, dependability, and professional conduct and receive rating of “Met” or better on rotation evaluation.	All Community, MNT II, and FS Mgmt rotations	Preceptors	Intern Performance Evaluation form at the end of each rotation	
CRD 2.12: Perform self assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetic Registration	All interns will develop a personal Professional Development Portfolio and submit a copy to DI Director.	Seminar	DI Director	Review at end of internship year.	

² Community-based supervised practice experiences need not take place in a dietetics-related organization. Experiences may occur in local community organizations such as United Way, food banks such as Second Harvest, or even faith-based organizations such as the Salvation Army. Experiences can also occur at sister units of the program within the parent organization such as an outpatient clinic or a campus fitness center.

³ Professional and community organizations provide many opportunities for students to develop leadership skills. They do not have to hold an elected position to demonstrate leadership. For example, the program can create community-based projects where a group of students is asked to serve under the leadership of another student. After a task or set of tasks is successfully accomplished, another student may be selected to lead the group in accomplishing different tasks, until eventually; all students get to take a leadership role.

CRD 2.13: Demonstrate negotiation skills (Note: <i>Demonstrating negotiating skills includes showing assertiveness when needed, while respecting the life experiences, cultural diversity and educational background of the other parties.</i>)	All interns will communicate effectively with clients/personnel demonstrating recognition of diversity in life experiences, culture, education, and personal priorities receive rating of “Met” or better on rotation evaluation.	Community and MNT II rotations	Preceptors	Intern Performance Evaluation form at the end of each rotation	
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Domain 3: Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

KRD 3.1: The curriculum must reflect the principles of Medical Nutrition Therapy and the practice of the nutrition care process, including principles and methods of assessment, diagnosis, identification and implementation of interventions and strategies for monitoring and evaluation. (Note: *Students must be able to use the nutrition care process to make decisions, to identify nutrition-related problems and determine and evaluate nutrition interventions.*)

KRD 3.2: The curriculum must include the role of environment, food, nutrition and lifestyle choices in health promotion and disease prevention. (Note: *Students must be able to develop interventions to affect change and enhance wellness in diverse individuals and groups.*)

KRD 3.3: The curriculum must include education and behavior change theories and techniques. (Note: *Students must be able to develop an educational session or program/educational strategy for a target population.*)

	A) Learning objective and the assessment methods that will be used (Guideline 13.1a & b)	B) Rotation or class in which assessment will occur (Guideline 13.1c)	C) Individuals responsible for ensuring assessment occurs (Guideline 13.1d)	D) Timeline for collecting formative and summative data (Guideline 13.1e)	E) Resulting data with the date collected for 2 competencies per domain
CRD 3.1: Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings	All interns will provide patient care using the Nutrition Care Process and standardized nutrition language and achieve “MET” rating on criteria	MNT I and II	Preceptors	Intern Performance Evaluation form at the end of each rotation	
<ul style="list-style-type: none"> CRD 3.1.a: Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered 	All interns will assess nutritional status of individuals and groups and achieve “MET” rating on criteria	MNT I and II Community	Preceptors	Intern Performance Evaluation form at the end of each rotation	
<ul style="list-style-type: none"> CRD 3.1.b.: Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements 	All interns will utilize PES statements in care plans and achieve “MET” rating on criteria	MNT I and II	Preceptors	Intern Performance Evaluation form at the end of each rotation	

<ul style="list-style-type: none"> • CRD 3.1.c: Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention 	All interns will plan and implement nutrition interventions and will achieve “MET” rating on criteria performing	MNT I and II	Preceptors 13.14 data was incomplete	Intern Performance Evaluation form at the end of each rotation	13.14: (7/7M, 2 NA) 100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (7/8) 87.5% OBJECTIVE NOT MET (96.8% 4-yr avg.) (please see narrative)
<ul style="list-style-type: none"> • CRD 3.1.d: Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis 	All interns will monitor and evaluate interventions and achieve “MET” rating on criteria	MNT I and II	Preceptors	Intern Performance Evaluation form at the end of each rotation	
<ul style="list-style-type: none"> • CRD 3.1.e: Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting 	All interns will complete documentation for nutrition care and achieve “MET” rating on criteria	MNT I and II Community	Preceptors	Intern Performance Evaluation form at the end of each rotation	
CRD 3.2: Demonstrate effective communications skills for clinical and customer services in a variety of formats (Note: <i>Formats include oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing.</i>)	All interns will demonstrate effective communication skills and achieve “MET” rating on criteria	MNT I and II	Preceptors	Intern Performance Evaluation form at the end of each rotation	
CRD 3.3: Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management (Note: <i>Students/interns should consider health messages and interventions that integrate the consumer’s desire for taste, convenience and economy with the need for nutrition, food safety.</i>)	All interns will develop projects that promote health, wellness, and lifestyle management and achieve “MET” rating on criteria	Any rotation	Preceptors	Intern Performance Evaluation form at the end of each rotation	

CRD 3.4: Deliver respectful, science-based answers to consumer questions concerning emerging trends	All interns will be respectful in dealing with diverse populations and achieve "MET" rating on criteria	Any rotation	Preceptors 13.14 data was incomplete	Intern Performance Evaluation form at the end of each rotation	13.14: NA from past PD 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (7/8) 87.5% OBJECTIVE NOT MET (95.8% 4-yr avg.)
CRD 3.5: Coordinate procurement, production, distribution and service of goods and services (Note: <i>Students/Interns should demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.</i>)	All interns will complete a self-assessment paper of their activities during the internship citing their involvement in responsible use of resources and receive a satisfactory rating.	Any rotation	DI Director	Spring quarter of the internship year	(please see narrative)
CRD 3.6: 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	All interns will develop and assess recipes and menus appropriate for the specified population and achieve a "MET" rating for the criteria	Food Service Management Hosp FS Management	Preceptors	Intern Performance Evaluation form at the end of rotation	
<p>Domain 4: Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations</p> <p>KRD 4.1: The curriculum must include management and business theories and principles required to deliver programs and services.</p> <p>KRD 4.2: The curriculum must include content related to quality management of food and nutrition services.</p> <p>KRD 4.3: The curriculum must include the fundamentals of public policy, including the legislative and regulatory basis of dietetics practice. (Note: <i>Students must be able to explain the impact of a public policy position on dietetics practice.</i>)</p> <p>KRD 4.4: The curriculum must include content related to health care systems. (Note: <i>Students must be able to explain the impact of health care policy and different health care delivery systems on food and nutrition services.</i>)</p> <p>KRD 4.5: The curriculum must include content related to coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers</p>					
	A) Learning objective and the assessment methods that will be used (Guideline 13.1a & b)	B) Rotation or class in which assessment will occur (Guideline 13.1c)	C) Individuals responsible for ensuring assessment occurs (Guideline 13.1d)	D) Timeline for collecting formative and summative data (Guideline 13.1e)	E) Resulting data with the date collected for 2 competencies per domain
CRD 4.1: Participate in management of human resources	All interns will complete NUTR 498 with a C or better grade	NUTR 498: Special Problems in Human Resources	DI Director	At end of Internship	
CRD 4.2: Perform management functions related to safety, security and sanitation that affect	All interns will be able to complete a safety/sanitation review of a food service facility and	FS Mgmt rotation	Preceptors DI Director	Intern performance evaluation form at the end of the FS Mgmt rotation	

employees, customers, patients, facilities and food	receive a “Met” or better rating on rotation evaluation				
CRD 4.3: Participate in public policy activities, including both legislative and regulatory initiatives	All interns will attend and participate in activities at Legislative Day	Legislative Day at Olympia in early February	DI Director	DI Director will assess attendance	
CRD 4.4: Conduct clinical and customer service quality management activities	All interns will complete a customer satisfaction project and receive a “Met” or better rating on rotation evaluation	FS Mgmt rotation	Preceptors DI Director 13.14 data was incomplete	Intern performance evaluation form at the end of the FS Mgmt rotation	13.14: (5/5 M, 4 NA) 100% 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (8/8) 100% OBJECTIVE MET
CRD 4.5: Use current informatics technology to develop, store, retrieve and disseminate information and data	All interns will successfully use electronic/informatics systems within each rotation and receive a “Met” or better rating on rotation evaluation	All Rotations	Preceptors 13.14 data was incomplete	Intern Performance Evaluation form at the end of rotation	13.14: NA from past PD 14.15: (9/9) 100% 15.16: (9/9) 100% 16.17: (7/8) 87.5% OBJECTIVE NOT MET (95.8% 4-yr avg.) (please see narrative)
CRD 4.6: Analyze quality, financial or productivity data and develop a plan for intervention	All interns will participate in the analysis of a budget or productivity/quality data and receive a “Met” or better rating on rotation evaluation.	Any rotation	Preceptors	Intern Performance Evaluation form at the end of rotation	
CRD 4.7: Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment ⁴	All interns will complete a “waste study;” evaluate and propose solutions and receive a “Met” or better rating on rotation evaluation	Any rotation	Preceptors	Intern Performance Evaluation form at the end of rotation	
CRD 4.8: Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	All interns will complete a feasibility project and receive a “Met” or better rating on rotation evaluation	FS Mgmt rotation	Preceptors DI Director	Intern performance evaluation form at the end of the FS Mgmt rotation	
CRD 4.9: Analyze financial data to assess utilization of resources	All interns will participate in the analysis of financial data and receive a “Met” or better rating on rotation evaluation.	FS Mgmt or MNT	Preceptors	Intern Performance Evaluation form at the end of rotation	

⁴ Students/interns are encouraged to promote environmentally-friendly practices, so that future generations have the water, materials, and resources to protect human health and life on the planet. Practical steps include using local ingredients; not wasting food and resources; using efficacious, non-toxic products when available; properly disposing of toxic materials; reusing containers and products; recycling when possible; purchasing products with recycled content; and teaching others the value of sustainability.

CRD 4.10: Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies	All interns will complete a business plan for a product, program or service and present in written/oral format. All interns will receive a “Met” or better rating on the report	DI Seminar (Scheduled on the seminar schedule – early winter quarter)	DI Director	DI Director	
CRD 4.11: Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers.		DI Seminar	DI Director	DI Director	

Domain 5: Support Knowledge: knowledge underlying the requirements specified above.

KRD 5.1: The food and food systems foundation of the dietetics profession must be evident in the curriculum. Course content must include the principles of food science and food systems, techniques of food preparation and application to the development, modification and evaluation of recipes, menus and food products acceptable to diverse groups.

KRD 5.2: The physical and biological science foundation of the dietetics profession must be evident in the curriculum. Course content must include organic chemistry, biochemistry, physiology, genetics, microbiology, pharmacology, statistics, nutrient metabolism and nutrition across the lifespan.

KRD 5.3: The behavioral and social science foundation of the dietetics profession must be evident in the curriculum. Course content must include concepts of human behavior and diversity, such as psychology, sociology or anthropology

Appendix 15

Central Washington University – Dietetic Internship
CRDN Student Learning Outcomes (SLO) Assessment Plan (Required Elements 6.1 and 6.2)
On-going Assessment of Core Competencies for the RDN
Date of Last Accreditation Review (PAR or self-study) : Submitted Feb 2014

History of Annual Review		
Date of Annual Review	Individuals/Groups who Reviewed Plan	Results of the Review (i.e. changes that were made, if any)
Summer 2014	Outgoing/Incoming Director & Program faculty	Materials were passed down to new Director (Dana Ogan). Program faculty specializing in Food Service/HR who taught new course NUTR 498, left our program, so we returned to using HRM 381 to meet those specific competencies.
Summer 2015	Director & Program Faculty	Due to retirement of Dr. Bennett, NUTR 598 Special Topics (International Nutrition) new professor and topic was decided as Dr. Hawk NUTR 598 Special Topics (Natural Supplements & Integrative Medicine)
Summer 2016	Director & Program Faculty	No changes made. Planned substantive change discussed with faculty (see below)
Winter 2017	Director, Preceptors & Program Faculty	Substantive Change Approved Feb. 2017: Removed MGT 381 from summer course curriculum, competencies met during FSM rotation &/or Seminar, reducing summer course credits from 23 to 18. Removed “elective week rotation”, reducing total clock hours from 1360 to 1320.
Summer 2017	Director & Program Faculty	Mission/Objectives/Goals, SLO and curriculum map updated to align with 2017 standards. Substantive changes approved in winter 2017 put into place.
Summer 2018	Director & Program Faculty	Some language revisions made in SLO to align with MAY 2018 ACEND revisions Assignment rubrics & rotation evaluation rubrics updated for improved data collection 17.18 Class completion data entered into new 2017 matrix for self study
Summer 2019		
Summer 2020		
Summer 2021		
Summer 2022		
Summer 2023		
Summer 2024		

Domain 1: Scientific and Evidence Base of Practice: integration of scientific information and research into practice					
A) RE 6.1.a: ACEND-Required Core Competency	B) RE 6.1.b: Learning objectives that state specific activities and qualitative or quantitative target measures that will be used to assess overall student achievement of core competency	C) RE 6.1.c: Didactic courses and/or experiential learning in which assessment will occur	D) RE 6.1.d: Individuals responsible for ensuring assessment occurs	E) RE 6.1.e: Timeline for collecting formative and summative data	F) RE 6.2: Data on achievement of learning outcomes, included date collected
CRDN 1.1: Select indicators of program quality and/or customer service and measure achievement of objectives.	100% of Interns will complete a Plate Waste Study and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2017.18: 9/9 (100%) 2019:
CRDN 1.2: Apply evidence-based guidelines, systematic reviews and scientific literature.	100% of Interns will receive a 3 or better (on 5 point scale) on the "evidence based research" sub-section of the grading rubric for the capstone assignment in NUTR 543	NUTR 543 Adv. Nutrition Biochemistry	Preceptors/ DI Director/Professors	DI DIRECTOR will assess grading rubric every 2 years (when course is offered)	2019: 2021: 2023:
CRDN 1.3: Justify programs, products, services and care using appropriate evidence or data.	100% of interns will complete a Specification/Feasibility Project and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2020:
CRDN 1.4: Evaluate emerging research for application in nutrition and dietetics practice.	100% of Interns will receive a 3 or better (on 5 point scale) on the "evidence based research"	NUTR 547 Nutrition Update	Preceptors/ DI Director/Professors	DI DIRECTOR will assess grading rubric every 2 years (when course is offered)	2017.18: data not available by self study completion

	sub-section of the grading rubric for the capstone assignment in NUTR 547				2020: 2022: 2024:
CRDN 1.5: Conduct projects using appropriate research methods, ethical procedures and data analysis.	100% of Interns will complete a Plate Waste Study and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2021
CRDN 1.6: Incorporate critical-thinking skills in overall practice.	100% of Interns will receive a 3 or better (on 5 point scale) on the “critical thinking” sub-section of the grading rubric for the capstone assignment in NUTR 547	NUTR 547 Nutrition Update	Preceptors/ DI Director/Professors	DI DIRECTOR will assess grading rubric every 2 years (when course is offered)	2017.18: data not available by self study completion 2020: 2022: 2024:

Domain 2: Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

A) RE 6.1.a: ACEND-Required Core Competency	B) RE 6.1.b: Learning objectives that state specific activities and qualitative or quantitative target measures that will be used to assess overall student achievement of core competency	C) RE 6.1.c: Didactic courses and/or experiential learning in which assessment will occur	D) RE 6.1.d: Individuals responsible for ensuring assessment occurs	E) RE 6.1.e: Timeline for collecting formative and summative data	F) RE 6.2: Data on achievement of learning outcomes, included date collected
CRDN 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.	100% of Interns will display professional and ethical compliance during all rotations and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of MNT B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2017.18: 9/9 (100%) 2020:
CRDN 2.2: Demonstrate professional writing skills in preparing professional communications.	100% Interns will demonstrate professional written communication during all rotations and receive an “M”/met or better rating on this specific competency during evaluation	Occurs in all rotations, assessed at end of MNT B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2019:
CRDN 2.3: Demonstrate active participation, teamwork and contributions in group settings.	100% of Interns will receive a 3 or better (on 5 point scale) on the “team work” sub-section of the grading rubric for the capstone assignment in NUTR 545	NUTR 543 Adv. Nutrition Biochemistry	Preceptors	DI DIRECTOR will assess grading rubric every 2 years (when course is offered)	2019: 2021: 2023:

CRDN 2.4: Function as a member of interprofessional teams.	100% of Interns will function as part of an interdisciplinary team during all rotations and receive an "M"/met or better rating on this specific competency during evaluation	Occurs in all rotations, assessed at end of MNT B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met.	2021:
CRDN 2.5: Assign patient care activities to NDTRs and/or support personnel as appropriate.	100% of Interns will assign tasks to support staff as appropriate and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in MNT & Community, assessed at end of MNT B	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2022:
CRDN 2.6: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.	100% of Interns will display ability to refer to other professional/services during all rotations and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of MNT B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2023:
CRDN 2.7: Apply leadership skills to achieve desired outcomes.	100% of Interns will complete 3 in-service presentations to a target audience and receive a 3 or better (on 5 point scale) on the leadership section of the grading rubric for this assignment	3 In-Service Presentations may occur during any rotation;	Preceptor DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2017.18: 9/9 (100%)
CRDN 2.8: Demonstrate negotiation skills.	100% of Interns will use negotiation skills during	Capstone Community Event Project	DI Director	Every 3 years	2018: 100% 2021:

	planning & implementation of Capstone Community Event Project and receive a 3 or better (on 5 point scale) on the negotiation section of the grading rubric for this assignment			DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	
CRDN 2.9: Participate in professional and community organizations.	100% of Interns will attend the WSAND Annual conference and receive an receive a 3 or better (on 5 point scale) on the grading rubric for this activity	WSAND Annual Conference	DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2019:
CRDN 2.10: Demonstrate professional attributes in all areas of practice.	100% of Interns will maintain professionalism during all rotations and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of Community	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation -Community DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2020:
CRDN 2.11: Show cultural competence/sensitivity in interactions with clients, colleagues and staff.	100% of Interns will practice cultural sensitivity during all rotations and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of Community	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation -Community DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2021:
CRDN 2.12: Perform self-assessment and develop goals for self-improvement throughout the program.	100% of Interns will develop measurable goals & evaluate progress for each rotation receiving an	Occurs in all rotations, final during last rotation	DI Director	DI DIRECTOR reports data annually	2018: 9/9 (100%) 2019: 2020: 2021: 2022:

	80% or better on this specific assignment				2023: 2024:
CRDN 2.13: Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.	100% of Interns will develop a written plan for professional development following participating in a PDP Webinar and will receive an 80% or better on this specific assignment	Seminar	DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2022:
CRDN 2.14: Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.	100% of Interns will send 2 Legislative Action Alerts to their local politicians during the internship and receive a 3 or better (on 5 point scale) on the legislative activity rubric	Seminar	DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2023:
CRDN 2.15: Practice and/or role play mentoring and precepting others.	100% of Interns will mentor an incoming DI student during Capstone Community Event Project and receive a 3 or better (on 5 point scale) on the Mentoring section of the grading rubric for this assignment	Capstone Community Event Project	DI Director	Every 3 years DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2018: 100% 2021:

Domain 3: Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations					
A) RE 6.1.a: ACEND-Required Core Competency	B) RE 6.1.b: Learning objectives that state specific activities and qualitative or quantitative target measures that will be used to assess overall student achievement of core competency	C) RE 6.1.c: Didactic courses and/or experiential learning in which assessment will occur	D) RE 6.1.d: Individuals responsible for ensuring assessment occurs	E) RE 6.1.e: Timeline for collecting formative and summative data	F) RE 6.2: Data on achievement of learning outcomes, included date collected
CRDN 3.1: Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.	100% of Interns will provide appropriate patient/client care using the NCP and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of MNT -B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data annually	2018: 9/9 (100%) 2019: 2020: 2021: 2022: 2023: 2024:
CRDN 3.2: Conduct nutrition focused physical assessment.	100% of Interns will perform 3 nutrition focused physical assessments and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	MNT-B (or Renal if NA during MNT)	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation – MNT B or Renal DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2019:
CRDN 3.3: Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.	100% of Interns will use effective communication in a variety of formats & settings during all rotations and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of MNT B	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –MNT B DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2020:

CRDN 3.4: Design, implement and evaluate presentations to a target audience.	100% of Interns will complete 3 in-service presentations to a target audience and receive an 3 or better (on 5 point scale) on the presentation section of the grading rubric for this assignment	3 In-Service Presentations *may take place during any rotation	Preceptor DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2021:
CRDN 3.5: Develop nutrition education materials that are culturally and age appropriate and designed for the educational level of the audience.	100% of Interns will complete 3 in-service presentations to a target audience and receive an 3 or better (on 5 point scale) on the material development section of the grading rubric for this assignment	3 In-Service Presentations *may take place during any rotation	Preceptors DI Director	DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2022:
CRDN 3.6: Use effective education and counseling skills to facilitate behavior change.	100% of Intern will provide appropriate client education and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Community	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation -community DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2023:
CRDN 3.7: Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.	100% of Interns will deliver nutrition services that promote health, wellness/lifestyle management and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Community	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation -community DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2024:

CRDN 3.8: Deliver respectful, science-based answers to client questions concerning emerging trends.	100% of Interns will provide appropriate client education and receive an "M"/met or better rating on this specific competency during final evaluation	Occurs in Community, Renal & MNT Rotations, assessed in community	Preceptors	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation -community DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2018: 9/9 (100%) 2022:
CRDN 3.9: Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.	100% of Interns will develop a plan that promotes sustainability in their Capstone Community Event Project and receive a 3 or better (on 5 point scale) on the Sustainability section of the grading rubric for this assignment	Capstone Community Event Project	DI Director	Every 3 years DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2018: 100% 2021:
CRDN 3.10: 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.	100% of Interns will develop & assess menus/recipes for specified populations and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School &/or Hospital FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2020:

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

A) RE 6.1.a: ACEND-Required Core Competency	B) RE 6.1.b: Learning objectives that state specific activities and qualitative or quantitative target measures that will be used to assess overall student achievement of core competency	C) RE 6.1.c: Didactic courses and/or experiential learning in which assessment will occur	D) RE 6.1.d: Individuals responsible for ensuring assessment occurs	E) RE 6.1.e: Timeline for collecting formative and summative data	F) RE 6.2: Data on achievement of learning outcomes, included date collected
CRDN 4.1: Participate in management of human resources.	100% of Interns will participate in HR activities during FSM rotation AND/OR during DI Interviews and receive an "M"/met or better rating on this specific competency during evaluation	NUTR 492 DI Interviews &/or FSM Rotations	Preceptor or DI Director	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation - EITHER FSM DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met Or by DI Director (If not available during FSM)	2017.18: 9/9 (100%) 2023:
CRDN 4.2: Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	100% of Interns will complete a Safety/Sanitation Inspection receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School &/or Hospital FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2019:
CRDN 4.3: Conduct clinical and customer service quality management activities.	100% of interns will complete a Plate Waste Study and receive an "M"/met or better rating	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at	2020:

	on rotation evaluation rubric that assesses this specific CRDN			rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	
CRDN 4.4: Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.	100% of Interns will demonstrate proper use of technology during all rotations and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	Occurs in all rotations, assessed at end of school FSM	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation –Sch FSM DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2021:
CRDN 4.5: Analyze quality, financial and productivity data for use in planning.	100% of Interns will complete a Specification/Feasibility Project and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation – Sch FSM DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2022:
CRDN 4.6: Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment	100% of Interns will complete a Plate Waste Study and receive an “M”/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2023:

CRDN 4.7: Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	100% of Interns will complete a Specification/Feasibility Project and receive an "M"/met or better rating on rotation evaluation rubric that assesses this specific CRDN	School FSM Rotation	Preceptor	Rotation Evaluation Rubric assessing this CRDN will be reviewed & collected at rotation performance evaluation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2024:
CRDN 4.8: Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.	100% of Interns will construct a thorough plan & budget for the Capstone Community Event Project and receive a 3 or better (on 5 point scale) on the Sustainability section of the grading rubric for this assignment	Capstone Community Event Project	DI Director	Every 3 years DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2018: 100% 2021:
CRDN 4.9: Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.	100% of Interns will demonstrate knowledge of the coding/billing process following a 3-part Nutrition Entrepreneurs DPG webinar on "Starting a Private Practice" and receive an 80% or better on this discussion board assignment	Seminar Assignment	DI Director	DI Director to evaluate performance on this assignment upon completion. DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2019:
CRDN 4.10: Analyze risk in nutrition and dietetics practice.	100% of Interns will present "risks to the RD" during their final MNT Case Study and receive a 3 or better (on 5 point scale) on the "RD Risks" subsection of the grading rubric for the final clinical case study presentation	Clinical Rotation; Final Case Study	DI Director	DI Director will evaluate performance on this competency during interns MNT Case Study Presentation DI DIRECTOR reports data minimum of once per accreditation cycle, if objective is not met, will report annually until met	2020:

Title of Concentration Area 1: <i>Community Nutrition</i>					
A) RE 6.1.a: Program-Defined Concentration Competency	B) RE 6.1.b: Learning objectives that state specific activities and qualitative or quantitative target measures that will be used to assess overall student achievement of concentration competency	C) RE 6.1.c: Didactic courses and/or experiential learning in which assessment will occur	D) RE 6.1.d: Individuals responsible for ensuring assessment occurs	E) RE 6.1.e: Timeline for collecting formative and summative data	F) RE 6.2: Data on achievement of learning outcomes, included date collected
Capstone Community Project/Event – Intern will plan, implement and evaluate an event for the community	Interns will submit a written report outlining their Capstone project, including their achievement of outlined competencies and receive an “M”/met or better rating on this assignment	NUTR 492a, b, c	DI Director	Following the event, a capstone report will be submitted and evaluated by DI Director DI DIRECTOR reports data twice per accreditation cycle, if objective is not met, will report annually until met	2018: 100% 2021: 2024:
3 Dietetics events (may include National Nutrition Month project) – intern will actively participate in community nutrition events	Interns will submit a written report for each event, including their achievement of outlined competencies and receive an “M”/met or better rating on this assignment	NUTR 492a, b, c	DI Director	Report will be submitted at end of internship and evaluated by DI Director DI DIRECTOR reports data twice per accreditation cycle, if objective is not met, will report annually until met	2019: 2012:
Develop Interdisciplinary/ collaborative relationships within the community	Interns will participate in required interdisciplinary events and submit a written report for each event, including their achievement of outlined competencies and receive an “M”/met or better rating on this assignment	NUTR 492a, b, c	DI Director	Report will be submitted at end of internship and evaluated by DI Director DI DIRECTOR reports data twice per accreditation cycle, if objective is not met, will report annually until met	2020: 2023:

**Central Washington University – Dietetic Internship
Faculty Roster (Standard 7, Required Element 7.1)**

Instructions: Complete the table with the program’s faculty to demonstrate compliance with Standard 7, Required Element 7.1. Indicate the faculty’s credentials, appointment and the course(s) in which they teach.

Faculty Name and Credentials	Faculty Appointment (FT/PT/Adjunct)	Course(s) Name and Number
Dana Ogan, MS, RDN, CDN	FTTT	NUTR 541 – Applications in Dietetics NUTR 492a – Dietetic Practicum I NUTR 492b – Dietetic Practicum II NUTR 492c – Dietetic Practicum III
Kelly Pritchett, PhD, RDN, CSSD (courses taken over in 2016)	FTTT	NUTR 543 – Advanced Nutritional Biochemistry NUTR 547 – Nutrition Update
Susan Hawk, PhD, RDN	FTTT	NUTR 545 – Adv. Studies in Developmental Nutri. NUTR 598/596 – Natural Supplements & Integrative Medicine
Nicole Stendell-Hollis, PhD, RD	FTTT	NUTR 541 – Applications in Dietetics (co-teach)
David Gee, PhD (taught courses until 2015)	FTTT	NUTR 543 – Advanced Nutritional Biochemistry NUTR 547 – Nutrition Update
Tafere Belay, PhD (course began in 2018)	FTTT	NUTR 598/596 – Advanced Mineral Metabolism

Tafere G Belay (PhD)
Central Washington University
Department of Health Science
Food Science & Nutrition
Ellensburg, WA

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Current address: 704 N Water St. Apt Unit A, Ellensburg, WA. 98926 USA.

Academic Background

- PhD (2016) Oklahoma State University, USA, Department of Nutritional Sciences. Dissertation: Maternal iodine supplementation and its effect on visual information processing of Ethiopian infants of age six months.
- MSc (2010) Oklahoma State University, USA, Department of Nutritional Sciences. Thesis: Zinc, iron, iodine and cognitive function of women from Sidama zone, Southern Ethiopia.
- BSc (2006) Debub University, Department of Rural Development and Family Sciences. Thesis: Predicting vitamin A deficiency among children under three years of age from household food consumption behavior: Comparative analysis of Arsi Negele and Wondo Genet areas.
- Post Graduate Diploma (2004) Ghent University, Belgium, in Food Science and Nutrition, Project proposal: Reducing vitamin A deficiency among under five year old children living in Wukro wereda, Tigray region, Ethiopia: Linkages with a women-focused dairy goat farming and hen production project.

Professional Positions

Assistant Professor (Apr 2018 - Present)	Central Washington University, WA, Department of Health Sciences
Lecturer (Sep 2016 – Mar 2018)	Central Washington University, WA, Department of Health Sciences
Academic Staff (2005 – 2007)	Hawassa University, Ethiopia, Department of Rural Development and Family Sciences.
Teaching Assistant (1999 to 2003)	Debu University, Ethiopia, Department of Rural Development and Family Sciences
Development Specialist And Assistant Manager (1996 to 1998)	Integrated Rural Development Project, Tigray, Ethiopia

Research articles published in peer reviewed journals

Tafere Gebreegziabher and Barbara J Stoecker. Iron deficiency was not the major cause of anemia in rural women of reproductive age in southern Ethiopia: A cross-sectional study. (PLoS ONE 2017, 12(9): e0184742)

Tafere Gebreegziabher and Barbara J. Stoecker. Comparison of two sources of iodine delivery on breast milk iodine and maternal and infant urinary iodine concentrations in southern Ethiopia: A randomized trial. *Food Science and Nutrition* 2017, 1 – 8.
DOI:10.1002/fsn3.477

Tafere Gebreegziabher, Sandra Peterson and Barbara Stoecker. High variability of urinary iodine concentrations (UIC) and iodine in salt from rural households in sidama zone, southern Ethiopia. *European Journal of Nutrition and Food Safety* 2015, 5(5)914-915.

Tafere Gebreegziabher, Nega Tyikie, Afework Mulugeta, Yewelsew Abebe, MK Hambidge and Barbara J. Stoecker. Lack of dietary sources of iodine and the prevalence of iodine deficiency in rural women from Sidama zone, Southern Ethiopia. *African Journal of Food, Agriculture, Nutrition and Development* 2013; 13:8401-8418.

Tafere Gebreegziabher and Barbara J. Stoecker. Vitamin D insufficiency in a sunshine sufficient area: southern Ethiopia. *Food and Nutrition Bulletin* 2013; 34:429-433.

Maya Joray, Tian-Wei Yu, Emily Ho, Stephen L. Clark, Zeno Stanga, **Tafere Gebreegziabher**, K. Michael Hambidge, Barbara J. Stoecker. Zinc supplementation reduced DNA breaks in Ethiopian women. **Nutrition Research** 2014;10:006.

Tafere Gebreegziabher, Tesfaye Woltamo, David G. Thomas, Tay S. Kennedy, Barbara J. Stoecker. Maternal iodine supplementation during lactation and its effect on maternal and infant thyroid function and infant visual information processing. (Thyroid (under review)).

Peer reviewed presentations

Tafere Gebreegziabher, Workneh Tsegaye, Barbara J. Stoecker. Seasonal variation in urinary aflatoxin (AFM1) of lactating women from rural households in southern Ethiopia. *FASEB J.*, April 2016, 30: 1149.23. Poster presented at **Experimental Biology**, San Diego, CA, USA.

Workneh Tsegaye, Mengistu Fereja, **Tafere Gebreegziabher**, Barbara J. Stoecker. Urinary aflatoxin M1 concentrations among pregnant women in Bishoftu, Ethiopia. *FASEB J.*, April 2016, 30: 1149.28. Poster presented at **Experimental Biology**, San Diego, CA, USA.

Tafere Gebreegziabher and Barbara Stoecker. Goiter but not thyroid hormones were affected by iodine supplementation in lactating women in rural Ethiopia. **Micronutrient Forum Global Conference**, October 24 – 28, 2016. Poster and oral presentation in Cancun, Mexico. <http://micronutrientforum.org/abstracts/goiter-but-not-thyroid-hormones-were-affected-by-iodine-supplementation-in-lactating-women-in-rural-ethiopia/>

Tafere Gebreegziabher and Barbara Stoecker. Breast milk iodine concentration correlated with urinary iodine concentration of infants from southern Ethiopia. *FASEB J.*, April 2015, 29: 729.19. Poster presented at **Experimental Biology**, Boston, MA, USA.

Tafere Gebreegziabher, Workneh Tsegaye, and Barbara Stoecker. Variation in iodine concentration of salt at the local level following national salt iodization in Ethiopia. *FASEB J.*, April 2014, 28:804.31. Poster presented at **Experimental Biology**, San Diego, CA, USA.

Tafere Gebreegziabher, and Barbara Stoecker. Knowledge, attitudes, and practices of rural women from Sidama zone, southern Ethiopia concerning iodized salt, iodine and goiter. *FASEB J.*, April 2014, 28: 804.19. Poster presented at **Experimental Biology**, San Diego, CA, USA.

Tafere Gebreegziabher, Sandra Peterson and Barbara Stoecker. High variability of urinary iodine concentrations (UIC) and iodine in salt from rural households in sidama zone, southern Ethiopia. **Micronutrient Forum Global Conference – Bridging Discovery and Delivery**, June 2 – 6, 2014. Poster presented in Addis Ababa, Ethiopia.

Tafere G/Egziabher, Meron Girma. Challenges and progress towards universal salt iodization in Ethiopia. *FASEB J.*, April 24, 2012, 26:1021.5. Poster presented at **Experimental Biology**, San Diego, CA, USA.

Tafere G/Egziabher, Alemtsehay Bogale, K Michael Hambidge and Barbara J. Stoecker
Vitamin D status of women in Sidama Southern Ethiopia: Vitamin D
insufficiency despite abundant sunshine. FASEB J. March 17, 2011, 25:779.5. Poster
presented at **Experimental Biology**, Washington DC, USA.

Tafere G/Egziabher, Barbara J. Stoecker, K Michael Hambidge. Iron status of women
from selected rural areas of sidama zone, southern Ethiopia. FASEB J. March 17,
2011 25:779.5. Poster presented at **Experimental Biology**, Washington DC, USA.

Maya Joray, **Tafere G/Egziabher**, Barbara J Stoecker, K Michael Hambidge. Seasonal
differences in household food insecurity in Sidama zone, southern Ethiopia.
FASEB J. March 17, 2011 25:986.10. Poster presented at **Experimental Biology**,
Washington, DC, USA.

Tafere G/Egziabher, Barbara J. Stoecker, Afework Bezabih, Alemtsehay Wotango,
Meron Girma, Yewelsew Abebe, K Michael Hambidge. Iodine Status of Women from
selected rural areas of Sidama zone, Southern Ethiopia. FASEB J. April 6, 2010
24:538.11. Poster presented at **Experimental Biology**, Anaheim, CA, USA.

Amy Pruitt, Kassu Gurmu, Yewelsew Abebe, Afework Mulugeta, **Tafere G/Egziabher**,
Almezewed Chall, Meredith Reilly and Barbara J. Stoecker. Vitamin D status of
lactating women in two rural communities in southern Ethiopia. FASEB J. March
20, 2007 20:LB95. (Poster)

Meredith Reilly, **Tafere G/Egziabher**, Yewelsew Abebe, Amy Pruitt, Almezewed
Challa and Barbara J. Stoecker. Indicators of vitamin A status in rural villages in
Southern Ethiopia. FASEB J. March 20, 2007 20:LB99. (Poster)

Trainings

June 7 to 19, 2015: Training in the 2015 Borlaug summer institute on global food security, at Purdue University, USA.

November 29/2011: Training on biomedical responsible conduct of refresher course, at Oklahoma State University, USA.

August 22/2009: Training on biomedical research investigator, at Oklahoma State University, USA.

October 09/2009: Training on biomedical responsible conduct of research course, at Oklahoma State University, USA.

September 19 to October 5, 2007: Qualitative and quantitative research methods, academic working, at Justus Liebig University Giessen, Germany.

Seminars and Conferences attended

November 16 to 17, 2009: Attended meeting on Brain Disorders in the Developing World: Research across the lifespan, network meeting. Washington DC, USA; organized by NIH.

July, 2004: Planning and evaluation of Food Security situation in less developed countries. Organized by Food and Agricultural Organization (FAO), Rome, Italy.

Awards

- 2015: the Ambrosio Family Scholarship
- 2013: M.B. Seretean Nutritional Sciences Scholarship
- 2012: the Ambrosio Family Scholarship.
- 2011-2012: Graduate assistant non- resident tuition waiver and graduate TA-RA resident waiver.

- 2009-2010: Graduate assistant non- resident tuition waiver and graduate TA-RA resident waiver.
- 2008-2009: Graduate assistant non-resident tuition waiver, graduate TA-RA resident waiver, graduate resident grant funded tuition waiver, graduate non-resident funded tuition waiver and non-OSU scholarship.
- 2007-2008: Graduate assistant non- resident tuition waiver and graduate TA-RA resident waiver.
- 2003-2004: VLIR.UOS university development cooperation scholarship of Belgium.

Grant

- 20012: Nestle Foundation: for the study of problems of nutrition in the world

Teaching Experience

- Graduate courses
 - o Global Nutrition and Food Security
 - o Advanced Minerals Metabolism
- Undergraduate courses
 - o Introduction to Nutrition
 - o Community Nutrition
 - o Nutrition Planning
 - o Life Cycle Nutrition
 - o Nutritional Metabolism
 - o Food Storage and Preservation
 - o Teaching Practicum
 - o Development Theories
 - o Tourism in Rural Development
- Assisted graduate courses
 - o Research Methods
 - o Principles of Human Nutrition
 - o Nutrition and Physical Activity in Aging

- Capstone for Nutritional Sciences
- Nutrition, Exercise and Sport
- Global Nutrition and Food Security

Professional membership and leadership

- Member of the American Society of Nutrition.
- Member of the Academy of Nutrition and Dietetics.
- Served as a secretary of the graduate students of human sciences college board in 2011.
- Member of the Association of College Honor Societies: KAPPA OMICRON NU NATIONAL HONOR SOCIETY.

Signature: _____



David L. Gee, Ph.D.
Professor - Food Science and Nutrition
Central Washington University

Education

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| 1980 | Ph.D. in Nutrition, University of California, Davis.
Dissertation: <i>"Lipid Peroxidation in Intact Rats and in Isolated Rat Hepatocytes."</i> |
| 1976 | M.S. in Food Science, University of California, Davis.
Thesis: <i>"The Effects of Carbon Monoxide in Controlled Atmosphere Storage of Meat."</i> |
| 1975 | B.S. in Bacteriology, University of California, Davis.
Graduated with Honors. |

Professional Experience

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| 1991- Pr | Professor, Food Science and Nutrition, Department of Health Sciences, Central Washington University. |
| 2007- Pr | Program Director, Food Science and Nutrition Program, Department of Health Sciences, Central Washington University |
| 1994-2005 | Sports Nutrition Consultant, Yakima Sun Kings, Continental Basketball Association. |
| 1995 | Exchange Professor - Shimane Women's College, Matsue, Shimane Prefecture, Japan. |
| 1987-93 | Department Chairperson, Department of Home Economics--Family & Consumer Studies, Central Washington University. |
| 1986-91 | Associate Professor, Food Science and Nutrition, Central Washington University. |
| 1981-86 | Assistant Professor, Food Science and Nutrition, Central Washington University. |

Awards

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| 2011 | CWU Sabbatical leave award (Office of Dietary Supplements, National Institutes of Health) |
| 2009 | Outstanding research poster presentation, 25 th Sports, Cardiovascular, and Wellness Nutrition Symposium, <i>Creatine supplementation impairs jumping performance in female athletes.</i> |
| 2005 | CWU Symposium on University Research and Creative Expression
Faculty Mentor Award |
| 2001 | Invited participant at the American Dietetic Association Summit on Mentoring and Diversity. Chicago, IL. |
| 2000 | CWU Faculty Research Leave Award (for Fall 2000) |
| 1999 | Central Washington University's Distinguished Professor of Teaching |

Current Professional & Academic Activities

2013-Pr	American Society of Nutrition
2015-Pr	The Obesity Society
2001-10	American College of Nutrition - Member
1993-13	American College of Sports Medicine - Professional Member
1990-95	Certified Nutritionist, State of Washington.
1988-13	American Dietetic Association-Active Member.
1984-90	American Institute of Nutrition-Assoc. Member.
1983-92	National Council Against Health Fraud-Professional Member.
1981-04	Institute of Food Technologist-Professional Member.

Grant Activities

2017	<i>Culinary Medicine Project.</i> Yakima Valley Interprofessional Programs and Education Collaboration. \$3000. Funded.
2017	<i>Culinary Medicine: An inter-institutional program to promote nutrition education among health professional students in central Washington.</i> CWU Foundation – Len Thayer Grants. \$5000. Funded.
2012	Sabbatical Leave Expenses: Intergovernmental Personnel Act of 1970, Office of Dietary Supplements, National Institutes of Health. \$19,856. Funded.
2004	<i>Outcome Evaluation for YVFWC Office of Minority Health (OMH) Diabetes Project.</i> Yakima Farmworkers Clinic. \$7500. Funded.
2004	<i>The Effect of Creatine Supplementation on Vertical Jump and Shuttle Sprint Performance in Collegiate Female Athletes.</i> CWU Undergraduate Research Grant. \$450. Funded.
2004	<i>A Comparative Study of the Dietary Intake of Mexican Women in Michoacan and Mexican-American Women.</i> CWU Science Honors Research Program. \$9500. Funded.
2002	<i>Michoacan/Yakima Hispanic Health and Nutrition Study.</i> \$200,317. Washington State Attorney General's Office Vitamins Settlement Fund. Not funded.
2001	Texture Technologies Corp. Travel Grant. \$250. Funded.
2000	<i>Dietetic Internship Team Building Grant.</i> Partnership 2020/Kellogg Foundation. \$ 9000. Funded.
1998	<i>Enhancement of Washington State Dietetic Internships with the Utilization of Desktop PC Video Conferencing.</i> Partnership 2020/Kellogg Foundation. \$24,200. Funded.
1995	International Programs Advisory Committee Travel Grant. \$500. Funded.
1993	<i>The Effect of Fiber Fortified Apple Juice on Bowel Function and Cholesterol Metabolism.</i> Submitted to Tree Top Corp. \$25,100. Funded
1993	AP4/Graduate Program Recruitment Grant. Submitted to the Dean of Graduate Studies and Research. \$800. Funded
1993	Health Management Resources Travel Support - Travel to Annual Meeting of the American Dietetic Association (Anaheim, CA). \$ 670. Funded.
1993	Handheld Computers for AP4 Program. Submitted to CWU Foundation. \$ 930. Partially funded for \$ 310.
1992	AP4 Marketing and Recruiting Competition Application. Submitted to Dean of Graduate Studies and Research, CWU. \$1300. Funded
1992	<i>Use of Height vs. Conductor Length in Estimating Composition Using Bioelectric Impedance Analysis.</i> Submitted to RJL Systems. \$ 750. Partially funded (\$ 125 + support services).
1992	Tree Top Travel Support - Travel to Experimental Biology '93 (New Orleans, LA). \$ 675. Funded

- 1990 *The Effect of Fiber - Fortified Apple Juice on Serum Lipoproteins in Hypercholesterolemic Men.* Submitted to Tree Top Corp. \$10,300. Funded.
- 1990 *Weight Loss Distribution on Very Low Calorie Diets: Analysis by Computed Tomography.* Submitted with C. Bambrick to Health Management Resources, Inc. \$1,400. Funded.
- 1990 *Nutritional Status of Japanese Students in the U.S.* Submitted to National Institutes of Health. \$61,741. Approved, not funded.
- 1990 *Cholesterol-Lowering Effect of Apple Fiber.* Submitted to National Institutes of Health. \$116,128. Approved, not funded.
- 1989 *The Physiological Effects of Changing from a Japanese Diet to an American Diet Among Japanese Undergraduate Students Living in the U.S.* Submitted to CWU Small Faculty Research Grants. \$600. Funded.
- 1989 *Effect of Apple Fiber on Serum Lipids and Blood Cholesterol.* Submitted to Tree Top, Inc. \$1200. Funded.
- 1983 Mead Johnson Nutritional Division Scientific Relation Grant: *"Lipid Peroxidation in Burn Patients"*. \$1200. Funded.
- 1983 Central Washington University Summer Faculty Research Appointment.
- 1982 Central Washington University Faculty Research Grant: *"Polychlorinated Biphenyl-Induced Lipid Peroxidation in Vitamin E and Selenium-Deficient Rats"*. Funded.

PUBLISHED ABSTRACTS AND PRESENTATIONS AT INTERNATIONAL, NATIONAL AND REGIONAL MEETINGS

- 6/18 *Culinary Medicine Program and Interprofessional Education.* Elaina Moon, Kathleen Briggs-Early, & David L. Gee. Health Meets Food: The Culinary Medicine Conference. New Orleans, LA.
- 4/18 *RDN Leadership to Advance Nutrition: An IPE Approach (Center for Culinary Medicine: An Interprofessional Practice and Education Collaboration Project).* Ethan Bergman, Sandy Carollo, & David L. Gee. Annual Meeting of the Washington State Academy of Nutrition and Dietetics. SeaTac, WA.
- 11/17 *Comparison of a Body Shape Index and Body Mass Index as Predictors of Metabolic syndrome: NHANES 2007-2012.* Rotana Radwan, Casey Mace, Nicole Stendell-Hollis, David L. Gee. Obesity Week 2017, Washington DC.
- 11/16 *The Waist to Height Ratio is a Better Anthropometric Index of Abdominal Obesity and its Association on the Prevalence of Diabetes among Asian Americans.* Yu Xiao, Nicole Stendell-Hollis, Cen-Tsong Lin, & David L. Gee. Obesity Week 2016, New Orleans, LA.
- 11/15 *The High Prevalence of Hypertension Among Low-Educated Adult Americans May be Attributed to Differences in the Rates of Obesity, Abdominal Obesity, Smoking, Income, and Ethnicity: NHANES 2003-2010.* Priska U. Baker, Daniel P. Williams, Susan N. Hawk, David L. Gee. Obesity Week 2015, Los Angeles, CA. Obesity 2015 Abstract Book T-P 3460.
- 3/15 *Elevated Serum Oxylchordane is Associated with Increased Risk of Metabolic Syndrome: Results from the National Health and Nutrition Examination Survey 1999-2004.* David L. Gee & Cassandra Nicolaus. FASEB J. 906.11,2015
- 3/15 *The Effect of Dietary Intake and Lifestyle Factors on Hypertriglyceridemia Prevalence: National Health and Nutrition: Examination Survey (NHANES), 2003-2010.* Laura Sutherland & David L. Gee. FASEB J. 906.7, 2015.
- 3/14 *Muscle mass as a potential predictor for metabolic syndrome in normal weight adults.* David L. Gee, Julia H. Humphrey, Daniel P. Williams, Susan N. Hawk. FASEB J. 28(1) 628.20, 2014
- 10/13 *An Introduction to NHANES: Applications to the Management of Chronic Diseases.* David L. Gee. Mega Event Nutrition 2013, Sao Paulo, Brazil (2013)

- 10/13 *Dietary Supplements: US Regulatory Overview*. David L. Gee. Mega Event Nutrition 2013, Sao Paulo, Brazil (2013)
- 04/13 *Prevalence of metabolic syndrome (MetS) and hyperglycemia in US adults: NHANES 2003-06 & 2007-10*. David L. Gee and Regan L. Bailey. FASEB J. 27: 2013.
- 05/12 *The Effects of Creatine Supplementation and Plyometric Training on Vertical Jump and Sprint Performance*. S. Young, D. Gee, K. Pritchett, and R. Pritchett. Med. Sci. Sports Exer. 43(5): (2012).
- 05/12 *Comparison of Glucose Monitoring Methods During Steady-State Exercise in Healthy Women*. S. Herrington, K. Pritchett, S. Dow, K. Monosky, and D. Gee. Med. Sci. Sports Exer 43(5):558 (2012).
- 09/11 *Quinoa flour is an acceptable replacement for all purpose flour in a peanut butter cookie*. N.M. Harra, T. Lemm, C. Smith, D. Gee. JADA 111(9): A-45 (2011).
- 04/11 *Ultra high viscosity hydroxypropylmethylcellulose blunts postprandial glucose after a breakfast meal*. D.L. Gee, S. Dow, K.L. Pritchett, S. Hawk, and S.J. Herrington. FASEB J. April 2011 25 (Meeting Abstract Supplement) 29.8
http://www.fasebj.org/cgi/content/meeting_abstract/25/1_MeetingAbstracts/29.8?sid=119226ed-9aa6-4c34-90f7-8ebed71629a1
- 05/09 *Effects of epigallo catechin gallate in green tea extract on energy expenditure and respiratory quotient in females*. B. Rust and D. L. Gee. Linus Pauling Institute's "Diet and Optimum Health" conference, Portland, OR.
- 05/09 *Validation of a bioelectrical impedance analysis equation predicting body composition using conductor length instead of height*. D. L. Gee, Jessica D. Nye, Donna R. Parsons, Cen-Tsong Lin. Med. Sci. Sports. Exer. 41(5)164-165. (2009).
- 04/09 *Creatine supplementation impairs jumping performance in female athletes*. N.J. Melvin, A.M. Clem, V.M. Nethery, and D.L. Gee. 25th Sports, Cardiovascular and Wellness Nutrition Symposium, Scottsdale, AZ.
- 09/07 *Dietary behaviors of Mexican women and second-generation Mexican American women*. L. Fernyhough, L. Wiseley, V. Bennett, E. Bergman, D. Gee; JADA 107(8):A-27 (2007).
- 09/07 *Regulation of functional foods in Japan: For Specialized Health Issues (FOSHU)*. K. Warfel, Y. Aso, D. L. Gee; JADA 107(8):A-34 (2007).
- 09/07 *Benefat is a successful partial fat substitute in chocolate cake*. M. A. Cleveland, R. R. Erickson, S. C. Brown, D. L. Gee; JADA 107(8):A-74 (2007).
- 09/07 *White whole wheat flour is an acceptable substitute for all-purpose flour in shortbread cookies*. M. Erickson, E. Kelley, T. Halverson; JADA 107(8):A-77 (2007)
- 09/07 *Nutritional and economic impact of school nutrition policies on beverage vending machine purchases*. M. Erickson, D. L. Gee; JADA 107(8):A-90 (2007)
- 05/07 *Effect of glycerol Hyperhydration on Running Performance in the Heat*. M. Garver, G. Hovey, L. Nielsen, J. Dickeinson, N. Melvin, T. Schaefer, D. Gee, V. Nethery, and C. Papdopoulos. Med. Sci. Sports & Exer. 39(5):S316 (2007)
- 09/06 *The effect of media images on the nutritional and dietary behaviors in healthy adolescent girls*. J.L. Mitchell MS, RD; D.L. Gee, PhD; E. Bergman, PhD, RD, FADA; L.L. DeBar, PhD, MPH. J. Am Dietetic Assoc. (2006). Honolulu, HI.
- 09/06 *Evaluation of sensory and objective changes to a fruit-based smoothie after the addition of two different quantities of tri calcium citrate*. Kim McCorquodale, Letitia Damian, Amanda Richardson, and David L. Gee, PhD. J. Am Dietetic Assoc. (2006). Honolulu, HI.
- 10/05 *Nutritional Quality of Life in Patients with Celiac Disease Improves from Time of Diagnosis*. D. Breckon and D. Gee, J. Am Dietetic Assoc. (2005) St. Louis, MO.
- 10/05 *Pastry Crust Prepared with Trans-Fat Free Shortenings are Acceptable Substitutions for Hydrogenated Shortenings*. W. Caron, E. Smith and D. Gee. J. Am Dietetic Assoc. (2005). St. Louis, MO.
- 06/04 *Training Effects on Nutrient Intake in Male Collegiate Cross Country Runners*. D. Gee, L. D'Acquisto, E. Ellsworth. Med. Sci. Sports & Ex. 36(5):S349 (2004).
- 10/03 *The Effect of Dietary Changes on Plasma Homocysteine in Japanese Exchange Students*. K. Karatsu, D. Gee. J. Am. Coll. Nutr. (2003) Nashville, TN.

- 10/03 *Gluten-free Flour Mix is a Successful Substitute with the Addition of Xanthan Gum in a Yellow Cake.* S. Garrison, D. Breckon, D. Gee. J. Am. Dietetic Assoc. 103(9):A-99 (2003). San Antonio, TX.
- 10/02 *Using a Videoconference Format to Conduct Preceptor Trainings for Multiple Dietetic Internships.* J.K. Leader, D. Gee, D.A. Boutin. J. Am. Dietetic Assoc. 102 (9):A (2002)Philadelphia, PA.
- 10/01 *Two Different Sugar Substitutes Produce Varied Acceptability in White Cake.* L.J Jastad, C.J. Wheatley, D.L. Gee, and V.A. Bennett. J. Am. Dietetic Assoc. 101:A (2001). St. Louis, MO.
- 3/01 *Using Distance Education to Link Dietetic Internships In Washington State.* Dietetic Educators of Practitioners, Area I Annual Meeting. Pacific Grove, CA.
- 10/00 *Enhancement of Dietetic Internships Utilizing Video Conferencing.* D.L. Gee. Western Region Teaching Symposium. Washington State University, Pullman, WA.
- 10/00 *Effects of Substituting Sucralose on the Physical and Sensory Properties of Chiffon Cake.* C. Paulson, C. Bronson, S. Reagin, and D.L. Gee. J. Am. Dietetic Assoc. 100; A (2000). Denver, CO.
- 4/00 *Long Term Effects of Very Low Calorie Diets on Fat Distribution as Measured Using Computed Tomography.* J. Philabaum, MS, RD, C. Bambrick, MS, RD, D. Zulauf, MD and D.L. Gee, PhD. FASEB J. 14(4):A500 (2000). San Diego, CA.
- 10/99 *Changes in Coronary Heart Disease Risk Among Japanese Exchange Students.* C Sweeney, J. Freeman, D.L. Gee, C. Maruyama, M. Waki, M. Tsushima, M. Hanaoka. J. Am. Dietetic Assoc. 99; A1680 (1999). Atlanta, GA.
- 6/99 *Carbohydrate Containing Creatine Supplementation Alters Dietary Intake in University Swimmers.* K. Scott, D.R. Renne, L.T. D'Acquisto, V. Nethery, and D.L. Gee. Med. Sci. Sports Exerc. 31(5): S102 (1999). Seattle, WA.
- 6/99 *Creatine Monohydrate Supplementation Does Not Enhance or Compromise Swimming Performance.* . D.R. Renne, L.J. D'Acquisto, V. Nethery, D. Gee. Med. Sci. Sports Exerc. 31(5): S103 (1999). Seattle, WA
- 7/97 *The Effects of Gum Arabic and Apple Fiber on Serum Lipids and Short Chain Fatty Acids in Hypercholesterolemic Men and Women.* D.L. Gee and S.G. Graf, International Congress of Nutrition, Montreal, Canada, p369, 1997.
- 7/97 *Nutritional Status of Japanese Exchange Students: The Physiological Effects of Acute Dietary Changes and Coronary Heart Disease Risk.* J. K. Peterson, D.L. Gee, M. Hanaoka, C. Maruyama, M. Tsushima & M. Waki, International Congress of Nutrition. Montreal, Canada, p177, 1997.
- 5/97 *Validation of Bioelectrical Impedance Analysis Using Conductor Length for Estimating Body Composition in Japanese Adults.* K. Briggs-Early and D.L. Gee. Med. Sci. Sports Exerc. 29(5):S55 (1997), Denver, CO.
- 5/97 *Pre-exercise Consumption of Commercial Energy bars Affects Plasma Glucose Regulation During Prolonged Intense Cycling.* V. Nethery, C. Nelson-Pfab, E. Bergman, and D. Gee. Med. Sci Sports Exerc. 29(5):S250 (1997), Denver, CO
- 10/96 *Semi-moist Fruit Puree as a Fat Replacement in Gingersnap Cookies.* T.M. Mitzel, C.A. Sweeney, and D.L. Gee. J. Am. Diet. Assoc. 96:A-43 (1996), San Antonio, TX.
- 10/96 *Carbohydrate-based Fat Substitute is an Acceptable Replacement for Margarine in Pumpkins Bar Recipe.* M.S. Trudell, K.A. Flansburgh, and D.L. Gee. J. Am. Diet. Assoc. 96:A-43 (1996), San Antonio, TX.
- 10/96 *The Incidence of Eating Disorders Among University Students Majoring in Dietetics: A Reevaluation Eight Years Later.* M. Stussy, P. Mahre, D.L. Gee, and E. A. Bergman. J. Am. Diet. Assoc. 96:A71 (1996), San Antonio, TX
- 6/96 *Use of Conductor Length Versus Height in Estimating Body Composition Using Bioelectrical Impedance Analysis.* D.R. Parsons and D.L. Gee. Med. Sci. Sports Exerc. 28(5): S194 (1996). Cincinnati, OH.
- 10/95 *Effect of Non-fat Chocolate Pudding as a Fat Replacement in Brownies.* M. Stussy, J.K. Peterson, & D.L. Gee. J. Am. Diet. Assoc. 95:A-38 (1995), Chicago, IL.
- 10/93 *Weight Loss Distribution on Very Low Calorie Diets: Analysis by Computed Tomography.* C.M. Bambrick, D. Zulauf, G. Hotchko, & D.L. Gee. J. Am. Diet.

- Assoc. 93:A-96 (1993), Anaheim, CA.
- 5/93 *The Cholesterol Lowering Effect of a Fiber and Vitamin C Supplemented Apple Juice Beverage in Men with Mild Hypercholesterolemia.* K.M. Spencer & D.L. Gee. The FASEB J. 7(4):A739 (1993), New Orleans, LA.
- 2/93 *Design and Development of a Laboratory and Course to Teach Nutrition Assessment.* D. Gee. ADA - Dietetic Educators of Practitioners Area 1 Annual Meeting. Pacific Grove, CA.
- 5/92 *Laboratory Experiences in Didactic Programs in Dietetics.* D.L. Gee, T. Nelson, D. Whitcombe, & P. Mahre. WSDA/ODA Annual Meeting, Portland OR.
- 10/91 *Nutritional Status of Japanese Exchange Students in the U.S. and Their Return to Japan.* D.L. Gee, K. Ono-Case, D. Rogers, & M. Hanaoka. J. Am. Diet. Assoc. 91(9)A-117. ADA Annual Meeting, Dallas, TX.
- 12/90 *Lipid Peroxidation and Antioxidant Status in Burn Patients.* D.L. Gee and R.E. Litov. Presented at the American Society for Clinical Nutrition Annual Meeting, Seattle, WA.
- 10/90 *The Effect of Apple Fiber on Serum Cholesterol, Triglycerides and Blood Glucose in Hypercholesterolemic Males.* D.L. Gee and T.A. Dugick. J. Am. Diet. Assoc. A-68(1990). ADA Annual Meeting, Denver, CO.
- 04/90 *Nutritional Status of Japanese Exchange Students in the U.S.* D.L. Gee - FASEB J. 4:A939 (1990). Fed. Am. Soc. Exp. Biol. Annual Meeting, Washington DC.
- 10/89 *Nutritional and Health Behaviors of Undergraduate Dietetics Students.* D.L. Gee & P.S. Mahre. J. Am. Diet. Assoc. (1988). ADA Annual Meeting, San Francisco, CA.
- 10/88 *Prevalence of Obesity Among Children of the Yakima Indian Tribe.* M. Ygona and D.L. Gee. J. Am. Diet. Assoc. (1988). ADA Annual Meeting, San Francisco, CA.
- 04/84 *Polychlorinated Biphenyl Toxicity in Vitamin E or Selenium Deficient Rats.* D.L. Gee, T. Johnston, and V. Bennett. Fed. Proc. 43(3); 488 (1984).
- 04/80 *Carbon Tetrachloride Induced Lipid Peroxidation: The Simultaneous Measurement of Breath Pentane, Chloroform, Acetone and Carbon Tetrachloride.* D.L. Gee, M.M. Bechtold and A.L. Tappel. Fed. Proc. 39;1047 (1980).
- 04/78 *Measurement of in vivo Lipid Peroxidation via Pentane: Effect of Vitamin E, Selenium, Polyunsaturated Fat, and Assay for Acute Toxic Reactions.* R.E. Litov, J.E. Downey, D. Irving, M. Sagai, D.L. Gee and A.L. Tappel. Fed. Proc. 37;706 (1978).

Publications

Comparison of circumference measures and height-weight tables with dual-energy x-ray absorptiometry assessment of body composition in r.o.t.c. Cadets. K. Mitchell, R. Pritchett, D.L. Gee, K.L. Pritchett. Journal of Strength & Conditioning Research, 2017 31(9):2552-2556

Eating disorder risk, exercise dependence, and body weight dissatisfaction among female nutrition and exercise science university majors. N.Harris, D. Gee, D. D'Acquisto, D. Ogan, & K. Pritchett. J Behavioral Addictions, 2015 Sep; 4(3): 206–209 .

Ultra-high viscosity hydroxypropylmethylcellulose blunts post-prandial glucose after a breakfast meal in women. S. Dow, K. Pritchett, S. Hawk, S. Herrington & D. Gee. J. Am Coll. Nutr, 31(2): 94-99 (2012).

Comparison of three glucose monitoring methods during steady-state exercise in women. S. Herrington, D. Gee, S. Dow, K. Monosky, E. Davis, & K. Pritchett. Nutrients 4: 1282-1292 (2012).

Apple fiber and gum arabic lowers total and low-density lipoprotein cholesterol levels in men with mild hypercholesterolemia. K. Mee & D. Gee. *J. Am Diet. Assoc.* 97(4):422-424(1997).

High Blood Pressure and You. (Pamphlet) D.L. Gee, N. Snell and D. Meier. Washington State Dept of Health (1990).

Oxidant Tissue Injury and Nutritionally-related Antioxidants. Wash. State Dietetics Association Bulletin. 9(3):3 (1988).

Weight Control. (Pamphlet series) D.L. Gee, J. Faley and J. Wright. Washington State Dept. of Health and Human Services (1987).

Carbon Tetrachloride-Mediated Expiration of Pentane and Chloroform: The Effects of Pretreatment with Diethyl Maleate, SKF-525A, and Phenobarbital. M.M. Bechtold, D.L. Gee and A.L. Tappel. *Toxicol. Lett.* 11;165-171 (1982).

Production of Volatile Hydrocarbons by Isolated Hepatocytes: An in vitro Model for Lipid Peroxidation Studies. D.L. Gee and A. L. Tappel. *Toxicol. Appl. Pharmacol.* 60;112-120 (1981).

Carbon Tetrachloride-Induced Lipid Peroxidation: Simultaneous in vivo Measurements of Pentane and Chloroform Exhaled by the Rat. D.L. Gee, M.M. Bechtold and A.L. Tappel. *Toxicol. Lett.* 8;299-306 (1981).

The Effect of Exhaustive Exercise on Expired Pentane as a Measure of in vivo Lipid Peroxidation in the Rat. D.L. Gee and A.L. Tappel. *Life Sci.* 28;2425-2429 (1981)

The Role of Lipid Peroxidation During Chronic and Acute Exposure to Ethanol as Determined by Pentane Expiration in the Rat. R.E. Litov, D.L. Gee, J.E. Downey and A.L. Tappel. *Lipids* 16;52-57 (1981).

The Effect of Carbon Monoxide on Bacterial Growth. D.L. Gee and W.D. Brown. *Meat Science* 5;215-222 (1980-81).

Stability of Carboxymyoglobin in Refrigerated Ground Beef. D.L. Gee and W.D. Brown. *J. Agr. Food Chem.* 26;273 (1978).

Extension of Shelf Life in Refrigerated Ground Beef Stored Under an Atmosphere Containing Carbon Dioxide and Carbon Monoxide. D.L. Gee and W.D. Grown. *J. Agr. Food Chem.* 26;274 (1978).

*Enzymes of D-Fructose Catabolism in Species of *Beneckea* and *Photobacterium*.* D.L. Gee, P. Baumann and L. Baumann. *Arch. Microbiol.* 103;205-207 (1975).

KELLY L. PRITCHETT (KERR) PHD, RD, CSSD

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EDUCATION

Doctor of Philosophy – Human Performance Studies, August 2008

The University of Alabama

Specialization: Exercise Physiology

Minor: Human Nutrition (21 graduate credits)

Minor: Educational Statistics

Dissertation Title: Comparisons of Two Post-Exercise Recovery Beverages on Markers of Muscle Damage and Endurance Cycling Performance

Registered Dietitian, December 2005

University of Alabama

Coordinated Program in Dietetics

Master of Arts, May 2005

The University of Alabama

Major: Exercise Physiology

Bachelor of Science in Human Environmental Sciences, December 2003

The University of Alabama

Major: Food and Nutrition

EXPERIENCE

Assistant Professor, Central Washington University, August 2014 – present

Graduate Coordinator, MS in Nutrition, June 2016-Present

Department of Nutrition, Exercise, and Health Sciences

- Teach graduate/undergraduate Exercise Science and Nutrition courses
- Research, Scholarly Activity, Service related to Sport Nutrition

Director of Sports Nutrition, Central Washington University Athletics, August 2009-July 2013,
September 2014-current

- Provided nutrition assessment, education & counseling for individuals and teams
- Developed personalized nutrition plans based on athlete's needs and goals
- Analyze and interpret dietary records
- Evaluate supplements for legality, & safety
- Oversee sports nutrition graduate assistant

Assistant Professor in Sport Nutrition, University of Georgia, August 2013- August 2014

Department of Foods and Nutrition

- Taught/developed graduate/undergraduate Sport Nutrition courses
 - Developed a Master of Science Emphasis in Sport Nutrition
- Research, Scholarly Activity, Service related to Sport Nutrition

Associate Professor, Central Washington University, June 2012 – July 2013

Assistant Professor, Central Washington University, August 2008 – June 2012

Department of Nutrition, Exercise, and Health Sciences

- Teach graduate/undergraduate Exercise Science and Nutrition courses:

- Exercise Physiology – EXSC 450
- Sports Nutrition and Weight Management – NUTR/EXSC 446
- Basic Nutrition – NUTR 245
- Theory and Treatment of Eating Disorders - NUTR 346
- Advanced Physiology of Exercise Metabolism – EXSC 551
- Inferential Statistics for Exercise and Nutritional Sciences – EXSC 560
- Ergogenic Aids Seminar – EXSC 556
- Current Issues & Trends in Exercise Science – EXSC 461
- Research, Scholarly Activity, Service
- Direct Peer Nutrition Education
- Manage Dietetic Field Experience

Adjunct Professor, Central Washington University, August 2007- August 2008

- Instructor- Sports Nutrition & Weight Management, Anatomical Kinesiology Lab, and Current Issues & Trends in Exercise Science
- Develop and assist with personal and departmental research

Sports Dietitian, University of Alabama Gymnastics Team, September 2006-August 2007

- Provided nutrition education & counseling for athletes
- Developed personalized meal plans based on athlete’s needs and goals

Graduate Research Assistant, University of Alabama, August 2006-August 2007

- Provided nutrition services for mental health patients in West Alabama
- Developed individual nutritional assessment, and individual and group nutrition interventions
- Provided nutrition education to staff and residents
- Addressed and researched health disparities based on *Healthy People 2010*

Exercise Physiologist, DCH Regional Medical Center, June 2006-December 2007

- Provided exercise recommendations to cardiac, pulmonary and OB patients
- Assessed patients before beginning an exercise program

Clinical Dietitian, DCH Regional Medical Center - LTACH, January 2006-August 2007

- Screened and assessed current nutritional status in hospitalized individuals
- Provided medical nutrition therapy diet instructions
- Provided recommendations for patients to receive appropriate meals, snacks and supplements to promote improved nutritional status
- Assisted in managing the nutritional status of individuals receiving enteral feedings
- Participated in care plan meetings, and PI meetings

Dietitian, “Way To Go Kids”, Childhood Obesity Prevention Program, February 2006-August 2006

- Assisted with nutrition education for children
- Taught physical activity sessions
- Provided tools to help children build lifelong healthy attitudes towards nutrition and fitness

Graduate Teaching Assistant, University of Alabama, August 2005 – May 2006

- Instructor - Tannehill Learning Center
- Developed and assisted with personal and departmental research

Graduate Teaching Assistant, University of Alabama Aquatic Center, August 2004 – August 2005

- Instructor - water aerobics (HPL 120) and lifeguard training (HPL 295)

(CPR-PR, First Aid, and AED)

- Prepared Payroll and Usage reports
- Assistant instructor for WSI training classes
- Supervised staff in-services
- Certified LGI (lifeguard instructor)

Intern, UAB Cardiopulmonary Rehabilitation, January 2005-May 2005

- Sub-maximal exercise testing
- Monitored patients during exercise (blood pressure, oxygen saturation, heart rate)
- Cardiopulmonary exercise prescription

Supervisor, University Recreation Indoor and Outdoor Pools, July 2003-August 2004

- Managed all pool operations
- Supervised lifeguards in performing daily tasks

Lifeguard, Riverside pool, and the U. of A. Aquatic Center, Summer 2000, 2001, and 2002

- Swimming lessons instructor – Level 1-5
- Certified in CPR [professional rescuer: [adult, child, and infant] and First Aid
- Certified in AED [automated external defibrillator]

PUBLICATIONS (* indicates student authorship/co-authorship, corresponding author)

- ◆ **Pritchett K**, Moore A. (Sept/Oct 2018). Food with Benefits: Gain the Competitive Edge with a "Food First" Approach. *American College of Sports Medicine Health & Fitness Journal*. (At Press).
- ◆ **Pritchett K**, Stark L, Pritchett R, LaCroix M, Broad E. (2018). Effect of vitamin D supplementation on 25(OH)D status in elite athletes with spinal cord injury. *International Journal of Sports Nutrition and Exercise Metabolism* (At Press).
- ◆ *Simpson G, Pritchett R, O'Neal E, Hoskins G, **Pritchett K**. (2018). Carbohydrate mouth rinse improves mean power during multiple sprint performance. *International J of Exercise Science* (At Press).
- ◆ *Gerrish H, Pritchett R, Broad E, Ogan D, LaCroix M, **Pritchett K**. (2017). Nutrient Intake of Elite Athletes with Spinal Cord Injury. *International J of Exercise Science*. 10(7):1018-1028.
- ◆ *Mitchell K, Pritchett R, Gee D, **Pritchett K**. (2017). Comparison of circumference measures and height-weight tables with dual-energy x-ray absorptiometry assessment of body composition in R.O.T.C. cadets. *J Strength and Conditioning Research*. 31(9):2552-2556.
- ◆ Campbell S , Pritchett RC, Cederburg K, Burnham T, **Pritchett K**. (2017). Fluid Intake and Sweat Rate During Hot Yoga Participation. *International Journal of Exercise Science* 10(5): 721-733, 2017.
- ◆ De Cavalho FG, Galan BSM, Santos PC, **Pritchett K**, Prfrimer K, Ferrioli E, Papoti M, Marchini JS, de Freitas EC. (2017). Tarurine: A potential ergogenic aid for preventing muscle damage and protein catabolism and decreasing oxidative stress produced by endurance exercise. *Frontiers in Phys*. 8 (article 710).
- ◆ Rosa FT, Carvalho FG, Deminice R, Miranda GB, **Pritchett K**, Marchini JS, Freitas EC. (2017). Ghrelin and PYY hormone levels post an acute taurine overload in obese and eutrophic subjects. *Insights in Nutr Dietetics*. 1(1).

- ◆ **Pritchett K**, Larson A. (Summer 2016). Understanding Exercise Dependence within the Context of Eating Disorders. *SCAN's Pulse*. 35(3).
- ◆ **Pritchett K**, Pritchett R, Ogan D, Bishop P, LaCroix M, Broad E. (2016) 25(OH)D Status of Elite Athletes with Spinal Cord Injury Relative Lifestyle Factors. *Nutrients*. 8(374).
- ◆ Pritchett RC, Al-Nawaiseh AM, **Pritchett K**, Nethery V, Bishop P, Green J. (2015). Sweat Gland Density and response during high intensity exercise in athletes with spinal cord injuries. *Biol of Sport*. 32: 249-254.
- ◆ *Harris N, Geed D, D'Acquisto D, Ogan D, **Pritchett K**. (2015). Eating Disorder Risk, Exercise Dependence, and Body Weight Dissatisfaction among Female Nutrition and Exercise Science University Majors. *J Behav Addictions*. 4(3):26-209.
- ◆ Green JM, Hornsby J, Pritchett RC, **Pritchett K**. (2014). Lactate Threshold Comparison in Anaerobic vs. Aerobic Athletes and Untrained Participants. *Inter J of Exercise Science*. 7(4): 329-338.
- ◆ *Peschek K, Pritchett R, Bergman E, **Pritchett K**. (2013). The Effects of Acute Post Exercise Consumption of Two Cocoa-Based Beverages with Varying Flavanol Content on Indices of Muscle Recovery Following Downhill Treadmill Running. *Nutrients*. 6(1): 50-62.
- ◆ *Storlie D, **Pritchett K**. (2013). Vitamin D and the Athlete: Risks, Recommendations, and Benefits. *Nutrients*. 5: 1856-1868.
- ◆ **Pritchett K**, Pritchett R. (2013). Chocolate milk: A post exercise recovery beverage for endurance sports. *Medicine and Sports Science* 59:127-34.
- ◆ *Vargus S, **Pritchett K**, Papadopoulous C, Bennett V. (2013). Dietary habits, menstrual health, body composition, and eating disorder risk among collegiate volleyball players: A descriptive study. *Inter J Exerc Sci*. 6(1): 52-62.
- ◆ *Herrington S, Dow S, Monosky K, Gee D, Davis E, **Pritchett KL**. (2012). Comparison of Three Glucose Monitoring Methods during Steady State Exercise in Healthy Individuals. *Nutrients*. 4: 1282-1292.
- ◆ S. Dow, **K. Pritchett**, S. Herrington & D. Gee. Ultra-high viscosity hydroxypropylmethylcellulose blunts post-prandial glucose after a breakfast meal in women. *J. Am Coll. Nutr*, 31(2): 94-99 (2012).
- ◆ **Pritchett K**, Bishop P. Invited publication: Chocolate and Other Carbohydrates on Post-Exercise Recovery. Chocolate in Health and Nutrition. Spring Publishing (2012), p 449-457.
- ◆ Torres T, **Pritchett KL**, Zippel D, Searson J, Cellamare A, Sibia M (2011). Sport Nutrition Knowledge among Collegiate Athletes, Athletic Trainers, Coaches, and Strength and Conditioning Specialists. *J Athletic Training*. 47(2): 210-216.
- ◆ *Storlie D, **Pritchett K**, Pritchett R, Cashman L. (2011). 12-Week Vitamin D Supplementation Trial does not Significantly Influence Seasonal 25(OH)D Status in Male Collegiate Athletes. *International Journal of Health and Nutrition*. 2(1):28-33.
- ◆ **Pritchett KL**, Bishop PA, Pritchett RP, Green JM, Combs B, Eldridge M, Katica C. (December 2011). Comparisons of post-exercise chocolate milk and a commercial recovery beverage following cycling training on recovery and performance. *Journal of Exercise Physiology Online*. 14(6): 29-39.

- ◆ Katica C, Pritchett R, **Pritchett KL**, DelPozzi A, Balilionis G, Burnham T. (2011). Effects of Forearm vs. Leg Submersion in Work Tolerance Time in a Hot Environment While Wearing Firefighter Protective Clothin. *Journal of Occupational & Environmental Hygiene*. *Journal of Occupational & Environmental Hygiene*. 8: 473–477.
- ◆ **Pritchett K**, Pritchett R, Bishop P. (2011). Nutritional Strategies for Post-Exercise Recovery: A review. *S Afric J Sports Med*. 23(1): 20-25
- ◆ Pritchett R, Green J, **Pritchett K**, Bishop P. (2011) Heat storage in upper and lower body during high-intensity exercise in athletes with spinal cord injuries. *S Afric J Sports Med*. 23(1): 9-13
- ◆ Pritchett RC, Bishop PA, Zhang Y, **Pritchett KL**, Green JM, Katica C, DelPozzi A. (2010). Evaluation of artificial sweat in athletes with spinal cord injuries. *European J Appl Phys* 109:125-131.
- ◆ Knol LL, **Pritchett KL**, Dunkin J. (2010). Institutional Policy Changes Aimed at Addressing Obesity Among Mental Health Clients. *Preventing Chronic Disease*. 7(3): 1-7.
- ◆ **Pritchett KL**, Bishop PA, Pritchett RC, Green JM, Katica C. (2009). Acute effects of chocolate milk and a commercial recovery beverage on post-exercise muscle damage and cycling performance. *J Appl Phys Nutr & Metab* 34(6): 1017–1022.
ABSTRACT published in Research Digest Section in *SCAN's Pulse*, Summer (2010), 29(3):19-20.
- ◆ Pritchett RC, Green JM, **Pritchett KL**, Wickwire J. (2009) Acute and Session RPE Responses during Resistance Training: Bouts to Failure at 60% and 90% of 1RM. *S Afric J Sports Med*. 21 (1) 23-26
- ◆ **Pritchett KL**, Bishop PA, Pritchett RC, Casaru C, Davis JK, Kovacs M, Green JM. (2008) Effects of Timing of Pre-Exercise Nutrient Intake on Glucose Responses and Intermittent Cycling Performance. *S Afric J Sports Med*. 20(3): 86-90.
- ◆ Green JM, Zhang Y, Laurent CM, Davis JK, **Kerr K**, Bishop PA, Pritchett RC. (2007) Session RPE Following Interval and Constant Resistance Cycling in Hot and Cool Environments. *Med Sci Sports Exerc*. 39:11, 2051-2057.

PROFESSIONAL PRESENTATIONS

- ◆ Moore A, **Pritchett K**, Pritchett R, Broad L. Pre- Exercise Ice Slurry Ingestion on Physiological and Perceptual Measures in Elite Athletes with Spinal Cord Injury. Poster presentation at Sports Cardiovascular and Wellness Nutrition (SCAN) Symposium. Keystone, CO. (May 2018).
**SCAN Graduate Poster Award*
- ◆ Moore A, **Pritchett K**, Pritchett R, Broad L. Pre- Exercise Ice Slurry Ingestion on Physiological and Perceptual Measures in Elite Athletes with Spinal Cord Injury. Poster presentation at Washington State Academy of Nutrition and Dietetics (WSAND) Conference. Seattle, WA. (April 2018).
- ◆ Elena Burrus, Toni M. Torres-McGehee, **Kelly Pritchett**, Kenya Moore, Erin M. Moore, Susan Anderson. Examination of Female Athlete Triad Components in a College Dance Company. *Free Communications Poster Presentation at National ACSM Conference*. Minneapolis, MN. (June 2018).
- ◆ Toni M. Torres-McGehee, Kyra Dodson, Dawn M. Emerson, **Kelly Pritchett**, Erin M. Moore, Monica Kimmel. Examination of Female Athlete Triad Components in Collegiate Equestrian Athletes. *Thematic Poster Presentation at National ACSM Conference*. Minneapolis, MN. (June 2018).
- ◆ Erin M. Moore, Toni M. Torres-McGehee, Dawn M Emerson, **Kelly Pritchett**, Lindsey Vandever. Examination of Energy Needs in Adult Recreational Athletes. *Poster Presentation at National*

Athletic Training Clinical Symposia. New Orleans, LA (June 2018).

- ◆ Gilchrist M, Torres-McGehee TM, Minori M, Emerson DM, **Pritchett K**. Energy Availability and Muscle Glycogen Levels in Division I Beach Volleyball Athletes. *Medicine & Science in Sport & Exercise*. Poster Presentation at the *American College of Sports Medicine (ACSM) Annual Meeting*. Denver, CO. (June 2017).
- ◆ **Pritchett K**, Pritchett R, Stark L, Broad L, LaCroix M. Effect of vitamin D supplementation on 25(OH)D status in elite athletes with spinal cord injury. Thematic Poster Presentation at National ACSM Conference, Denver, CO. (June 2017).
- ◆ Simpson G, Pritchett R, O'Neal E, Hoskins G, **Pritchett K**. Carbohydrate mouth rinse improves mean power during multiple sprint performance. Poster Presentation at National ACSM Conference, Denver, CO. (June 2017).
- ◆ **Pritchett K**, Planells A. RDN's in the Media: Are you all about me or we? Roundtable Discussion at Washington State Dietetic Conference. (April 2017).
- ◆ Simpson G, Pritchett R, O'Neal E, Hoskins G, **Pritchett K**. Carbohydrate mouth rinse improves mean power during multiple sprint performance. SOURCE Conference. Central Washington University. May 18, 2016.
*SOURCE Outstanding MS Presentation Award
- ◆ Gerrish H, **Pritchett K**, Pritchett R, Broad E, Ogan D, LaCroix M. Nutrient Intake of Elite Athletes with Spinal Cord Injury. Poster Presentation at Sports Cardiovascular and Wellness Nutrition Conference. Portland, OR (April 2016).
* *SCAN Undergraduate Poster Award*
- ◆ Simpson G, **Pritchett K**, Pritchett R, Brozowski H. Winter 25(OH)D Status of Elite Athletes with Spinal Cord Injury. Oral Presentation at NorthWest American College of Sports Medicine (NWACSM). Tacoma, WA. (March 2016).
- ◆ Broad E, Pritchett K, Pritchett R, LaCroix M, Broad E. Vitamin D Status of Elite Athletes with a Spinal Cord Injury Relative to Diet and Lifestyle Factors. Oral Presentation at Vista Conference. Barcelona, Spain. (October 2015).
- ◆ **Pritchett K**, Larson A. Exercise Dependence: Eating Disorder Behavior of Behavioral Addiction? Symposium at Sports Cardiovascular and Wellness Nutrition Conference. Colorado Springs, CO. (April 2015).
- ◆ Giolo F, Matinez B, Dato CC, Santos P, Gobbi R, **Pritchett K**, Freitas E. Effects of Taurine and Chocolate Milk Supplementation on Oxidative Stress Markers and Nitrogen Excretion in Triathletes. Poster Presentation at Sports Cardiovascular and Wellness Nutrition Conference. Colorado Springs, CO. (April 2015).
- ◆ **Pritchett K**, Abbey E. Who's on your team? Working with Health/Fitness Professionals to Promote Nutrition. Symposium at Washington State Academy of Nutrition and Dietetics. Lynnwood, WA (April 2015).
- ◆ **Pritchett K**. Exercise Dependence: Eating Disorder Behavior? Workshop at Yakima Valley Dietetic Association Meeting. Yakima, WA. (March 2015).
- ◆ Pritchett R, DelPozzi A, Katica C, **Pritchett K**. Field test validation of the 15-point categorical scale for rating of perceived exertion. Thematic poster presentation at National ACSM Conference, Denver, CO. (June 2011).

- ◆ Herrington S, **Pritchett K**, Monosky K, Dow S, Gee D. Comparison of Continuous Glucose Monitoring Methods During Steady State Exercise in Health Individuals. Poster presentation at National ACSM Conference, Denver, CO. (June 2011).
- ◆ Douglas F, **Pritchett K**, Burnham T, Young T, Owens T. Effects of aesthetic sports on menstrual health, eating disorder, caloric intake, and self esteem. Poster presentation at National ACSM Conference, Denver, CO. (June 2011).
- ◆ Liu Z, Papadopoulos C, **Pritchett K**, Pritchett R. Acute effect of caffeine ingestion on resting metabolic rate. Presentation at Northwest ACSM Conference, Eugene, OR. (April 2011).
- ◆ **Pritchett KL**, Pritchett R, Green M, & P. Bishop. RPE and glucose responses during high-intensity intermittent cycling with and without a pre-exercise feeding. Poster presentation at National ACSM Conference, Baltimore, MD. (June 2010).
- ◆ **Pritchett KL**, Torres-McGehee T, Zemke J. Weight Cycling: What is it, Why is it Dangerous, and What can we do about it? Symposium at National Athletic Training Association Annual Meeting & Clinical Symposia, Philadelphia, PA. (June 2010).
- ◆ Katica CP, Pritchett RC, **Pritchett KL**, Delpozzi AT. Forearm versus Leg Submersion Following Work in a Hot Environment While Wearing Firefighting Protective Gear. Oral Presentation at Annual ACSM Conference, Baltimore, MD (June 2010).
- ◆ Manore M, **Pritchett KL**, Skoog I, Peterson J. Crossing the Line: What is the Health Fitness Professional's Role in Promoting Nutrition? Panel Discussion at Northwest ACSM, Portland, OR. (March 2010).
- ◆ Casaru C, Bishop P, Leeper J, Green M, Richardson M, Zhang Y, Davis JK, **Pritchett KL**. Energy and thermoregulatory demands of the protective firefighter gear. Oral presentation Amsterdam, Netherlands. (June 2009)
- ◆ Casaru C, Bishop P, Leeper J, Green M, Richardson M, Zhang Y, Davis JK, **Pritchett KL**. Energy and thermoregulatory demands of the protective firefighter gear. Poster presentation at The 3rd International Symposium: Physiology and Pharmacology of Temperature Regulation, Matsue, Japan. (July 2009).
- ◆ **Pritchett KL**, Bishop P, Pritchett, R, Green JM, Katica C, Carter S. Acute Effects of Chocolate Milk and a Commercial Recovery Beverage on Post-Exercise on Muscle Damage and Endurance Cycling Performance. Poster presentation at National ACSM Conference, Seattle, WA (May 2009).
- ◆ Pritchett RC, Green MJ, Bishop P, **Pritchett KL**, Zhang Y. Evaluation of artificial sweat in athletes with spinal cord injuries. National ACSM Conference, Seattle, WA (May 2009).
- ◆ **Pritchett KL**, Bishop P, Pritchett, R, Green JM, Katica C, Jager J. Comparisons of post-exercise chocolate milk and a commercial recovery beverage consumption between endurance cycling workouts on recovery and performance. Poster presentation at Sports, Cardiovascular, and Wellness Nutrition Conference, Scottsdale, AZ (April 2009).
- ◆ Jones D, Dunkin J, Knol LL, **Kerr K**. Development, implementation, and initial evaluation of a weight management program for clients receiving mental health services in a rural setting. Southern Nursing Research Society 23rd Annual Meeting Baltimore, MD (February 2009).

- ◆ Knol LL, **Kerr KL**, Duncan J, Jones FD. Development, implementation, and initial evaluation of a weight management program for clients receiving mental health services in a rural setting. 9th Annual Rural Health Conference. University of Alabama. Tuscaloosa, AL (September 2008).
- ◆ **Kerr KL**, Bishop P, Pritchett R, Kovacs M, Davis JK, Casaru C, Green M. Effects of pre-exercise nutrient timing on glucose responses and intermittent exercise performance. Poster presentation at National ACSM Conference, Indianapolis, IA. (May 2008).
- ◆ **Kerr KL**, Bishop P, Pritchett R, Kovacs M, Davis JK, Casaru C, Green M. Effects of pre-exercise nutrient timing on glucose responses and intermittent exercise performance. Poster presentation at Northwest ACSM Regional Conference, Seattle, WA. (February 2008).
- ◆ Sapp A, Green M, Bishop P, **Kerr K**, Pritchett R. Pacing Strategies: The Effect of Gender and Experience in Runners in a Timed 3200-m Trial. Poster presentation at National ACSM Conference, New Orleans, LA. (May 2007).
- ◆ Pritchett RC, **Kerr KL**, Green JM. Lactate Response in Anaerobic and Aerobic Athletes and Sedentary Individuals. Oral presentation at Southeast Regional ACSM Conference, Charlotte, NC (February 2007)
- ◆ Pritchett RC, Green JM, **Kerr KL**, Wickwire J. The Use of Session RPE for Quantification of Resistance Training Bouts to Failure at 60% and 90% of 1RM. Poster Presentation at Southeast regional ACSM Conference, Charlotte, NC. (February 2006).
- ◆ Pritchett RC, Green JM, **Kerr KL**, Wickwire J. The Use of Session RPE for Quantification of Resistance Training Bouts to Failure at 60% and 90% of 1RM. Poster Presentation at National ACSM Conference, Denver, CO. (February 2006).

BOOKS (and BOOK CHAPTERS)

- ◆ **Pritchett K**, Larson-Meyer E. (Eds) (2018) Nutrition, Health, and Athletic Performance (printed edition of special issue). *Nutrients*.

FUNDING/ SUPPORT (internal and external)

- ◆ ***Pritchett K**, Figel K. Allen Foundation (\$40,842). WildcatFUEL: Implementation of a fueling station with Division II athletics. (*submitted*). (Fall 2017).
- ◆ *Moore AM, **Pritchett K**. (\$3000) CWU Masters Summer Fellowship. Effectiveness of ice slurry ingestion as a precooling method in elite athletes with spinal cord injury. (April 2017) (*funded*)
- ◆ *Moore AM, **Pritchett K** (\$1000) CWU Masters Student Research & Creative Activities Fellowship. Effectiveness of ice slurry ingestion as a precooling method in elite athletes with spinal cord injury. (April 2017) (*funded*)
- ◆ **Pritchett K**, Figel K. NCAA Grant (\$24,682.00). The efficacy of a sports nutrition program and fueling station on DII collegiate athletes' nutrition knowledge and dietary habits. (*not funded*)
- ◆ **Pritchett K**, Pritchett R, Broad E. (2015). Paralyzed Veterans Association Research Grant (\$36,000) Effect of Vitamin D Supplementation on Health and Performance in Athletes with a Spinal Cord Injury. (*not funded*).
- ◆ **Pritchett K**. (2014) Southeastern Conference (SEC) Travel Grant. Funding (\$2,500) in support of Vitamin D Status in Spinal Cord Injury Athletes.

- ◆ **Pritchett K**, Storlie D, Pritchett R. (2010) NEHS Research Committee. Funding (\$400) The Effects of an Oral Vitamin D Spray on Vitamin D Levels in Division II Collegiate Athletes. (*Internal*).
- ◆ **Pritchett K**, Storlie D, Pritchett R. (2010) Mercola. Funding (\$6,000) The Effects of an Oral Vitamin D Spray on Vitamin D Levels in Division II Collegiate Athletes. (*Internal*).
- ◆ Storlie D, **Pritchett K**, Pritchett R. (2010) U.S. Dairy Council. Funding (\$22,600) Vitamin D Levels and Body Composition in Division II Athletes. (*Not funded*).
- ◆ Herrington S, **Pritchett K**. (2010). Graduate student awarded funds in support of thesis project (\$650). Validation of a Continuous Glucose Monitoring Device during Steady-State Cycling. (*Internal*)
- ◆ **Pritchett KL**, Pritchett R. (2009) Darigold. Funding (~\$27,000) in support of Post Exercise Chocolate Milk Consumption to Enhance Strength Training Outcomes and Running Performance (*Not funded*)
- ◆ **Pritchett KL**, Pritchett R. (2008) Robert Woods Johnson Foundation. Funding (~ \$50,000) in support of Lifestyle Enhancement in Rural Kittitas County. (*Not funded*).
- ◆ **Kerr KL**, Bishop PA, Pritchett RC, Green JM. (2007) U.S. Dairy Council. Funding (~\$15,000) in support of Effects of Post-Exercise Chocolate Milk Consumptions on Markers of Muscle damage and Endurance Cycling Performance. (*Not funded*).
- ◆ **Kerr KL**, Bishop PA, Pritchett RC. (2006) USANA Health Sciences. Product award (~\$1000) in support of Pre-exercise nutrient timing on intermittent exercise performance.

PROJECTS PENDING

- ◆ Vitamin D Status of Elite Athletes with a Spinal Cord Injury Relative to Diet and Lifestyle Factors
- ◆ The Effects of Caffeine Ingestion on DOMS during 5k Running Performance

OTHER PRESENTATIONS

- ◆ **Pritchett K**. Oral Presentation: Recovery Nutrition. WA State Dairy Council Meeting. December 2017.
- ◆ **Pritchett KL**. Oral Presentation: *Nutrition for the Paralympic Athlete*. The University of Alabama, SEC Travel Award. (2014).
- ◆ **Pritchett KL**. Oral Presentation: *Vitamin D and the Athlete*. The University of Alabama, SEC Travel Award. (2014).
- ◆ **Pritchett KL**. *Current Update: Eating Disorders*. Oral Presentation: Yakima Valley Dietetic Association, Yakima, WA. (May 2009).
- ◆ **Pritchett KL**, Ecklund A. *Eating Disorders: Introduction, Facts, & Statistics*. Oral Presentation National Body Image Week. Central Washington University, Ellensburg, WA. (April 2009).

OTHER (selected) MEDIA PUBLICATIONS

- ◆ Pritchett KL. Is it okay to enjoy the post race beer garden? *Women's Running*. (July 2017). http://womensrunning.competitor.com/2017/07/health-wellness/post-race-beer-garden-optimize-recovery_77952#P0HvTMkSZz4Dk13g.97
- ◆ Pritchett KL, Scaramella J. Travel Nutrition for the Paralympic Athlete: Preparing for the 2016 Paralympic Games in Rio. *ACSM Blog*. (September 2016). <http://www.acsm.org/public-information/acsm-blog/2016/09/01/travel-nutrition-for-the-paralympic-athlete-preparing-for-the-2016-paralympic-games-in-rio>
- ◆ Pritchett KL. Coconut Water: The New Sports Drink? *LAVA Magazine Online*. (March 2011). <http://lavamagazine.com/training/coconut-water-the-new-sports-drink>
- ◆ Pritchett KL. Sweet Recovery. *LAVA Magazine Online*. (October 2010). (<http://lavamagazine.com/training/sweet-recovery#axzz131E5HzEW>)
- ◆ **Pritchett KL**. Sweating Over Sodium. *LAVA Magazine Online*. (August 2010). (<http://lavamagazine.com/training/is-sodium-something-to-sweat-about#axzz11PywKkLm>)
- ◆ **Pritchett KL, Pritchett RC**. What are Ultra Runners Eating? *Northwest Runner*. (March 2010).
- ◆ **Pritchett, KL**. Your Top Ten Sports Nutrition Questions Answered. (www.Powerbar.com)
- ◆ **Pritchett KL, Pritchett RC**. Eating to Run. *Northwest Runner*. (February 2010).
- ◆ **Pritchett KL**. Female Athlete Triad Fact Sheet. *Sports Cardiovascular and Wellness Nutrition (SCAN)*. (January 2010)

PROFESSIONAL ORGANIZATIONS & COMMITTEE MEMBERSHIPS

- Sports, Cardiovascular & Wellness Nutrition (SCAN)
 - 2016 SCAN Symposium Chair (Portland, OR)
 - 2015 Symposium Co-Chair (Colorado Springs, CO)
- Sports Dietetics-USA:
 - Fact Sheet Editor (March 2011-Current)
 - Volunteer Coordinator (May 2010- March 2011)
- Nutrition Fact Sheets:
 - Author, “The Female Athlete Triad”
 - Author, “Sports Foods”
 - Author, “Caffeine and Athletic Performance”
- Washington State Dietetic Association (WSDA)
- Yakima Valley Dietetic Association (YVDA)
- American College of Sports Medicine (ACSM)
- Northwest ACSM
- Professionals in Nutrition for Exercise and Sport (PINES)
- WINForum (Washington Interscholastic Nutrition Forum)
 - Nutrition Advisor

CERTIFICATIONS

- **Registered Dietitian**
- **Board Certified Specialist in Sports Dietetics (CSSD)**, February 2009- current

AWARDS/ ACTIVITIES

- **Central Washington University: College of Education and Professional Studies. Outstanding Scholarship Award (2018)**

- **Reviewer, ACSM’s Nutrition Manual for the Health/Fitness Professional—Optimizing Nutrition Strategies for Age and Sex (CHAPTER 10).**
- **CWU Faculty Research Appointment (Spring 2016). Effect of Vitamin D Supplementation on Health and Performance in Athletes with a Spinal Cord Injury.**
- **Shoudy Distinguished Professor, Central Washington University, Nutrition Dept. (Summer 2015)**
- **National Media Spokesperson for the Academy of Nutrition and Dietetics (AND) (2013-present)**
- **Editorial Board: *Nutrients* Journal (August 2014-present)**
- **Editorial Board: *Nutrients* Journal (August 2013-August 2014): Guest appointment: Special Issue in Sport Nutrition.**
- **Central Washington University: Outstanding Graduate Thesis Award (Committee Chair). (2012). 12-Week Vitamin D Supplementation Trial does not Significantly Influence Seasonal 25(OH)D Status in Male Collegiate Athletes.**
- **Central Washington University: Department of Nutrition, Exercise, and Health Sciences. Faculty Award for Research (2009-2010)**
- **Central Washington University: Department of Nutrition, Exercise, and Health Sciences. Faculty Award for Service (2008-2009)**
- **The University of Alabama Swimming and Diving Team**
 - Southeastern Conference team 1999-2003

Curriculum Vitae

Susan N. Hawk, Ph.D., R.D.

woodys@cwu.edu

(509) 963-1041

Education

University of California, Davis, CA
Ph.D. Nutrition, 1999

Willamette Valley Dietetic Internship, Salem, OR
R.D., 1999

Reed College, Portland, OR
B.A. Biology, 1991

Credentials

Registered Dietitian, American Dietetic Association (# 878906)

Adult Weight Management, Certificate of Training (June 2013)

Adult Weight Management Level II completion (May 2016)

Academic Experience

Director

Didactic Program in Dietetics
Central Washington University, Fall 2014-

Professor

Central Washington University, Fall 2013-

Associate Professor

Central Washington University, Fall 2008-2012

Associate Professor

California Polytechnic State University, 2007-2008

Assistant Professor

California Polytechnic State University, Fall 2002--2007

Lecturer

University of California, Davis, Fall 1999, Winter 2001, Fall 2001, Winter 2002

Post Doctoral Fellow, Department of Nutrition

University of California, Davis, 1999—2002

Honors and Awards

Sabbatical, CWU Fall 2015

Honoring Our Professor's Excellence Award, CWU 2014

Honoring Our Professor's Excellence Award, CWU	2013
Outstanding Scholarship Award, CEPS, CWU	2013
Outstanding Scholarship Award, CEPS, CWU	2012
Outstanding Teacher Award, CEPS, CWU	2010
Faculty Research Award, CWU, a quarter release for research	2010
Monsanto Teaching Excellence Nominee (Cal Poly)	2006, '07, '08
Marie Weldon-Taubeneck Research Award (best research pub., UCD)	2003
Outstanding Dietetic Intern Award (American Dietetic Association)	1999
Doctoral Research Presentation Travel Award (UC Davis)	1998
Humanities Research Award (UC Davis)	1996
Outstanding Student Research Award (Sigma Xi Society)	1995
Research Presentation Travel Award (Teratology Society)	1995
Jastro Shields Research Award (UC Davis)	1994, '95, '96
Graduate Group Fellowship (UC Davis)	1994
NIH Predoctoral Trainee	1994
Outstanding Student Research Award (Sigma Xi Society)	1993
Nutrition Research Fellowship (Graduate Group in Nutrition)	1993

Teaching Experience

Associate, Full Professor

Central Washington University, Ellensburg 2008-

Nutr 101: Human Nutrition
 Nutr 101L: Human Nutrition Discussion Lab
Both on line and traditional
 Nutr 240: Intro to Foods Lecture
 Nutr 240L: Intro to Foods Lab
 Nutr 340: Food Resource Management
 Nutr 343: Nutrition Professionalism
 Nutr 344: Medical Nutrition Therapy I
Both on line and traditional
 Nutr 347: Nutrition Education
 Nutr 348: Nutrition Interview
 Nutr 442: Nutrition Assessment
 Nutr 444: Medical Nutrition Therapy II
 Nutr 490: Field Experience
 Nutr 545: Advanced Developmental Nutrition
Both hybrid and traditional
 Nutr 546: Natural Supplement and Integrative Medicine

Assistant, Associate Professor:

California Polytechnic State University, San Luis Obispo

FSN 210: Introductory Nutrition 2003- 2007
 FSN 429: Clinical Nutrition Lecture and Laboratory I 2002- 2008
 FSN 430: Clinical Nutrition Lecture and Laboratory II 2003- 2008

FSN 461 Senior Project	2003- 2008
FSN 462 Senior Project	2003-2008
FSN 400 Special Projects	2005-2008
FSN 500 Individual Graduate Study	2004-2008
FSN 599 Graduate Thesis	2004-2008

Instructor/Lecturer in Charge:

University of California, Davis

Nutrition 116A: Clinical Nutrition and Diet Therapy	99, '01
Nutrition 116AL: Diet Therapy Laboratory	99, '01
Nutrition 116B: Clinical Nutrition and Diet Therapy	2001
Nutrition 190: Proseminar in Nutrition	2000
Nutrition 130: Experiments in Nutrition: <i>Design and Execution</i>	1998
Nutrition 190: Proseminar in Nutrition	1997
Nutrition 199: Special Study: <i>Advanced Undergraduates</i>	1997

University of New Haven

Nutrition 611: Nutrition and Disease --Renal Disease	2000
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Guest Lecturer:

University of California, Davis

Nutrition 290: Graduate Seminar	Fall	2001
Nutrition 114: Developmental Nutrition	Winter	2001
Nutrition 111: Human Nutrition	Spring	1998

Napa Valley College

Biology 103: Human Nutrition	Summer	1997
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Other – Guest Speaker/Lecturer

Nutr 343 Nutrition and Professionalism <i>Starting your course in Nutrition, 490 experiences</i>	W	2014, 2015, 2016, 2017
EXSC 559 Applied Kinesiology <i>Relationship between research and medical nutrition therapy</i>	Feb 24,	2012, 2016
FSN 561 Dietetic Internship Course Guest Lecturer: <i>--Nutrition Care Plans</i>	Nov 10,	2006 Nov 7, 2005 Nov 9, 2004
FSN 463: Panel Discussion on Graduate School	Nov	2006 Nov 2005

FSN 101: Guest Speaker: <i>Post-graduate opportunities</i>	Oct 30, 2007 Nov 7, 2006 Nov 1, 2005
Fall Preview, College of Agriculture Welcome Speaker	October, 2004
Open House, FSN Speaker	April, 2004
Graduate Seminar Speaker for AG 581: “Exercise, Diet and Disaster: The Vegetarian Connection”	Oct. 9, 2003
Graduate Lipid and Metabolism guest lecturer for FSN 501: “HDL Metabolism”	May 2003

Professional Experience

Author Cognella Publishing, Authored full Introductory Nutrition Textbook	2015-2016
Focus Group, STEM incorporation in teaching McGraw Hill, Austin, Tx	2016
Consultant, Editing WH Freeman, New York, New York	2013
Consultant Jelly Belly Inc., Vacaville, CA	2004-2005
Clinical Dietitian, Consultant Health for All, Auburn, CA	2001-2002
Clinical Consultant Weight Management Systems, Fresno, CA	2002

Professional Societies and Memberships

The National Academy of Nutrition and Dietetics

Publications

Susan N Hawk (2016). Introduction to Human Nutrition. Cognella Publishing. USA (12 Chapters)

Bergman, E and **Hawk, S** (2015). “Respiratory Diseases.” Chapter 21 in *Pathophysiology of Nutrition, 3rd edition* (Nahikian-Nelms). in Nutrition Therapy and Pathophysiology. Thompson Publishing.

LaGuire, T.C., Kohlen, C.R., **Hawk, S.N.**, and Reaves, S.K. (2013). The effects of aging on muscle loss and tissue-specific levels of NF- κ B and SIRT6 proteins in rats. *Advances in Aging Research*.

Dow, S. Prichett, K.L., **Hawk, S.**, Herrington, S.J. and Gee, D.L., (2012). Ultra High Viscosity Hydroxypropylmethylcellulose Blunts Postprandial Glucose After a Meal. *Am College of Nutr J*. Vol 31 (2), pp 94-99.

Hawk, S., Small C., and Englehardt, K. (2012) Risks of Iron Deficiency Among Vegetarian College Women. *Health*. Vol 4 (3), pp 113-119.

Jessica Trappmann and **Susan Hawk** (2011). Effects of Fatty Acids and Bexarotene on Breast Cancer Cell Progression. *Journal of Cancer Therapy*. Vol 2 (5), pp 710-714.

Bergman, E and **Hawk, S** (2010). “Respiratory Diseases.” Chapter 21 in *Pathophysiology of Nutrition, 2nd edition* (Nahikian-Nelms). in *Nutrition Therapy and Pathophysiology*. Thompson Publishing.

Hawk, S.N., Lanoue, L., Kwik-Urbe, C.L., Keen, C.L., and Uriu-Adams, J.Y. (2003). Copper deficient rat embryos are characterized by low CuZnSOD expression and elevated superoxide anions. *Biology of Reproduction* 68(3): 896-903.

Hayden, L.J., **Hawk, S.N.**, Sih, T.R. and Satre, M.A. (2001). Metabolic conversion of retinol to retinoic acid mediates the biological responsiveness of human mammary epithelial cells to retinol. *Journal of Cellular Physiology* 186: 437-447.

Hawk, S.N., Uriu-Hare, J.Y., Daston, G.P., Jankowski, M.A., Kwik-Urbe, C.L., Rucker, R.B. and Keen, C.L. (1998). Rat embryos cultured under copper deficient conditions develop abnormally. *Teratology* 57:310-320.

Keen, C.L., Uriu-Hare, J.Y., **Hawk, S.N.**, Jankowski, M.A., Daston, G.P., Kwik-Urbe, C.L. and Rucker, R.B. (1998). Effect of copper deficiency on prenatal development and pregnancy outcome. *American Journal of Clinical Nutrition* 67 (suppl):1003S-11S.

Black, S.D., **Hawk, S.N.** and Larkin, K. (1996). Restricting oxygen supply to the prospective dorsal side does not reverse axis polarity in embryos of *xenopus laevis*. *Development, Genes and Evolution* Sep V206 N2: 147-152.

Last, J.A., Gelzleichter, T.R., Harkema, J. and **Hawk, S.N.** (1994). Consequences of prolonged inhalation of ozone on Fischer-344/N rats: collaborative studies. Part 1: content and crosslinking of lung collagen. *Research Report/Health Effects Institute* (65): 1-29; discussion 31-40.

Meeting Presentations and Abstracts

Susan N Hawk (2014) Nutrition and Breast Cancer: Consumption , Chances and Composition. American College of Sports Medicine, Invited Panel Speaker, NW Regional conference. Apr.

David Gee, Julia Humphrey, Daniel Williams and **Susan Hawk** (2014) Muscle mass as a potential predictor for metabolic syndrome in normal weight adults. *FASEB J* 2014;28:628.20.

Susan Hawk and Liv Engelsen and (2012) Antiproliferative Effects of Vitamin D, DHA and 5-Fluorouracil on Breast Cancer. *FASEB J.* 2012;26:822.24

Susan Hawk and Jessica Trappmann (2011). The effects of omega-3 fatty acids and bexarotene on human breast cancer progression. *FASEB J*, 25: 979.3

Tiev C. LaGuire, Corinne R. Kohlen, **Susan N. Hawk**, Scott K. Reaves (2011). The effects of aging on SIRT-6 protein levels in various tissues of rats. *FASEB J*, 25: 1049.10

David L. Gee, Shireen Dow, Kelly L Pritchett, **Susan Hawk**, Stefanie J. Herrington (2011). Ultra high viscosity hydroxypropylmethylcellulose blunts postprandial glucose after a breakfast meal. *FASEB J*, 25: 29.8

Dave Brown and **Susan N. Hawk**. Fatty Acid and Retinoid Modulation of Breast Cancer Progression (2010). *FASEB J*, 24: 928.20.

Kimberly G. Englehardt and **Susan N. Hawk** (2010). Negative Iron Balance: Risk Among Vegetarian College Students. *FASEB J*, 24: 717.12.

Hawk, S.N. and Small, C. (2005). Dietary Vitamin B12: Vegetarian College Students at Nutritional Risk. *FASEB J*, 19

Hawk, S.N. and Small, C. (2005). Dietary Iron: Vegetarian College Students at Nutritional Risk. *FASEB J*, 19

Hawk, S.N. (2003) Clinical Nutrition in the Community: Putting What is Learned into Practice. The NACTA abstracts

Hawk, S.N. and Satre, M.A. (2003). Fatty acid alterations in retinoid metabolism: breast cancer implications. *FASEB J*, 17(4): A315

Hawk, S.N. and Satre, M.A. (2002). 9cis-retinoic acid synthesis and interference with all-trans retinoic acid production in human mammary epithelial cells. *FASEB J*, 16 (4): A626

Hawk, S.N. and Satre, M.A. (2001) 9cis-retinoic acid production in human mammary epithelial cells occurs mainly by isomerization. *FASEB J*, 15

J.Y. Uriu-Adams, Lanoue, L., **Hawk, S.N.**, Rucker, R.B. and Keen, C.L. (2000). Copper deficiency induces changes in extracellular matrix protein expression in rat embryos. *FASEB J*, 14

Hawk, S.N., Keen, C.L., Lanoue, L., Rucker, R.B., and Uriu-Adams, J.Y. (1999). High concentrations of superoxide anions and low CuZnSOD protein expression characterize copper deficient embryos. *FASEB J*, 15

Dayton, K. **Hawk, S.**, Laughlin, C. and Van Dyke, J. (1999). An overview of the mid-willamette valley dietetic internship program. *Oregon Dietetic Association Meeting*

Hawk, S.N., Kwik-Urbe, C.L., Uriu-Hare, J.Y., Daston, G.P., Rucker, R.B. and Keen, C.L. (1997). Altered energy metabolism is an additional factor contributing to copper (Cu) deficiency-induced teratogenesis. *FASEB J* 11(3): A405.

Hawk, S.N., Kwik-Urbe, C.L., Uriu-Hare, J.Y., Daston, G.P., Rucker, R.B. and Keen, C.L. (1997). Altered energy metabolism is an additional factor contributing to copper (Cu) deficiency-induced teratogenesis. *FASEB J* 11(3): A405.

Hawk, S.N., Uriu-Hare, J.Y., Daston, G.P. and Keen, C.L. (1995). Oxidative damage as a potential mechanism contributing to Cu deficiency-induced defects in rat embryos. *Teratology* 31: 85-93.

Hawk, S.N., Uriu-Hare, J.Y., and Keen, C.L. (1995). Oxidative damage is one mechanism contributing to Cu deficiency induced defects in rat embryos. *FASEB J*, 9: A734.

Last, J.A., Gelzleichter, T., **Hawk, S.**, Pinkerton, K. and Witschi, H. (1993). Synergistic interaction of nitrogen dioxide: Long-term exposures. *Society of Toxicology* 29: 22-23.

Grants and Funding

Sabbatical Leave	Fall 2015
Faculty Research Appointment, 12 WLU's	Fall 2011
Science Honors with Jessica Trappmann, \$750, student stipend and mentor stipend + 2 WLU's	2010-2011
Agricultural Resources Initiative Grant, \$138, 857	2005-2008
Faculty State Support Grant, \$2,200 + 6 WLU's	2005-2006
Teaching Enhancement Grant, \$2,500	2006-2007
Teaching Enhancement Grant, \$2,000	2005-2006
Teaching Enhancement Grant, \$1,000	2004-2005
Teaching Enhancement Grant, \$2,000	2003-2004
Teaching Enhancement Grant, \$1,000	2002-2003
Faculty Development Grant, \$3,250	2002-2003
Faculty State Support Grant, \$1500 and 6 WLU's	2003-2004

Workshop Participation, Meetings

Washington Academy of Nutrition and Dietetics Conference Attendance Yakima, WA	Apr 2017
Scripps Institute Natural Supplements Conference San Diego, CA	Feb 2017
STEM conference, McGraw Hill Invitational Austin, Tx	Feb 2016

Scripps Institute Natural Supplements Conference San Diego, CA	Feb 2016
Washington Academy of Nutrition and Dietetics <i>Motivational Interviewing Workshop</i> Lynnwood, WA	Apr 2015
Dietetics Educators and Practitioners Meeting Asilomar, CA	Mar 2015
Scripps Institute Natural Supplements Conference San Diego, CA	Jan 2015
Dietetics Educators and Practitioners Meeting Asilomar, CA	Mar 2014
Scripps Institute Natural Supplements Conference San Diego, CA	Jan 2013
Federation of Experimental Biology and Medicine San Diego, CA	April 2012
Federation of Experimental Biology and Medicine Washington, DC	April 2011
Federation of Experimental Biology and Medicine Anaheim, CA	April 2010
Dietetics Educators Practice Group Asilomar, California	March 2009
Virtual Focus Group, Content Connections Topic: Introduction to Nutrition Course Materials	April 21, 2009
Vitamin D & Chronic Disease Risk <i>Participated in Boston University's Professional Education Program for Health Professionals.</i>	Dec 2008
Don Mass Dimension's of Learning Course	Winter 2006
Fifth Instructional Enhancement Mini Conference	05/05
Grant Institute Workshop, UC Irvine	12/04
Don Mass Teaching Effectiveness Course	Spring 2005
Third Instructional Enhancement Mini Conference	05/03
Research/Grant Support Workshop, Agriculture Department	11/02
Teaching Effectiveness Workshop	09/02
Funding Workshop, Office of Research and Graduate Programs	11/02

Service

University:

<u>Science Honors Research Committee</u> Meets Monthly to oversee budget, applications, evaluation and selection of science honors group	2010-2015
<u>Science Honors Mentor</u> Faculty Mentor to Jessica Trappmann	2010-2011
<u>Wildcat Shop Advisory Board</u> Meet quarterly to evaluate and assess needs of the wildcat shop.	2009-2015
<u>Source Judge</u> Evaluated oral research presentations at the Source Competition.	May 2009
<u>Career Day</u> Resource for students interested in learning about our nutrition program	April 2009
<u>Academic Senate Alternate</u> Available to participate in all academic senate meetings when needed	2008-2012

Departmental:

Chair, <u>Departmental Personnel Committee</u> Orgnaize DPC meetings, review files of faculty up for promotion and retention and write all letters of support for candidates	Fall 2016-
<u>Departmental Personnel Committee</u> Review files of faculty up for promotion and retention and make recommendations to the department chair	Fall 2012-
<u>Search Committee</u> Participated in Search, Interview, Review, and selection of NEHS Tenure-Track candidates.	2013-2016
Chair, <u>Search Committee</u> Chair of committee for director of didactic program in nutrition position.	Spring 2011
Lead, <u>New Bldg Planning Committee</u> Head nutrition faculty for Architectural Design of new NEHS bldg.	Fall 2011-

- Technology Committee** Spring 2011-
 Serve to help acquire and utilize new forms of technology for the department
- Mentor to Dietetics Intern** Winter 2012
 Mentored an intern who was interested in learning what a college professor profession entailed. Worked with the student for one week.
- Library Liaison** 2008-2012
 Serve as liaison between the NEHS department and the library. Work to identify the needs of faculty for new books that the library may purchase. Circulate book cards to faculty, have them rank their interest in select books and then communicate those needs back to the library.
- Nutrition Club Advisor,** 2008-2015
 Act to support the club officer and members in their activities and endeavors. Meet with club president, suggest ways to engage the club both intellectually and philanthropically. Determine activities for the upcoming year. Attend and participate in meetings.

Professional Service:

- Book Reviewer** S 2016
 John Wiley & Sons, Inc. Publishing
 Reviewed 2 chapters in Nelms Nutrition Therapy and Pathophysiology
- Book Reviewer** S 2013
 John Wiley & Sons, Inc. Publishing
 Medical Nutrition Therapy: A Case Study Approach, Chapter Reviews
- Book Panel/Focus Group Member** May 2013
 WH Freeman Publishing
 Participated as a panel/focus group member in discussion of the development of a new introductory nutrition book in New York, New York
- Book Reviewer** August 2011
 Cengage Learning, Thompson and Wadsworth Publishing.
 Served as a reviewer for the Medical Nutrition Therapy Case Study book that I use for my courses. It was very valuable to be able to provide insight and input as to what the strengths and weakness are of this book in hopes that future additions will be of more value to my class.

Book Reviewer

Cengage Learning, Thompson and Wadsworth May 2011
Served as a reviewer of two chapters for a new basic nutrition book “McGuire/Beerman’s *Nutritional Sciences*”. I teach basic nutrition quarterly, so having the opportunity to assess the effectiveness of the new text was a valuable and relevant experience.

Book Reviewer

John Wiley & Sons, Inc. Publishing January 2009
Thoroughly reviewed two chapters in the second edition of ‘Nutrition : Science Applications’ by Lori Smolin and Mary Grosvenor. The material in the course book is relevant to my teachings of basic nutrition.

Virtual Focus Group

April 2009

John Wiley and Sons, Inc Publishing
Participated in a focus group to discuss a basic nutrition text book.

Book Reviewer

Fall 2008

Wiley Publishers. Reviewed two book chapters in Nutrition: Science and Application by Lori Smolin and Mary Grosvenor . This text is very similar to what I use to teach basic nutritin. Thus, it served as a good opportunity for me to compare book layouts, content and depth.

Public Service:

Culinary Medicine Course Speaker

Fall 2016-

Key Speaker for Mediterranean Culinary Medicine Course taught for professional community members Fall 2017

Article in the Observer

Jan 16, 2015

“Food Bank, Students Helping the Community”

Presenter:

Oct 15th , 2012

“Breast Cancer: Diet Do’s and Don’ts”

Kittitas Valley Community Hospital, Breast Cancer Awareness

Invited back to speak to cancer survivors and community members about tips and tricks for staying strong during cancer treatment.

Presenter:

Oct 15, 2011

“Inflammation-A new look in health and disease!”

Northwest Medical Laboratories Symposium, Lynwood, WA

Invited Speaker for 3 day symposium. Presented 3 hr talk about how inflammation impacts disease risk and how diet modification can reduce inflammation and decrease disease risk.

Presenter: Oct 10, 2011
“Breast Cancer: Managing Your Diet During Treatment”
Kittitas Valley Community Hospital, Breast Cancer Awareness

Spoke to community members who are cancer survivors and those currently battling cancer to review eating practices during chemotherapy and radiation treatment periods.

Presenter: Nov 7, 2009
“Omega-3 Fatty Acids in Inflammation and Disease”
Yakima Valley Dietetics Association

Delivered a 3 hr talk to local dietitians about the role of omega-3 fatty acids in reducing inflammation and battling disease risk
**Perfect Evaluation Score of 5/5 from every attendee*

Presenter: May 19, 2009
“Hepatitis C... Your Diet, Your Health”
Hepatitis C Awareness, for the community through the Kittitas county health dept.

Delivered talk to Individuals with Hepatitis with a focus on the role of nutrition in hepatitis infection and cirrhosis prevention.

CURRICULUM VITAE

NICOLE STENDELL-HOLLIS, PhD, MS, RDN
Associate Professor
Revised 5/2018

Central Washington University
Department of Health Sciences
400 University Way
Ellensburg, WA 98926

Telephone: 509-963-3360
E-mail: StendellHollisN@cwu.edu

EDUCATION AND TRAINING:

University of Minnesota St. Paul, MN	Food Science and Nutrition	Postdoctoral Fellow	2013
University of Arizona Tucson, AZ	Nutritional Sciences	PhD	2011
University of California, San Diego, CA	Lactation Consultant	IBCLC	2005
Rosalind Franklin/Chicago Medical School Chicago, IL	Nutrition Education	M.S.	2005
Oregon Health Sciences University Portland, OR	Registered Dietitian	R.D.	1999
Colorado State University Ft. Collins, CO	Human Nutrition and Dietetics	B.S.	1998

Major Fields of Research Interest: Childhood obesity prevention; nutrition and disease risk; dietary exposures and risk of disease (cancer, obesity); biomarker assessment of nutrient intake and disease risk

Postdoctoral Research: Green Tea and Reduction of Breast Cancer Risk (Mentor: Mindy Kurzer, PhD)

Dissertation Research: A Mediterranean Diet Emphasizing Walnuts in Lactating Women: Effects on Maternal Biomarkers of Inflammation and Body Weight and Body Composition (Advisor: Cynthia Thomson, PhD, RD)

EMPLOYMENT:

Academic Appointments:

- 2013 - present Associate Professor, Health Sciences, Central Washington University, Ellensburg, WA
- 2011-2013 Postdoctoral Fellow (Nutrition and Cancer NIH Training Grant), Food Science and Nutrition, University of Minnesota, St. Paul, MN
- 2006-2011 Research Associate, College of Agriculture and Life Sciences, University of Arizona, Tucson, AZ
- 2006-2008 Teaching Associate, College of Agriculture and Life Sciences, University of Arizona, Tucson, AZ
- 2004-2006 Adjunct Faculty, College of Nursing, Merced Community College, Merced, CA

Consulting:

- 2003-2006 Consultant: Stanislaus County Health Services Agency, Modesto, CA (W.I.C.)
- 2000-2003 Consultant: Merced County Community Action Agency, Merced, CA (W.I.C.)

HONORS AND AWARDS:

- 2017 Washington State Academy of Nutrition and Dietetics Educational Award
- 2010 Ruth Cowden Graduate Studies Scholarship, University of Arizona, Tucson, AZ
- 2010 Doctoral Scholarship, ADA Foundation's Commission on Dietetic Registration
- 2010 University of Arizona Graduate College Fellowship
- 2009 The National Scholars Honor Society
- 2009 McClelland Memorial Scholarship, University of Arizona, Tucson, AZ
- 2009 MSN Marketing Scholarship, ADA Foundation
- 2008 Ruth Cowden Graduate Studies Scholarship, University of Arizona, Tucson, AZ
- 2008 Frances E. Fischer Memorial Scholarship, ADA Foundation
- 2007 Loyal E. Horton Memorial Graduate Studies Scholarship, University of Arizona, Tucson, AZ
- 2007 Ruth Cowden Graduate Studies Scholarship, University of Arizona, Tucson, AZ

- 2007 W.T. and Winifred McClelland Graduate Studies Scholarship, University of Arizona, Tucson, AZ
- 2007 Mary C. Zahasky Memorial Continuing Education Award to attend the International Lactation Consultants Association 2007 Conference and Annual Meeting, San Diego, CA
- 2007 Travel Grant Award to the American Institute for Cancer Research Conference on Food, Nutrition, Physical Activity and the Prevention of Cancer, Washington, DC
- 1999 Dietetic Internship Research Award: Oregon Health Sciences University, Portland, OR

PROFESSIONAL MEMBERSHIPS:

- 2013-present Washington Dietetic Association
- 2011-2013 Minnesota Dietetic Association
- 2010-present The Obesity Society
- 2008-present The American Society for Nutrition
- 2007-present American College of Nutrition
- 2006-2011 Arizona Dietetic Association
- 2005-2010 International Lactation Consultant Association
- 2000-2006 California Dietetic Association
- 1998-2000 Oregon Dietetic Association
- 1995-1998 Colorado Dietetic Association
- 1995-present Academy of Nutrition and Dietetics

SERVICE:

- 2017 – ongoing Coordinator for the Washington State Academy of Nutrition and Dietetics Public Policy Committee
- 2017 – ongoing President-Elect for Yakima Valley Dietetic Association
- 2016 – ongoing Co-Chair for Washington State Academy of Nutrition and Dietetics Annual Conference

- 2011 - 2013 Assistant Editor, Research Dietetic Practice Group Newsletter, AND
- 2009 – 2011 Guest Lecturer for St. Mary’s Dietetic Internship, Tucson, AZ. “Research Methods for Dietetic Professionals”.
- 2008 - 2010 Student Editor, Research Dietetic Practice Group Newsletter, ADA

PUBLICATIONS:

Peer Reviewed Journals:

Epstein-Solfield A, Arango C, Ogan D, **Stendell-Hollis N**. The Effects of a Nutrition Education Intervention on Third- and Fifth-grade Students’ Fruit and Vegetable Knowledge, Preference and Consumption. (*Accepted to J Child Nutr & Mngmnt 12/2017*).

Xiao Y, **Stendell-Hollis N**, Lin C, Gee D. The Waist to Height Ratio is a Better Anthropometric Index of Abdominal Obesity and its Association with the Prevalence of Diabetes among Asian Americans: NHANES 2011 – 2014. (*Submitted to J Diabetes Care 8/2017*).

Reiley T, Contreras B, Roemer K, Ogan D, **Stendell-Hollis N**. Diet-induced thermogenesis does not vary in healthy, male college students following consumption of an isocaloric meal comprised of either whole foods or processed foods. (*Submitted to Inter J Ex Sci 6/2017*).

Kettel CA, **Stendell-Hollis N**, Klyve D, Gee D. Comparison of Anthropometric Measurements of Abdominal Obesity as Predictors of Cardiometabolic Risk: NHANES 2011-2014. (*Submitted to JAND 6/2017*).

O’Leary L, Beeson T, Ogan D, **Stendell-Hollis N**. Rethinking Recess: Perceptions of School Professionals on the Recess Before Lunch Program. (*Submitted to J Child Nutr & Mngmnt 5/2017*).

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Dostal A, Arikawa A, Espejo L, Hasti A, Bedell S, Kurzer M, **Stendell-Hollis N**. Green tea extract and catechol-O-methyltransferase genotype modify the postprandial insulin response in a randomized trial of overweight and obese postmenopausal women. *J Hum Nutr Diet*. 2017;30(2)166-76.

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McCune LM, Kubota C, **Stendell-Hollis NR**, Thomson CA. Cherries and Health: A Review. *Critical Reviews in Food Science and Nutrition*. 2011;51(1):1-12.

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Abstracts (peer-reviewed):

Radwan R, Mace Firebaugh C, **Stendell-Hollis N**, Gee DL. Comparison of A Body Shape Index and Body Mass Index as Predictors of Metabolic Syndrome: NHANES 2007-2012. The Obesity Society Annual Conference. Washington, D.C. November 1, 2017.

Reiley T, Contreras B, Ogan D, Roemer K, Thomas K, Crowe S, **Stendell-Hollis NR**. Diet induced thermogenesis does not vary in healthy, male college students following consumption of an isocaloric meal comprised of either whole foods or processed foods. Washington State Academy of Nutrition and Dietetics Annual Conference. Yakima, WA. April 24, 2017

Xiao Y, **Stendell-Hollis NR**, Lin C-T, Gee DL. A Better Anthropometric Index of Abdominal Obesity and its Association on the Prevalence of Diabetes among Asian Americans. The Obesity Society Annual Conference. New Orleans, LA. November 1, 2016.

Hightower WE, Pearson R, Gee D, **Stendell-Hollis N**, Ogan D. Community Readiness Assessment: Applications for Community Nutrition Research. Food and Nutrition Conference and Expo 2016. Boston, MA. October 17, 2016.

Brzozowski H, Ogan D, Englund T, **Stendell-Hollis NR**. The Associations of Regular Breakfast Consumption, Farm-to-School Participation and Body Mass Index in 3rd – 4th Grade Students. SOURCE Conference. Central Washington University. May 18, 2016.

Siler J, Johnson J, Watters W, Ward S, Matheson M, **Stendell-Hollis NR**. Eating Behaviors Associated with Higher Risk of Chronic Disease in Youth, Grades 6-12 at Guam Summer Activity Camps. SOURCE Conference. Central Washington University. May 21, 2015.

Hasti AE, **Stendell-Hollis NR**, Kurzer MS. The effect of green tea extract on postprandial satiety in postmenopausal women at high risk for breast cancer. CTSI Research Symposium. University of Minnesota. October 16, 2013.

Dostal A, **Stendell-Hollis NR**, Jackson SC, Samavat H, Le C, Yuan JM, Kurzer MS. Long-term green tea extract consumption may reduce body mass index in healthy postmenopausal women with the low-activity COMT genotype. Functional Food and Natural Health Products Graduate Research Symposium. University of Manitoba, Winnipeg, Canada. March 22, 2013.

Stendell-Hollis NR, Thompson PA, Winzerling J, Daines, M, Thomson CA. Adherence to a Mediterranean diet and change in inflammatory biomarkers in lactating women. FASEB, Washington D.C. April 10, 2011.

Stendell-Hollis NR, West JL, Thompson PA, Thomson CA. Adherence to a Mediterranean-style Diet and Change in Anthropometric Measurements in Lactating Women. ASPO, Las Vegas, NV. March 7, 2011.

Stendell-Hollis NR, Thompson PA, Laudermilk MJ, Winzerling J, Daines M, Thomson CA. Mediterranean Diet Intervention in Lactating Women: Change in Body Weight and Body Composition. The Obesity Society Annual Conference, San Diego, CA. Oct 9, 2010.

Stendell-Hollis NR, Thompson PA, Laudermilk M, Winzerling J, Daines M, Thomson CA. A Walnut-Rich Mediterranean Diet Intervention Among Lactating Women: Baseline Characteristics & Change in Body Weight & Body Composition. FASEB, Anaheim, CA. Apr 25, 2010.

Stendell-Hollis NR, Thompson PA, Stopeck A, Nardi E, Wright JB, Cussler E, Frey G and Thomson CA. Low-carbohydrate versus low-fat diet interventions to promote weight loss and metabolic control in overweight breast cancer survivors. ADA's Food & Nutrition Conference & Expo, Denver, CO. Oct 20, 2009.

Stendell-Hollis NR, Thompson P, Laudermilk M, Winzerling J, Daines M, Thomson CA. A mediterranean-style diet intervention rich in walnuts among lactating women: study design and baseline characteristics. Research Frontiers in Nutritional Sciences, Tucson, AZ. Oct 8, 2009.

Stendell-Hollis NR, Cussler EC, Green TK, Nardi EB, McCune LM, Thomson CA. A green tea intervention in pre- and postmenopausal women post-chemotherapy demonstrated small favorable, but not significant, changes in body weight and composition compared to placebo tea. American Institute for Cancer Research, Washington, DC Nov 2, 2007.

Stendell-Hollis NR, Thomson CA, McCune LM, West JL, Cussler EC, Kroggel M, Kubota C. Lycopene-enhanced tomatoes significantly elevated serum lycopene levels as compared to consumption of conventional tomatoes in a randomized, crossover, controlled feeding study in a healthy population. *Research Frontiers in Nutritional Sciences*, Tucson, AZ. Oct 22, 2007.

Kerciznik L, **Stendell N**, McMuney M, Hagan D. Food characteristics of recipes using stevia sweetener – a proposed herbal sugar substitute. *JADA* 1999;99:A29.

CD-ROM:

CD-ROM: *The World According to Herbs – Culinary and Medicinal Uses*, Oregon Health Sciences University Dietetic Internship, Portland, OR, 1999.

Book Chapters:

Thomson CA, **Stendell-Hollis NR**. Studies of Mediterranean Diet and Breast and Ovarian Cancer in *Mediterranean Diet: Impact on Health and Disease*, Springer Science Publishers. (2016)

Stendell-Hollis NR. Nutrition and Cancer Prevention in *Clinical Nutrition for Oncology Patients*. Jones and Bartlett Publishers. (2010)

Newsletters:

Stendell-Hollis NR. The effects of daily green tea intake on select metabolic factors in overweight breast cancer survivors. *The Digest* Winter 09.

Stendell-Hollis NR. A high lycopene tomato feeding study in healthy adults. *The Digest* Fall 08.

AD HOC REVIEWER FOR JOURNALS:

2013 – present	Journal of the American College of Nutrition
2013 – present	Journal of Agricultural and Food Chemistry
2013 – present	Journal of Human Nutrition and Dietetics
2013 – present	Obesity
2011 – present	Nutrition and Cancer: An International Journal
2010 – present	Journal of the Academy of Nutrition and Dietetics

SCHOLARLY PRESENTATIONS:

“Break your Fast with Farm to School”, Washington Academy of Nutrition and Dietetics Annual

Conference, Vancouver, WA, April 2016.

“Long-term green tea extract consumption may reduce body weight in healthy postmenopausal women independent of other diet/lifestyle interventions”, The Obesity Society Annual Conference. San Antonio, TX, Sept 2012.

“The Association Between Selenium and Preeclampsia”, Nutritional Sciences Seminar, University of Arizona, Tucson, AZ, February 2011.

“A Walnut-supplemented Mediterranean Diet Intervention Trial Among Lactating Women: Research Design and Update”, CWC’s Scientific Advisory Council Conference, San Diego, CA, August 2009.

“In Support of Moms and Babies: Promoting Breastfeeding in Practice,” Nutrition and Health: State of the Science and Clinical Applications Conference, Phoenix, AZ, April 2008.

“Efficacy of Probiotics and Lactation in the Prevention of Atopic Disease in High Risk Infants,” Nutritional Sciences Seminar, University of Arizona, Tucson, AZ, November 2006.

GRANTS AND CONTRACTS AWARDED:

GRANT FUNDING:

Grant #	Grant Period	P.I.	Title	Total Direct Costs
CA Walnut Commission	Fall 2008-2011	Stendell-Hollis (Co-PI)	A Mediterranean Diet Emphasizing Walnuts in Lactating Women: Effects on Maternal Body Weight and Inflammation	\$227,232 50% effort

CONFERENCES/MEETINGS ATTENDED:

2017:

Food and Nutrition Conference and Expo, Chicago, IL

Washington State Academy of Nutrition and Dietetics Annual Conference, Yakima, WA

2016:

Food and Nutrition Conference and Expo, Boston, MA

Washington State Academy of Nutrition and Dietetics Annual Conference, Vancouver, WA

2015:

Food and Nutrition Conference and Expo, Nashville, TN

Washington Academy of Nutrition and Dietetics Annual Conference, Lynwood, WA

2013:

6th International Workshop on Breast Densitometry and Breast Cancer Risk Assessment, San Francisco, CA

2012:

The Obesity Society Annual Conference, San Antonio, TX

Society for Epidemiologic Research, Minneapolis, MN

Healthy Foods, Healthy Lives Symposium, Minneapolis, MN

2011:

Experimental Biology, Washington D.C.

American Society of Preventive Oncology, Las Vegas, NV

2010:

The Obesity Society, San Diego, CA

Experimental Biology, Anaheim, CA

2009:

Research Frontiers in Nutrition, University of Arizona, Tucson, AZ

2008:

Nutrition and Health Conference, Phoenix, AZ

International Lactation Consultant Association Conference, Las Vegas, NV

2007:

AICR/WCRF: A Launch Conference, Washington, DC

Research Frontiers in Nutrition, University of Arizona, Tucson, AZ

International Lactation Consultant Association Conference, San Diego, CA

2005:

Essential Pieces for Breastfeeding and Parenting La Leche League of Northern California and Hawaii, Sacramento, CA

Breastfeeding: Strategies for Success St. Joseph's Medical Center, Stockton, CA

2004:

National WIC Association Breastfeeding Conference, Phoenix, AZ

2003:

California WIC Association Annual Conference, San Diego, CA

2002:

California WIC Association Annual Conference, Sacramento, CA

CONTINUING EDUCATION:

2017 Certificate of Training in Adult Weight Management, Phoenix, AZ

2017 Train-the-Trainer for the Yakima Valley Inter-Professional Education Collaborative, Seattle, WA

2015 Master Online Teacher Certification Training, Ellensburg, WA

2014 Certificate of Training in Childhood and Adolescent Weight Management, Newport Beach, CA

2008 Nutrition and Cancer Prevention Research Practicum, NIH, Washington, DC

This is a true and accurate statement of my activities and accomplishments. I understand that misrepresentation in securing promotion may lead to dismissal or suspension under ABOR Policy 6-201 I.I.b

Nicole R. Stendell-Hollis, Ph.D., M.S., R.D.

Appendix 18

Central Washington University- Dietetic Internship Preceptor Roster (Standard 7, Required Element 7.1)

Instructions: Complete the table with the program's preceptors for actively used rotations to demonstrate compliance with Standard 7, Required Element 7.1. Include the preceptor's credentials, facility name and the corresponding rotation.

Preceptor Name and Credentials	Supervised Practice Facility	Rotation Name
Nicole Norton, RD	Kittitas Valley Healthcare	MNT
Madhuri Tripurana, MS, RD, CD Jamie Rohrig, RD Audrey McGary, RD	Lourdes Hospital	MNT/LTC
Katie Wolff, MPH, RD, CD, CNSC Linda Quitta, RD, CSP Tara Schumacher, RD, CNSC Kristi LaRiviere, RD Katelyn Peschek, MS, RD Nancy Barnes, RDN, CD Amanda Holmes, MS, RD, CD Ineke Ojanen, RD, CD, CDE Patti Nystedt, RDN, CD Carissa Switzer, MS, RDn, CD, CNSC Lena Gill, RD, CSO Emily Reynolds, RDN, CD	Yakima Virginia Mason Memorial	MNT/Food Service Mgt
Bec McDorman, MS, RD, CD Melanie Willis, BS, Food Service Director	Astria Regional Medical Central	MNT/Food Service Mgt
Cindy Wheatley, RD, CD Jeff Berry, RD Kellie Ward, RD Sarah Sonderland, RD, CD Theresa Fenn, MS, RD Jeannette Gomez, MS, RDN, CD Molly Brinker, RD, CD Amy Pearson, RD Rebeka Hampton, RD Tony Tanega, Nutrition Services Manager Bertrand Mennetrot	Kadlec Regional Medical Center	MNT/Food Service Mgt
Laurie Kutrich, RD, CDE Michelle Harris, Food Service Director Jen Cottrell, MS, RD, CD, CDM, CFPP Carla Ruhs, RD, CD Quinn Bennett, MS, RD, CD Laura Ficker, RD, CD Laura Smith, RD, CD Natalie Harris, MS, RD, CD	Central Washington Hospital /Confluence Health	MNT/Food Service Mgt/ Community Outpatient

Annie Becker, RD, CD Gabby Sherer, RDN, MS, CSOWM, CD Stephanie Wilson, RD, CD, CDE		
Magieline Benedicto, RD	West Valley School District	School FS Mgt
Laurie Ozanich, RD	Selah School District	School FS Mgt
Patrick Garmong	Ellensburg School District	School FS Mgt
Kristen Blair, RD, SNS	Pasco School District	School FS Mgt
Chris Lutgen	Wenatchee School District	School FS Mgt
Heather Ostrander, RD, CD Cassandra Byers, RD, CD Stacey Busey, RD, CD, IBCLC Nicole Boroff, RD	Yakima Valley Farm Workers Clinic	Community
Lisa Root, RD, CD David Teske, RD, CD Katie Smith, MS, RD, CD Nicole Berg, RD, CD Sandra Valencia, RD CD	Yakima Neighborhood Health	Community
Malvina (Annie) Goodwin, RD, CD Becky VanPelt, RDN, CD Amy Lindholm, RDN Sheila Schweiger, RD	Benton Franklin Health District	Community
Andrea Hudson, RD	Columbia Valley Community Health	Community
Geri Jennings, RD Brenda Collins, RD Julie Kuchtyn, RD Erin Dickerson, RD, CSR	Davita Dialysis	Renal
Sarah Garza, RD	Fresenius Dialysis	Renal
Amanda Holmes, MS, RD	Good Samaritan	LTC
Nancy Scott Eastman, MS, RD, CD Annie Becker, RD, CD	Regency Harmony House Regency Wenatchee Cashmere Care Center (prev. Cashmere Convalescent)	LTC

Appendix 19

Central Washington University - DI Preceptor Qualifications (Standard 7)

In the following pages you'll find the information listed below for the current program preceptors. A Qualtrics Survey was sent to all preceptors to collect this up-to-date information.

Preceptor name (last, first, initial):

Q2 Preceptor employer:	Q2 Employer address:
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Q3 Preceptor daytime phone:	Q3 Preceptor email:
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Q4 Years preceptor has worked for this employer:	Q5 How many hours per week does this preceptor work for this employer?
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Q6 Preceptor's highest degree achieved:	Q7 Preceptor's professional credentials:
---	--

What licensure or professional certification is required for your role as a practitioner?
Q8

Q9 Check the rotations for this preceptor and facility:

Clinical Rotation Foodservice Rotation Community Rotation Concentration Rotation

Other: _____ Other: _____

Q10 Describe continued competency (CPEs or other professional development) appropriate to precepting responsibilities in the past seven years:

Q11 Other Information:

**AFFILIATION AGREEMENT
BETWEEN
CENTRAL WASHINGTON UNIVERSITY
AND
<<NAME OF TRAINING SITE>>**

This Agreement is made and entered into between Central Washington University (“School”), located at 400 E. University Way, Ellensburg, Washington, 98926-7480, and <<NAME OF TRAINING SITE>> (“Training Site”), located at <<COMPLETE ADDRESS OF TRAINING SITE>>. The purpose of this Agreement is for Training Site to provide desirable learning experiences and facilities for School’s students who are enrolled in its educational programs. In consideration of the mutual covenants and agreements contained herein, School and Training Site agree as follows:

I. GENERAL PROVISIONS

A. School and Training Site agree that contemporaneous with or following execution of this Agreement and within the scope of its provisions, School may develop letter agreements with Training Site to formalize operational details of the clinical education program. These details include, but are not limited to, the following:

- Beginning dates and length of experience (to be mutually agreed upon at least one month before the beginning of the clinical education program);
- Number of students eligible to participate in the clinical education program;
- Specific days, hours and locations for the clinical education program;
- Specific learning objectives and performance expectations for students;
- Specific allocation of responsibilities for the faculty Liaison, clinical education Supervisor, and Preceptors, if any, referenced elsewhere in this Agreement;
- Deadlines and format for student progress reports and evaluation forms.

Any such letter agreements will be considered to be attachments to this Agreement, will be binding when signed by authorized representatives of each party, and may be modified by subsequent letter agreements signed by authorized representatives of each party.

B. School and Training Site will jointly plan the clinical education program and jointly evaluate students. Exchange of information will be maintained by on-site visits when practical and by letter or telephone in other instances.

C. School and Training Site will instruct their respective faculty, staff, and students participating in the clinical education program to maintain confidentiality of student and patient information as required by law and by the policies and procedures of School and Training Site.

D. There will be no payment of charges or fees between School and Training Site.

E. There will be no discrimination against any program participant or applicant covered under this Agreement because of race, color, religion, national origin, age, handicap, status as a Vietnam era or disabled veteran, sex, or sexual orientation, nor will School or Training Site engage in such discrimination in their employment or personnel policies.

II. SCHOOL'S RESPONSIBILITIES

A. School will provide information to Training Site concerning its curriculum and the professional and academic credentials of its faculty for the students at Training Site. School will designate an appropriately qualified and credentialed faculty member to coordinate and act as the Liaison with Training Site. School will be responsible for instruction and administration of the students' academic education program. School will notify Training Site in writing of any change or proposed change of its Liaison. School will have the final responsibility for grading students.

B. School's faculty will meet with the Training Site clinical education Supervisor Preceptors, if any, at the beginning and end of the clinical education program to discuss and evaluate the clinical education program. These meetings will take place in person if practicable, otherwise by telephone conference. School is responsible for arranging and planning the meetings.

C. School will provide the names and information pertaining to relevant education and training for all students enrolled in the clinical education program at least four weeks before the beginning date of the clinical education program. School is responsible for supplying any additional information required by Training Site as set forth in this Agreement, prior to the arrival of students. School will notify Training Site in writing of any change or proposed change in a student's status.

D. School will obtain evidence of current immunizations against diphtheria, tetanus, poliomyelitis, measles (rubeola), mumps, rubella (or a positive rubella titer), and of hepatitis B immunity status, documented by a protective titer, for those students who will be in contact with patients/clients. For each student born after 1956, School will maintain on file records of positive titer or of post-1967 immunization for rubella and rubeola. At the time of immunization, students with no history of exposure to chickenpox will be advised to get an immune titer. School will require yearly PPD testing or follow-up as recommended if the students are PPD-positive or have had BCG. School will provide information to Training Site regarding student status concerning the above requirements.

E. School will assign to Training Site only those students who have satisfactorily completed the prerequisite didactic portion of the curriculum and who have evidence of completion of a CPR course based on American Heart Association or American Red Cross guidelines and related to the age group(s) with whom they will be working.

F. School shall ask each student who may be placed in Training Site to obtain his/her criminal history background record from the Washington State Patrol, pursuant to RCW 43.43.834 and RCW 43.43.838, to release a copy of that record to the School, and to authorize the School to transmit that record or copy thereof to Training Site. Before the start of training, School will provide Training Site with the names of any students who have failed to provide the requested records, or who refuse to authorize the release of records to Training Site. The students will be informed that, whether or not they agree to obtain the record and agree to release it to School and Training Site, Training Site may conduct the background inquiry directly and the Training Site may refuse placement of a student who does not provide the requested records or who has a record of prior criminal conduct.

Training Site understands and agrees that any information forwarded to it by School has been procured through this process. School does not certify the veracity of the records provided and, furthermore, the obligation to conduct appropriate background checks and the liability for non-compliance therewith remains the responsibility of Training Site.

G. School will comply with and ensure to the extent possible that students comply with the policies and procedures established by Training Site. School will notify each student of his/her status and responsibilities pursuant to this Agreement.

H. School will encourage each student participating in the clinical education program to acquire comprehensive health and accident insurance that will provide continuous coverage of such student during his or her participation in the education program. School will inform students that they are responsible for their own health needs, health care costs, and health insurance coverage.

III. TRAINING SITE'S RESPONSIBILITIES

A. Training Site will provide students with a desirable clinical education experience within the scope of health care services provided by Training Site. Training Site will designate in writing Preceptors, if any, to be responsible for the clinical education program, and will designate in writing one person as the clinical education Supervisor, who will maintain contact with the School-designated Liaison to assure mutual participation in and review of the clinical education program and student progress. Training Site will submit in writing to School the professional and academic credentials for the Preceptors and clinical education Supervisor. Training Site will notify

School in writing of any change or proposed change of the Preceptors or clinical education Supervisor.

B. Training Site will provide students with access to sources of information necessary for the clinical education program, within Training Site's policies and procedures and commensurate with patients' rights, including library resources and reference materials.

C. Training Site will make available to students basic supplies and equipment necessary for care of patients/clients and the clinical education program. Within the limitation of facilities, Training Site will make available office and conference space for students and, if applicable, School faculty.

D. Training Site will submit required reports on each student's performance and will provide an evaluation to School on forms provided by School.

E. Training Site retains full responsibility for the care of patients/clients, and will maintain the quality of patient care without relying on the students' clinical training activities for staffing purposes.

F. Training Site will have the right to take immediate temporary action to correct a situation where a student's actions endanger patient care. As soon as possible thereafter, Training Site's clinical education Supervisor will notify School of the action taken. All final resolutions of the student's academic status in such situations will be made solely by School after reviewing the matter and considering whatever written factual information Training Site provides for School; however, Training Site reserves the right to terminate the use of its facilities by a particular student where necessary to maintain its operation free of disruption and to ensure quality of patient care.

G. On any day when a student is participating in the clinical education program at its facilities, Training Site will provide to such student necessary emergency health care or first aid for accidents occurring in its facilities. The student will be responsible for the costs of any and all care.

H. Except as provided in this Agreement, Training Site will have no obligation to furnish medical or surgical care to any student.

IV. STUDENTS' STATUS AND RESPONSIBILITIES

A. Students will have the status of learners and will not replace Training Site personnel. Any service rendered by students is incidental to the educational purpose of the clinical education program.

B. Students are required to adhere to the standards, policies, and regulations of Training Site during their clinical education program.

C. Students will wear appropriate attire and name tags, and will conform to the standards and practices established by School during their clinical education program at Training Site.

D. Students assigned to Training Site will be and will remain students of School, and will in no sense be considered employees of Training Site. Training Site does not and will not assume any liability under any law relating to Worker's Compensation on account of any School student's performing, receiving training, or traveling pursuant to this Agreement. Students will not be entitled to any monetary or other remuneration for services performed by them at Training Site, nor will Training Site otherwise have any monetary obligation to School or its students by virtue of this Agreement.

V. LIABILITY COVERAGE PROVISIONS

A. Each party to this agreement will be responsible for the acts or omissions of its own employees, officers, or agents in the performance of this Agreement. Neither party will be considered the agent of the other and neither party assumes any responsibility to the other party for the consequences of any act or omission of any person, firm, or corporation not a party to this Agreement.

B. School is covered by the State of Washington Self-Insurance Program and the Tort Claims Act (Chapter 4.92 RCW). Claims against School and its employees, officers, and agents in the performance of their duties under this Agreement will be paid from the tort claims liability account as provided in Chapter 4.92 RCW. School will make professional (Medical Malpractice) liability insurance available for purchase by its students. The limits on the policy shall be, at minimum, \$1,000,000 per occurrence. School will provide those students who purchase insurance through it with proof of insurance. Students also may acquire professional (Medical Malpractice) liability insurance through another source. School shall inform all students whom it plans to place at Training Site that: Training Site will accept placement of only those students who are insured against liability for actions or inactions occurring in the clinic setting, and students are required to provide Training Site with proof of insurance prior to placement. In addition, the limits on the liability policy shall be, at minimum, \$1,000,000 per occurrence, and should proof of insurance not meet Training Site approval and satisfaction, Training Site can refuse to accept any student for placement.

C. Training Site maintains professional liability insurance coverage with a minimum of \$1,000,000 per occurrence. Through that coverage, Training Site provides liability coverage for its employees, officers, and agents in the performance of this

Agreement, and further provides the means for defense and payment of claims that may arise against such individuals.

VI. TERM

A. This Agreement is effective beginning <<START DATE>>, and will continue thereafter from year to year. This agreement will be reviewed no later than three years from its effective date, or earlier at the request of either party. School and Training Site will jointly plan student placement in advance of each year's beginning, taking into account the needs of the school for clinical placement, maximum number of students for whom Training Site can provide a desirable clinical education experience, and the needs of other disciplines or schools requesting clinical placements.

B. This agreement may be terminated by either party with one year's written notice; however, such termination shall not become effective for the students then enrolled in the clinical education program if such termination prevents their completion of the requirements of the clinical education program.

VII. PROVISIONS REGARDING BLOOD-BORNE PATHOGENS

A. School certifies that it has trained each student it sends to Training Site in universal precautions and transmission of blood-borne pathogens and that it will send to Training Site only students who have been trained in and have practiced using universal precautions. School has recommended the Hepatitis B (HBV) screening to all clinical education program students before assignment to Training Site. Students may waive the HBV series, but are required to have a TB screening and be up-to-date on all other immunizations. Training Site will provide personal protection equipment that is appropriate for the tasks assigned to School's students.

B. In the event a student sustains a needle-stick injury or other substantial exposure to bodily fluids of another or other potentially infectious material while participating in the clinical education program at Training Site, Training Site agrees to provide the following services:

- Being seen by Training Site's employee health service and/or emergency department as soon as possible after the injury;
- Emergency medical care following the injury;
- Initiation of HBV, Hepatitis C (HCV) and HIV protocol;
- HIV counseling and appropriate testing.

The student will be responsible for the costs of any and all care, testing, counseling, and obtaining necessary follow-up care.

C. The source patient's HBV, HCV and HIV status will be determined by Training Site in the usual manner to the extent possible.

VIII. MISCELLANEOUS PROVISIONS

A. Entire Agreement. This Agreement constitutes the entire agreement between the parties, and supersedes all prior oral or written agreements, commitments, or understandings concerning the matters provided for herein.

B. Amendment. This Agreement may be modified only by a subsequent written Agreement executed by the parties. The provisions in this Agreement may not be modified by any attachment or letter agreement as described elsewhere in this Agreement.

C. Order of Precedence. Any conflict or inconsistency in this Agreement and its attachments will be resolved by giving the documents precedence in the following order:

1. This Agreement;
2. Attachments to this Agreement in reverse chronological order.

D. Governing Law. The parties' rights or obligations under this Agreement will be construed in accordance with, and any claim or dispute relating thereto will be governed by, the laws of the State of Washington.

E. Notices. All notices, demands, requests, or other communications required to be given or sent by School or Training Site, will be in writing and will be mailed by first-class mail, postage prepaid, or transmitted by hand delivery or facsimile, addressed as follows:

- (a) To School:
Central Washington University
400 E. University Way
Ellensburg, WA 98926-7480
- (b) To Training Site:
<<TRAINING SITE NAME>>
Attn: **<<CONTACT NAME, TITLE>>**
<<MAILING ADDRESS>>
<<MAILING ADDRESS>>

Each party may designate a change of address by notice in writing. All notices, demands, requests, or communications that are not hand-delivered will be deemed received three (3) days after deposit in the U.S. mail, postage prepaid; or upon confirmation of successful facsimile transmission.

F. Survival. School and Training Site expressly intend and agree that the liability coverage provisions of this Agreement will survive the termination of this Agreement for any reason.

G. Severability. If any provision of this Agreement, or of any other agreement, document or writing pursuant to or in connection with this Agreement, shall be held to be wholly or partially invalid or unenforceable under applicable law, said provision will be ineffective to that extent only, without in any way affecting the remaining parts or provisions of said agreement.

H. Waiver. Neither the waiver by any of the parties hereto of a breach of or a default under any of the provisions of this Agreement, nor the failure of either of the parties, on one or more occasions, to enforce any of the provisions of this Agreement or to exercise any right or privilege hereunder, will thereafter be construed as a waiver of any subsequent breach or default of a similar nature, or as a waiver of any of such provisions, rights or privileges hereunder.

I. Inspection. Training Site will permit, on reasonable notice and request, the inspection of clinical and related facilities by agencies charged with responsibility for accreditation of School.

J. HIPAA. School voluntarily provides students with training on the requirements of the Health Insurance Portability and Accountability Act (HIPAA). Training Site will provide additional training on Training Site's specific HIPAA policies and procedures. School will direct its students and faculty to comply with the policies and procedures of Training Site. No protected healthcare information (PHI) is anticipated to be exchanged between Training Site and School. Solely for the purpose of defining students' role in relation to the use and disclosure of Training Site's PHI, students acting pursuant to this Agreement are defined as members of Training Site's workforce. However, School's students and faculty shall not be considered to be employees of Training Site.

CENTRAL WASHINGTON UNIVERSITY

<<TRAINING SITE NAME>>

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Appendix 21

Central Washington University - DI Information to Prospective Students and the Public Checklist (Standard 9, Required Element 9.3)

Instructions: Complete the table below indicating where the program's information to prospective students and the public is located and easily accessible to students/interns.

Information to Prospective Students and the Public (Standard 9)	Information Location Include an active website link for each required element (9.3.a-l)
Required Element 9.3: Information about the program must be readily available to prospective students and the public via a website and must include at least the following:	
a. Accreditation status, including the full name, address, phone number, and website of ACEND on the program's website homepage.	a. http://www.cwu.edu/health-science/overview
b. Description of the program, including mission, goals and objectives.	b. http://www.cwu.edu/health-science/overview
c. A statement that program outcomes data are available on request.	c. http://www.cwu.edu/health-science/overview
d. Information about the requirements and process to become a registered dietitian nutritionist (CP, DI, DPD, FDE, IDE)/nutrition and dietetics technician, registered (DT), including education, supervised practice, passage on the CDR credentialing exam and state certification/licensure, if applicable; and how the program fits into the process.	d. http://www.cwu.edu/health-science/overview
e. Cost to student, such as estimated expenses for travel, housing, books, liability insurance, medical exams, drug testing, background checks, verification of student identity (such as for distance learning), uniforms and other program-specific costs/fees, in addition to any institutional fees and tuition.	e. http://www.cwu.edu/health-science/cost
f. Application and admission requirements for all pathways and tracks for which the program is accredited.	f. http://www.cwu.edu/health-science/application
g. Academic and program calendar or schedule.	g. http://www.cwu.edu/health-science/curriculum
h. Graduation and program completion requirements for all pathways and tracks for which the program is accredited.	h. http://www.cwu.edu/health-science/curriculum
i. Availability of financial aid and loan deferments (federal or private), scholarships, stipends and other monetary support, if applicable.	i. http://www.cwu.edu/health-science/cost
j. Computer matching information, if applicable.	j. http://www.cwu.edu/health-science/application
k. Guidance about distance education components, if applicable.	k. NA
l. If students are required to locate their own experiential learning sites/supervised practice sites and/or preceptors, requirements for this must be described.	l. NA

Appendix 22

Central Washington University Dietetic Internship DI and ISPP Policy and Procedure Checklist (Standard 10)

Instructions: Complete the table below indicating where the program’s policies and procedures are located and easily accessible to interns.

Policies and Procedures (Standard 10)	Policy Location Include an active website link, Student Handbook page number, or other institution or program materials
Required Element 10.1	
a. Admission Assessment: Programs must establish criteria to assess intern potential for success in the program.	a) online & Policies & Procedures (P/P) page 1. b,c) P/P page 1. d) P/P page 1, see Canvas assignment “DI Hour Log” for more details
b. Intern Performance Monitoring: The program’s system of monitoring intern performance must provide for the early detection of academic difficulty and must take into consideration professional and ethical behaviors and academic integrity of the intern.	
c. Intern Retention: Interns with minimal chances of success in the program must be counseled into career paths that are appropriate to their ability.	
d. Supervised Practice Documentation: The program must establish procedures for tracking individual intern’s supervised practice hours in professional work settings, simulation, case studies and role playing. Hours granted for prior learning, if given, also must be documented.	
Required Element 10.2	
a. Insurance requirements, including those for professional liability.	All required elements are aligned & labeled according to ACEND Standard 10.2 (a,b,c,d...) and are found within our P/P document (on Canvas or hard copy provided)
b. Liability for safety in travel to and from assigned areas.	
c. Injury or illness while in a facility for supervised practice.	

d. Drug testing and criminal background checks, if required by supervised practice facilities.	
e. Requirement that interns doing supervised practice must not be used to replace employees.	
f. When interns are paid compensation as part of the program, policies must be in place to define the compensation practices.	
g. The process for filing and handling complaints about the program from interns and preceptors that includes recourse to an administrator other than the program director and prevents retaliation. The program must maintain a record of intern complaints for a period of seven years, including the resolution of complaints.	
h. Process for submission of written complaints to ACEND related to program noncompliance with ACEND accreditation standards after all other options with the program and institution have been exhausted.	
i. If the program grants credit, supervised practice hours or direct assessment for interns' prior learning, it must define procedures for evaluating equivalence of prior education or experience. Otherwise, the program must indicate that it has no policy for assessing prior learning or competence.	
j. Formal assessment of intern learning and regular reports of performance and progress.	
k. Program retention and remediation procedures; interns must have access to remedial instruction such as tutorial support.	
l. Disciplinary/termination procedures.	
m. Graduation and/or program completion requirements for all tracks and pathways including maximum amount of time allowed for completing program requirements in place at the time intern enrolls.	
n. Verification statement requirements and procedures ensuring that all interns completing requirements established by the program receive verification statements.	
o. Programs using distance instruction and/or online testing must employ strategies to verify the identity of an intern.	
p. Withdrawal and refund of tuition and fees, if applicable.	
q. Program schedule, vacations, holidays and leaves of absence.	
r. Protection of privacy of intern information, including information used for identifying interns in distance learning.	

s. Intern access to their own intern file.	
t. Access to intern support services, including health services, counseling and testing and financial aid resources.	