



# **Dietetic Internship Student Handbook 2020-2021**

Department of Nutrition Services

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## **WEST VIRGINIA UNIVERSITY HOSPITAL DIETETIC INTERNSHIP**

### **Mission and Accreditation**

WVU Medicine's mission is to improve the health of West Virginians and all we serve through excellence in patient care, research and education. Equally important, WVU Medicine is committed by law and philosophy to be the primary clinical site for the education and research programs of the West Virginia University Robert C. Byrd Health Sciences Center.

The Dietetic Internship Program at WVU Medicine is designed to prepare entry-level generalist dietitians for employment in current and future roles with an emphasis on medical nutrition therapy. The program should enable the student to recognize the continuous changes in the profession of dietetics and in the realm of healthcare. The provision of an educational environment that is stimulating to the student and effective in providing professional growth is the intent of this internship.

The West Virginia University Hospitals Dietetic Internship Program is administered by the Department of Nutrition Services of WVU Hospitals, which is the teaching hospital of WVU. These both work in conjunction with the Robert C. Byrd Health Sciences Center Medical School.

WVU Hospital's Dietetic Internship (DI) is a post-baccalaureate program providing students with the supervised practice experience required for eligibility to become a Registered Dietitian. This would then qualify you for Licensure in the state of West Virginia.

The West Virginia University Hospitals Dietetic Internship Program is granted accreditation status through 2024 by:

Accreditation Council for Education in Nutrition and Dietetics  
The Academy of Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2000  
Chicago, IL 60606-6995  
1-800-877-1600 ext. 5400

## **Program Goals and Outcome Measures**

### **Goal #1 - To train highly qualified entry-level dietitians who are competent to practice medical nutrition therapy in a variety of positions.**

- At least 80% of program students complete program requirements within 15 months (150% of program length).
- 90% of program graduates who respond will indicate they took their CDR credentialing exam for dietitian nutritionists within 12 months of program completion.
- 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 dietitians nutritionists is at least 80%.
- 90% of graduates will give a score of a "3" or higher reflecting feeling competent, qualified and confident when starting their first job 12 months after completing the DI.
- Employers will rate the student graduates an average of "3" or higher on a 5 pt scale for performance compared to other entry-level graduates they have hired 12 months after completing the DI.
- Of graduates who seek employment, 90% of graduates who respond will be employed in a nutrition/dietetics-related field within 12 months of graduation.

### **Goal #2- The program will foster a commitment to life-long learning and service to the profession.**

- 50% of graduates who respond to the survey will indicate they are actively participating in their local and/or state dietetic association 12 months after completing the DI.
- 50% of graduates that respond will indicate they are a member of a Dietetic Practice Group of the Academy of Nutrition and Dietetics 12 months after completing the DI.
- 50% of graduates who respond will indicate they plan on furthering their education or obtaining an advanced certification 12 months after completing the DI.

## General Program Schedule and Length of Program

<u>Rotation</u>	<u># of Weeks</u>	<u># of Hours</u>
Orientation	1	40
<b><u>Administration</u></b>		
Retail-Catering	1	32
Patient Services/Production/Café	4	128
Administrative Project	1	32
<b>TOTAL:</b>	<b>6</b>	<b>192</b>
<b><u>Clinical</u></b>		
Oncology/BMTU	2	64
Cardiology/CVICU	2	64
Pediatrics/Obstetrics	2	64
PICU	2	64
NICU	1	32
Neurology	2	64
MICU/Medicine	2	64
Surgery	2	64
Trauma	2	64
Encompass Rehab Hospital	1	32
Clinical Staff Relief	2	80
<b>TOTAL:</b>	<b>20</b>	<b>656</b>
<b><u>Community</u></b>		
Bariatrics	1	32
Cystic Fibrosis	1	32
TBD outpatient rotation	1	32
Outpatient cancer center	1	32
Peds Adolescent clinic	1	32
Kid's Fair/National Nutrition Month	variable (4-6 days)	?
Public Health (WIC)	1	32
Diabetes Center	1	32
Fairmont State	1	32
Family Medicine	1	32
<b>TOTAL:</b>	<b>13</b>	<b>320</b>
Week of Choice	2	64
Class (2 days of class week of WVAND)	~31 days	186
State Dietetic Association (WVAND)	2 days	16
<u>Total for Internship</u>		<b>1,474</b>
<b>Supervised practice hours</b> (removing class days, orientation and state meeting)		<b>1,232</b>

## Dietetic Internship Calendar

Orientation	September 14-18, 2020
Holidays:	
Thanksgiving	November 26-17, 2020
New Year's Day	January 1, 2021
Memorial Day	May 21, 2021
Vacation Days	December 21-25, 2020
Easter Sunday	April 4, 2021 April 5-9 2021
WVAND Spring Meeting	TBD
Kid's Fair	TBD
Graduation	June 18, 2021

## Descriptions of Rotations

Students rotate individually through each experience and are one-on-one with each preceptor. The internship is a 40+ hour per week experience with ~ 2-3 hours each night devoted to projects, homework, etc. Maintaining employment outside the internship is discouraged due to the time commitment required. The internship is 41 weeks in length which includes 2 weeks of vacation.

General and Clinical Orientation – first week of the internship. The WVU MEDICINE Registered Dietitians provide power point lectures on all of the basic clinical topics and assessment techniques, tours of the facility, etc.

Rotation Schedule – students spend 4 days per week (Monday-Thursday) in their rotations from September through February. During March all Fridays are spent conducting National Nutrition Month activities in the community. During April and May the majority of Fridays are spent in rotations except for an occasional class day which will be planned in advance.

Student Classes - Fridays (Sept.-Feb.) are reserved for class. A variety of activities are scheduled to help students develop the skills and knowledge needed to complete each rotation and to be successful after graduation. Each Friday begins with "Morning Discussion" where each student is given time to discuss the experiences they had that week. Students are also assigned journal articles to critique, projects and mini-case studies to review, cardiac recipe modifications and clinical case study presentations. In addition to these activities, the clinical dietitians on staff teach classes on various topics. We also schedule a

variety of speakers from other disciplines both internal and external and arrange tours of Foodservice plants and local dairy farms.

### **Clinical Rotations:**

Students will rotate individually through each rotation and work under the supervision of the Registered/Licensed Dietitian (RD/LD) that covers those units. During the clinical rotations, students will begin with introductory learning experiences such as cardiology and progress to more complex ones such as critical care as they complete each rotation. The students first learn the basic skills for clinical nutrition care of hospitalized patients. Students will master skills in reading medical records, gathering and analyzing nutritionally relevant data, and generating a complete nutrition assessment for individual patients. The students will also develop care plans, implement nutrition interventions and monitor patient progress. Students will chart using the Nutrition Care Process. WVU Medicine is a Level 1 Trauma center for adults and one of only 21 verified Level 2 pediatric trauma centers in the United States; therefore will provide the opportunity for unique clinical learning experiences not found in other facilities. Because WVU Medicine is a teaching hospital, there are always opportunities to observe surgeries and procedures related to clinical rotations. Past students have observed gastric bypass, ENT and various cardiac surgeries and procedures. Students are also able to observe feeding tube placement, modified barium swallow studies and work with our wound care nurses.

MICU/Medicine - (2 weeks) –Students spend time in the Medical Intensive Care Unit rounding with the healthcare team and calculating enteral and parenteral nutrition support of high-risk patients. The student will review and interpret current research regarding the application and implementation of nutrition support in the ICU. In addition students will be exposed to a variety of medical conditions ranging from Diabetes to Cystic Fibrosis and Renal disease on one of the medicine floors.

Oncology/Blood and Marrow Transplant Unit- (2 weeks) – Students will learn the nutritional care of patients receiving blood and marrow transplants and have exposure to a variety of other cancer treatments and research. Students will also participate in interdisciplinary team rounds.

Cardiology - (2 weeks) – Students will learn the nutritional care of cardiology patients including those in CVICU. Students will have experience in counseling, education and also nutrition support in the ICU units.

Neuro Critical Care Unit, Neurology Service, 10E-Stroke unit,, ALS clinic – 2 weeks. In addition our Neurology unit houses our Joint Commission certified Stroke Center. Students will work closely with Speech Therapists to learn about nutrition care plans for patients with neurological disorders.



NICU - (1 week) – Students will be able to participate in the nutritional care of newborn infants born with medical and surgical problems in our 42 bed Level III unit. Many of their problems place them at nutritional risk resulting in complicated nutritional management. Students will round with the healthcare team daily and learn to calculate neonatal formulas along with enteral and parenteral nutrition support. This is a unique learning experience and will provide the student with opportunities to learn about multiple neonatal medical conditions and work with nurse practitioners.

Pediatrics - (2 weeks) – Students will work with the RD/LD in our Level 2 pediatric trauma center and gain experience with infants, children and adolescents.

PICU/Pediatric Hematology and Oncology- (2 weeks)-Students will experience rounding daily in Pediatric Intensive Care Unit, calculating infant formulas, plotting growth charts, learning basic physical assessment, and calculating enteral and parenteral nutrition support.

Surgery Service - (2 weeks) – The students rotate on the surgical floor and also in the Surgical Intensive Care Unit. They round with the dietitian and healthcare team daily with the goal of mastering the nutrition support and care of the critically ill population. Students are also taught how to complete comprehensive nutrition interventions including how to interpret metabolic cart results, calculate enteral/parenteral nutrition support, calculate the osmotic load of parenteral nutrition and how to monitor and adjust electrolytes.

Trauma Service/Medicine - (2 weeks) –The students will round with the Trauma team and learn about the nutritional care of these patients and learn how to complete nutritional care plans on high-risk patient units.

Clinical Staff Relief - (2 weeks) – Once all of the clinical rotations are completed successfully, students are provided with an opportunity to perform autonomously as a clinical staff dietitian including carrying the beeper, rounding with the healthcare team and being “on-call” one weekend. The student is expected to use time management and problem solving skills developed during previous clinical rotations to complete nutritional care plans on patients and demonstrate competence as an entry-level dietitian. Students are given a choice of the area of interest within our facility excluding ICU’s and their work is monitored by the Dietetic Internship Director and the preceptor for that unit.

Encompass Rehabilitation Hospital - (1 week) – This facility provides students experience in the continuum of care from acute care to rehabilitation. The students will work as part of the multidisciplinary team providing appropriate nutritional care including calorie counts, supplementation, modified diets and enteral/parenteral nutrition.

**Administrative rotations** are assigned to expand knowledge and provide opportunities to apply principles of management in a food service operation. During these rotations the student is exposed to ordering and receiving systems, production forecasting, materials management, personnel management, employee in-services, customer service issues and cafeteria operations.

Administrative Project- (1 week)- each student will complete a project in nutrition service management and submit a report which includes: Define problem, Detail effects, Research history of problem, Research and identify alternatives, Analyze alternatives, Recommend solution and how to implement, Evaluation if possible

Retail- (1 week)—spend one week with our Catering manager and create a catered meal special that can be added to the regular catering menu.

Patient Services - (4 weeks) – spent with our Patient Services Manager, Retail Manager and Executive Chef. During this time the student learns all aspects of the foodservice department from inventory to ordering and billing. They also learn all aspects of food safety and sanitation including HAACP standards. The student plans and executes a complete cafeteria special--they choose the theme. (includes pricing, recipe modification and ordering all entrees, grill items, self-serve bar items and desserts) Students also create a survey to evaluate their special and analyze the results. All information is included in their folder at the end of the rotation.

**Community rotations** are designed to give the student exposure and experiences to the role of dietitians involved in various community programs.

Bariatric Clinic (1 week) – In the Bariatric clinic students will learn how to develop nutrition care plans for patients before and after bariatric surgery.

Cystic Fibrosis - (1 week) – In the CF clinic students will learn how to deal with the unique nutritional needs of the CF patients.

Adolescent/Pulmonary Clinic (1 week) – In these clinics students will learn how to deal with the unique needs of the adolescent and pulmonary patients.

Diabetes Education Center - (1 week) – Students will have the opportunity to work with the CDE, RD, LD and nurse educators to provide diabetic education for outpatients. They will also participate in billing of MNT services.

Fairmont State University - (1 week) – Students will have the opportunity to work with several RD/LD's in the university setting. They will prepare lesson plans, teach classes and also work with the director of the WV Child Nutrition Program helping plan programs and state meetings.

Public Health (WIC) - (1 week) – Students are given the opportunity to become familiar with the WIC organization and learn the eligibility requirements and referral procedures for WIC patients. The student will observe the role of the RD/LD in selecting and counseling patients including prenatal, postpartum, and pediatric education both in a group and individual setting.

Outpatient Cancer Center - (1 week) – Students will have the opportunity to work with the RD/LD's assessing and educating patients with different complications relating to their cancer and/or treatment.

Outpatient Family Medicine – (1 weeks) – Students will have the opportunity to work with the RD/LD who is also a CDE (Certified Diabetes Educator) working with outpatients, weight loss programs, Head Start and the Patient Centered Medical Home program.

**\*\*\*Due to the current uncertainty surrounding the COVID-19 pandemic, rotations are subject to be modified and/or changed to reflect current needs and regulations.**

### **Program Schedule**

During orientation the students will receive a detailed program schedule, which will include supervised practice assignments and preceptor contact information. **It is the responsibility of the student to contact all preceptors 1 week prior to starting each rotation.** A list of preceptor names and phone numbers will be provided in the syllabus during orientation.

### **Program Costs**

The itemized list of potential expenses below is estimate and subject to change. Please realize the amount will vary according to situation.

Application Fee	\$50.00
D & D Digital Fee	\$50.00
Tuition	\$5,000.00 in state, \$5,500.00 out of state
Books*	\$70.00
Educational Supplies*	\$25.00
Room and Board*	\$6,000.00
Transportation/Gas*	\$2,000.00
Misc. (Prof meetings, some meals)*	\$1,500.00
Lab Coats* (optional)	\$50.00
Solid surface non-skid shoes	\$40.00 (required dress code)
Scrubs (optional) per set	\$30.00

Food Handler's card	\$10.00
<b>AND student membership**</b>	<b>\$49.00</b>
<i>** (DI 2.10 Serve in professional and community organizations)</i>	
Medical Insurance*	varies
 Total	 <b>~\$15,375.00*</b>
(*approximate cost)	

## **Program Completion Requirements**

At the completion of the 41-week Dietetic Internship program, the Internship Director will consider all evaluations in verifying successful completion of the program.

1. For successful completion of the internship:
  - A. Student must have satisfactorily completed all rotations or repeat of rotations.
  - B. Student must have earned at least an 80% on all homework assignments, either initially or through repeat/additional work.
  - C. Student must have demonstrated satisfactory written and oral communication skills as well as an appropriate degree of professionalism throughout the program as evidenced by satisfactory unit experiences in the above areas, by mid-year and end-year evaluation by the Dietetic Internship Director in conjunction with informal observations throughout the internship.
  - D. Student must have a score of 90% on the Clinical Case Study, satisfactory scores on Administrative Project, and National Nutrition Month activities.
  - E. Student must have made up any time missed in excess of the 3 personal days
  - F. Student must have demonstrated entry-level competence in the performance of Clinical Staff Relief near the end of the internship.
  - G. Students must complete all requirements of the dietetic internship within 15 months of the enrollment date.
2. If the above criteria are not met at any time during the program, the student cannot graduate and therefore will lose eligibility for any further financial aid if applicable. (see termination policy)

Provided the above requirements are met, five copies of the verification statement will be given to the student at the graduation ceremony.

### **WVU Medicine Policies**

The DI program adheres to all WVU Medicine policies found in their entirety on their website. Several pertinent policies are highlighted below.

## **DRESS AND APPEARANCE**

### **SCOPE All West Virginia University Health System (WVUHS) Entities**

#### **PURPOSE**

The Dress and Appearance policy is intended to establish standards of appropriate dress, appearance and grooming to promote staff, patient and visitor safety; avoid staff, patient and visitor distractions; assist in identifying roles; portray a professional image; and foster trust and confidence in the care provided.

#### **POLICY**

WVUHS has established standards for dress, grooming, cleanliness and appearance as they are important in healthcare services. A well-groomed employee with a professional appearance immediately creates a favorable impression of the services provided at WVUHS. Patients, families, accrediting agencies, and local health care authorities rightly expect that strict standards be maintained for safety and infection control. Employee dress and appearance should not be perceived as a distraction to our guests, visitors, fellow employees or patients.

Staff members are accountable for compliance with the standards in this policy and any department, unit or location standards. WVUHS reserves the right to ask employees improperly dressed to go home to change clothing or alter his/her appearance, with loss of pay for the time off duty. Repeated offenses of the Dress and Appearance policy will result in progressive corrective action.

All levels of management, including department managers, supervisors and leads, are responsible for teaching, role modeling, and enforcing the Dress and Appearance policy. Failure to do so will result in progressive corrective action.

More specific or detailed guidelines may be developed by department directors to address job assignment, special circumstances, safety, training and/or patient

care issues. Any department guidelines are to be consistent with WVUHS policy. When required by operations, some departmental policies may be stricter than WVUHS policy. To the extent that they differ from WVUHS policy, departmental, unit or location policies are to be approved by the applicable Vice President and Director of Human Resources or designee. Any employee in an off-site location must comply with this policy when performing duties in a WVUHS hospital location.

Exceptions to this policy are allowed on special occasions as defined by each entity and approved by the entity Director of Human Resources or designee in consultation with the entity Chief Executive Officer.

#### **A. Definitions:**

1. "Non-Patient Care Areas" means administrative or non-clinical areas that do not provide patient care.

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2. "Patient Care Areas" means nursing units, outpatient clinics or clinical administrative units where clinical duties are performed.

3. "Staff Members" means WVUHS employees, Volunteers, Visiting Clinicians, Students/Faculty, Vendors and all others that represent WVUHS.

### **GUIDELINES**

#### **A. Identification Badge**

An approved identification (ID) badge must be worn in a location that is above the waist at all times while working. The employee name and photo must be visible. Badges must be free of stickers, pins, or other items that may obstruct the picture or name.

An employee may request that only his/her first name or a preferred first name appear on the ID badge by completing a request form available in the Human Resources Department and maintained in his/her personnel file.

Employees are required to pay a replacement fee for lost badges as determined from time to time by each Hospital or organization.

#### **B. General Grooming, Hygiene and Attire**

Staff are required to use necessary precautions with regular bathing, use of deodorants, and good dental hygiene to avoid offending patients and co-workers

with body odor or bad breath. Clothing must be reasonably fitted, modest, clean, neat, in good repair, stain and wrinkle-free, and allow for comfortable ease of movement.

#### C. Hair

Hair should be kept neat, clean, and pulled back if necessary. Extremes in dyeing, bleaching, coloring, and styling are not permitted.

Beards and mustaches must be properly trimmed, well maintained, and clean.

Staff providing patient care must comply with Infection Control policies.

#### D. Footwear/Hosiery/Socks

Safety, professionalism, quietness, and appearance are the main considerations for footwear. Staff members are to be in compliance with departmental policies when working in that area while on duty. All footwear must be clean and intact.

1. In patient care areas, footwear must cover the toes of the foot and must cover the heel or have a back lip or strap to prevent accidental slip-offs, not be of canvas material, have a non-skid sole and be less than two inches (2") in sole and heel height. Tennis shoes and solid "croc-like" shoes are permitted.

2. In non-patient care areas, professional looking shoes with non-skid soles are to be worn. Shoes should have a covered heel, have a back lip, or strap to prevent accidental slip off. Peep-toed or open-toed shoes and "croc-like" shoes are permitted in administrative or non-clinical areas. Flip-flops or beach style sandals are not permitted.

#### E. Fragrances and Odors

Light-scented cologne, perfume, lotion or aftershave is permitted. Avoid strong perfume and cigarette odor since some patients and staff members may be sensitive.

#### F. Gum Chewing

Staff members will refrain from chewing gum when conducting business with customers or providing patient care.

#### G. Hats

Hats are not permissible unless part of the uniform specified by department policy or when used for religious, professional, or medical reasons.

## H. Hoodies and Sweatshirts

Hoodies and zip-up sweatshirts are not permitted. Staff members may wear a hospital-approved fleece from the specified vendor unless not allowed by department dress code.

## I. Holiday/Seasonal Attire

Seasonal holiday clothing (tops, socks, and ties) must be consistent with overall appearance standards and approved by the department director.

## J. Jewelry and Accessories

A maximum of three (3) modest earrings per ear and a maximum of one (1) nose piercing may be worn. A nose piercing can only be a stud and cannot be larger than 2 mm in diameter. Some departments may require the visible stud to be flesh colored.

Items such as heavy necklaces, dangling earrings, or any personal embellishment that pose a significant risk of entanglement or other potential safety risks are not allowed.

## K. Nails

Employees providing direct patient care cannot wear artificial nails, should keep their natural nails no longer than a quarter inch (1/4") past the end of their fingers, and ensure that nail polish, if worn, is free of chips and cracks.

All staff must keep fingernails neat and trimmed. Polish should be worn in good taste and not chipped. Natural nails should be of reasonable length (1/4" beyond fingertip).

## L. Off-Site Events

Dress at off-site events is to be consistent with this policy and the nature of the event. An employee is to consult with his/her supervisor before attending any off-site work related event to ensure that dress and appearance is appropriate.

## M. Tattoos and Body Alterations/Piercings

Tattoos deemed inappropriate or too large by department management will be required to be covered during work hours. No visible piercings are permitted other than a nose stud as defined above. Any piercings other than those allowed must be removed or covered while on work time.



Other abnormal body alterations such as scarification, branding, or large gauges are not permitted. Department management may approve solid modest gauges or may require the use of flesh-colored covers.

#### N. Attachments, Adornments and Buttons/Pins

Staff members are not permitted to use any electronic or battery devices in any public area that may be seen by patients unless such device is required for them to perform the work assigned to their position. Examples of prohibited devices include ear buds, blue tooth devices, and headsets.

Cloth or cloth-like materials that cannot be disinfected properly between each patient use, patient exposure or that were exposed to the environment of the patient's room are prohibited. Examples may include, but are not limited to: fanny packs, stethoscope covers, personal caddies, backpacks, and absorbent lanyards.

Service recognition, certification and school pins may be worn, but not attached to the badge.

Buttons or pins expressing political candidate, party preference and/or political action messages attached to visible outer garments or clothing, are not permitted to be worn while working.

#### O. Undergarments

Appropriate underclothing is required and must be a color undetectable through outer clothing.

#### P. Staff Without Uniform Requirements

Where uniforms are not required, clothing must be business appropriate. The following are not permitted:

1. Skirts/dresses shorter than three inches (3") above the knee
2. Shorts and skorts
3. T-shirts, tank/tube tops, exposed midriffs
4. Capri or crop pants unless they cover the calf of the leg
5. Spandex, yoga pants, athletic wear pants and/or sweatpants, running or jogging suits
6. Denim jeans of any color

7. Untucked shirts and blouses designed with shirt tails unless designed to be worn on the outside

8. Sweatshirts

Q. Staff With Uniform Requirements

Uniforms may be required, including specific colors associated with departments and roles, especially in direct patient care or clinical areas. These colors are approved and coordinated by the Director of Human Resources or designee.

White lab coats are permitted to be worn by clinical staff and must follow brand standards.

Consult entity and applicable department dress codes for detailed information about uniform requirements.

R. Special Days/Sporting Events

Exceptions to this policy when a local event occurs (e.g. football games, entity sponsored charity events) to allow for the wearing of West Virginia University or WVUHS T-shirts or polo shirts may be made at the entity level.

## **Behavior Standards**

West Virginia University Hospitals (WVU Medicine) is committed to fostering an environment that promotes responsibility, teamwork, cooperation, professional behavior, and customer service. This is a shared responsibility where all employees and supervisors play an active role.

When an employee has performance issues that he or she is unable or unwilling to improve, corrective action/discipline or other appropriate action may be taken including, but not limited to, modification of the assignment, probation or termination.

## **B. VIOLATIONS**

Behavior that deviates from WVU Medicine's Performance Expectations compromises the health, safety and well-being of patients, customers, other staff members and our organization at large. Certain actions and behaviors will constitute serious violations of our Performance Expectations and will warrant discharge from internship or a final warning with probation.

1. Willful intent to falsify information or to withhold information on an internship application, health assessment, or any act of dishonesty regarding hospital business.
2. Unauthorized use or disclosure of the confidential or proprietary information of the hospital or any use or disclosure of patient information which violates hospital policy.
3. Reporting for internship in a condition not fit for duty due to the use or abuse of alcohol, drugs, prescription medicines or other controlled substance.
4. Possession of alcohol or illegal drugs or drug paraphernalia while on duty or on Hospital premises.
5. Theft of Hospital property or the property of another employee, student or patient.
6. Refusal to follow appropriate directives or instructions from supervisory personnel; intentional failure to perform assigned work; sleeping while on duty.
7. Possession of firearms, explosives or concealed weapons on the Hospital's premises.
8. Willfully misusing, destroying, or damaging Hospital property or the property of a patient, visitor or other employee.
9. Fighting, threats of bodily injury, the use of abusive or threatening language (which may include profanity or gestures) or intimidating or unwelcome verbal or physical behavior involving or directed toward a patient, visitor or other employee, including physical or verbal harassment in violation of anti-discrimination laws.
10. Refusal to cooperate with any hospital investigation or audit involving a security, legal, compliance or other business or operational matter affecting the hospital.
11. Intimidating behaviors such as verbal outbursts, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Such behaviors include the reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation, impatience with questions.

12. Any retaliatory action against person reporting behaviors that undermine a culture of safety.
13. Any other willful act or conduct detrimental to patient care or Hospital operation.

### **Background check**

West Virginia University Hospitals has a strong commitment to the safety and health of its patients and will comply with rules, regulations and guidelines as set forth by federal and state governments/or agencies.

**All dietetic students** of WVU Medicine will be screened for past criminal background behavior as a condition of internship. When determining internship requirements at WVU Medicine, criminal misconduct discovered as the result of a criminal background check involving theft, violence, sexual misconduct, embezzlement, perjury, alcohol or drug related offenses or other similar offenses, will be strongly considered in light of the requirements of the internship. Supervised practice facilities have the right to refuse students entrance based on results of the background check.

### **TB test, MMR, Varivax/Chicken Pox verification**

All employees, volunteers, residents and students must provide proof of recent TB test (within the past 30 days), MMR vaccine and either Varivax vaccine or proof of Chicken pox documentation to employee health. If recent test results are not available, employee health will provide either a titer for MMR or the vaccine. TB tests and Varivax vaccine are also available through employee health. Healthcare workers are also given the opportunity to receive the Hepatitis B vaccine series and the Flu vaccine. (decline of flu vaccine requires written documentation to be kept by employee health)

### **Standard Precautions Training/HIPAA Training/CAPR training**

Students will participate in an in-service training regarding OSHA regulations related to universal precautions and blood borne pathogens during program orientation.

They will also complete mandatory Computer Based Learning Modules (CBL's) on HIPAA patient confidentiality, life safety, hospital standards and regulations and all modules specific to The Joint Commission standards.

## **Policies Specific to Dietetic Internship**

### **Academy Membership Requirement**

Students will be required to have active student membership in the AND and will be responsible for paying membership fees prior to the start of the program. In addition, we request that students change their affiliation to West Virginia during their time in the internship.

### **Dietetic internship Application/Statement of EOE**

The Dietetic Internship program follows the equal opportunity policy of West Virginia University Hospitals in its application, admission, and operational policies and procedures. Individuals applying to and/or accepted into the program will not be discriminated against on the basis of race, religion, color, national origin, ancestry, age, sex, disability, or veteran status.

Application for consideration of an appointment to the Dietetic Internship Class shall be postmarked by February 15<sup>th</sup> (unless a different date is specified by AND/CDR) for the September class.

### **Academic Dishonesty**

#### **POLICY**

Students enrolled in the Dietetic Internship program at West Virginia University Hospitals are expected to demonstrate integrity and ethical behavior in all aspects of their education and professional careers. Dishonesty in the didactic and clinical environment is a direct violation of the professional code of ethics and will result in disciplinary action and possible dismissal from the program. Students should be aware of the fact that violations relating to ethical and/or dishonest behavior may result in them being disqualified from practicing in their respective field.

#### **PROCEDURE**

Academic Dishonesty is defined to include any of the following:

1. Plagiarism: Submitting for credit, without proper acknowledgment, written or oral material that has been knowingly obtained or copied in whole or in part from another individual's academic composition, compilation, or commercially- prepared papers.
2. Fraudulent and dishonest practices in connection with evaluation mechanisms including but not limited to:

- a. Obtaining unauthorized assistance, materials or knowingly giving unauthorized assistance to another student during clinical case study preparation, homework, or any other applicable projects.
3. Forgery, misrepresentation or fraud:
    - a. Forging or altering any official educational record or document.
    - b. Forging or altering any official medical record or document.
    - c. The use of programmatic or institutional documents or data with the intent to defraud.
    - d. Presenting false data or intentionally misrepresenting one's records for admission, registration or withdrawal from the program.

#### Program Officials / Faculty Responsibility:

Although the responsibility for ethical behavior lies with the student, program officials should structure their evaluation mechanisms so as to avoid the potential for academic or clinical dishonesty. Program officials should provide guidance to all program preceptors regarding their responsibility for monitoring evaluation processes and documenting any suspected occurrences of dishonesty. All preceptors should use care in observing and verifying the specifics of a potential allegation so as to assure that factual information is documented and a student is not falsely accused.

#### Disciplinary Action / Due Process

Students involved in any unethical or dishonest practice are subject to disciplinary action. Please see Policy (Termination/Disciplinary Action) for specifics. All students are afforded due process when disciplinary action is invoked.

Please see Termination/Discipline Policy for specifics.

### **Dietetic Student Appointment**

The Dietetic Internship Program is accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of The Academy of Nutrition and Dietetics.

1. Eight (8) Dietetic Students can be appointed to the program each April, following the guidelines specified by The Academy of Nutrition and Dietetics.
2. The program begins in September, on Monday either one or two weeks following Labor Day.

## **Assessment of Prior Learning**

WVU Hospital Dietetic Internship does not grant credit for prior learning.

## **Attendance at Professional Activities**

The students will attend the following activities.

### **A. State Dietetic Association Meeting**

State Dietetic Association meetings occur once a year, in the spring. Students will be required to attend the meeting. Students are required to pay any personal expenses incurred when attending this meeting, such as meals outside of the ones provided during meeting time, travel to and from the meeting and any personal phone calls.

### **B. WVU Medicine Kid's Fair**

The Children's Hospital hosts a Kid's Fair yearly, usually in the spring on a Saturday. Students will be required to create an educational handout or activity and also and man the booth.

### **C. Grand Rounds**

WVU Medicine Health Science Center offers Grand Rounds on a weekly basis and provides the opportunity to gain knowledge and skills in a variety of topics including nutrition-related. Students who are in rotations in Ruby or the HSC are encouraged to attend these lectures especially when the topics are nutrition-related.

## **Cell Phone Use by Students**

It is the policy of WVU Medicine and the Nutrition Services Department that personal cell phones are not allowed to be used during work time. This includes making or receiving calls, texting and checking voicemail. Personal cell phones may be used during break times or outside of work times.

## **Complaint Procedure**

### ***POLICY***

If a Dietetic Student/group of Students or preceptor desires to file a complaint with respect to the Dietetic Internship Program they must follow the outlined procedures. At no time will there be retaliation to any party submitting a complaint. All information will be kept confidential.

### ***PROCEDURE***

- A. A Dietetic Student/group of Students or preceptor having a complaint with respect to the Internship Program should first discuss the complaint with the Internship Director.
  1. The Internship Director will make arrangements to meet with all parties involved regarding the complaint.
  2. The Internship Director will make a decision in regards to the complaint.
  3. If the situation can be resolved at this step, it will be complete and the information will be kept on file for 1 year.
  
- B. The decision regarding the complaint may be appealed by submitting in writing information specific to the complaint to the Director of Nutrition Services within five working days.
  1. The Internship Director will submit a copy of the decision above within five working days after the complaint has been submitted to the Director of Nutrition Services.
  2. A decision by the Director of Nutrition Services will be made in five working days upon receipt of all information. Documentation of this step will be kept on file for 1 year.
  
- C. The decision may be appealed by the student/preceptor by submitting the complaint to the Hospital Administration (Vice-President over Support Services) in five working days after the decision of the Director of Nutrition Services.
  1. The Director of Nutrition Services will submit all information regarding the complaint within five days.
  2. The complaint will be reviewed and decision made within five working days upon receipt of all information.
  3. This decision will be considered final. Documentation will be kept on record for 1 year.



## **Confidentiality of Student Records**

All students' records are confidential and are maintained in a locked file. Dietetic Students have access to individual information in their files, which has accumulated during the program as long as the Internship Director is present. The Dietetic Student does not have access to materials submitted in the application packet, i.e. letters of recommendation and transcripts.

## **DI Evaluations Policy**

The Dietetic Students will be evaluated by the Clinical Instructor from the assigned unit and have an opportunity for self-evaluation during each unit experience.

## **Educational Purpose of the Dietetic Internship**

### ***Policy***

The internship provides the ~~Provides~~ for the achievement of performance requirements for entry-level dietitians through a minimum of 1200 hours of supervised practice. The program follows completion of the Didactic Program in Dietetics and a Baccalaureate degree. It provides the resources necessary for education and training to qualify students for responsibilities as an "entry level" generalist dietitian with added emphasis in Medical Nutrition Therapy and qualifies you to sit for the national registration examination through The Academy of Nutrition and Dietetics Commission on Dietetics Registration. Once students complete the program they are eligible to obtain provisional licensure through the West Virginia Board of Licensed Dietitians and then professional licensure once they pass the national registration examination.

The dietetic internship at WVU Hospital is accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND), the AND's accrediting agency for educational programs to become a RD or DTR.

The ACEND educational standards are developed and accepted by practicing dietetics and nutrition professionals nationwide.

It means that the programs will provide the knowledge, skills and/or competencies you need for entry into the dietetics profession.

Only graduates from an accredited/approved academic program (DPD) are able to apply for accredited dietetic internships (DI) leading to the RD examination.

Only graduates from an accredited DI or Coordinated Program are able to take the RD exam.

### ***PROCEDURE***

During the program students will gain experiences in 24 different rotations.

During some rotations students will be required to perform work similar to that of an employee for educational purposes only. At no time are students considered

employees or “relief” employees to take the place of paid employees during their time in the program. Any instances of a student being asked to replace an employee should be reported to the internship director and immediate action will be taken. (see complaints policy)

## **Evaluation of Assignments**

Students will be evaluated regularly throughout the course of the internship including formal and informal evaluations with each rotation/planned experience. They are expected to complete all assignment/objectives in a satisfactory manner. If an student does not perform in a satisfactory manner either on assignments or overall performance and professionalism, appropriate disciplinary steps will be taken including but not limited to probation and termination.

The Internship Director will have oral and written evaluations with the students during the internship; Mid-year and end-year. The Internship Director will also set up any extra sessions with students at other times during the year to check on their progress. If the student is not performing satisfactorily they will be asked to repeat a week in that area which would forfeit either vacation, week of choice or delay graduation as to not take away from other internship experiences. Further counseling sessions and a probationary period will be used at this point. The Director and the preceptors involved will meet with the student for formal counseling. Documentation of all formal counseling sessions will include a written summary listing specific problems, proposed corrective action with dates for completion, terms of probation and assignments.

### Student Probation:

The probation period will not exceed four weeks, and will have the following stipulations:

- a. The student will be notified in writing of the probationary status.
- b. During the period of probation, the student will be given every opportunity to correct the deficiencies. The student will meet regularly with the Internship Director. A record of these counseling sessions including the issues covered and the corrective action will be maintained.
- c. The student cannot graduate from the program during a period of probation.
- d. The student cannot participate in an affiliation during a period of probation
- e. The student will be terminated from the program if they receive any additional “Unsatisfactory” or “Needs Improvement” rating during this probationary period.

## **Graduate Credit and Outside Employment**

Dietetic Students may enroll in a graduate program or seek outside employment in off-duty time as long as it does not interfere with their rotation schedules.

## **Grievance Procedure**

If a Dietetic Student or group of Students desires to file a grievance with respect to the Dietetic Internship Program they must follow the outlined procedures.

- D. A Dietetic Student or group of Students having a grievance with respect to the Internship Program should first discuss the grievance with the Internship Director.
- E. The decision of the grievance may be appealed by submitting in writing the grievance to the Director of Nutrition Services within five working days.
- F. The decision may be appealed by the student by submitting the grievance to the Hospital Administration (Vice-President over Support Services) in five working days after the decision of the Director of Nutrition Services.

## **Miscellaneous Time-Vacation, Personal, Emergency Leave, Late/Early Quit Policy**

Each student is allotted three personal days during the year. It is highly encouraged to use personal days for situations such as illness, family emergency or interviews. Once the days are used any time missed beyond the 3 days must be made up prior to graduation. Personal days cannot be used during staff relief, during a 1-week rotation, or the day before or after a holiday unless it is an illness or emergent situation. This must be approved by the DI Director. Keep in mind these days should be used sparingly in the case of an emergency.

Any day(s) missed during staff relief MUST be made up prior to graduation as staff relief is the final determination of competency for graduation.

For the personal day(s) students are required to notify the internship director at least 24 hours in advance (unless it is an emergent situation that there was no 24 hour notice) in order to communicate with the preceptors. Interview and funeral days must be accompanied by documentation of the scheduled event and/or proof of attendance.

If more than three personal days are needed due to extenuating circumstances, the student will be required to make up the time missed. If there is a special circumstance (i.e. the student is injured or hospitalized), the Internship Director

may make an exception to extending personal days. This is only for emergent situations and the missed work must be made up.

If the student has a medical condition that requires frequent doctor's visits, the Internship Director must be provided with written documentation from a physician and informed in advance of the frequency of the physician visits. Prior notice must be given for each physician visit and any work missed must be made up if the preceptor and Internship Director feel that the assignments or experiences missed will not allow the competencies to be met. Depending upon the assignment and circumstances, the preceptor may require the Student to make up this time after graduation as to not take away from the rotation experiences before the service is considered complete.

### **Inclement Weather**

Dietetic Students will be expected to report to the Dietetic Internship Director in the event of severe inclement weather or weather-related emergencies for further instruction. **Students will be expected to arrive to all rotations during winter months unless it is determined by the hospital or state that travel is not safe.**

### **Student Clinical Relief Reports**

Students are required to complete a clinical relief report form during their two weeks of clinical staff relief. The clinical portion of this form applies only to patients at WVU Medicine, Inc., and is used for monitoring quality assurance volume indicators. The form must be turned in to the Internship Director by the end of the clinical staff relief.

### **Length of Internship Policy**

The dietetic internship program includes forty-one weeks of unit experiences. The rotations consist of 8+ hours per day (Monday-Thursday) and Friday class (~6 hours). Experiences may extend into occasional weekend hours for hospital functions such as Health Fairs and On-call weekend during staff relief. The dietetic students rotate through each unit as scheduled. Student rotations are scheduled before the program begins, with adjustments as necessary. A week includes one day of class from September – April (Fridays in March dedicated to NNM activities), unless otherwise arranged.

### **Liability of Safety in Travel to or from Assigned Areas**

The Student is responsible for making transportation arrangements to and from all supervised practice site, class meetings, community activities and professional meetings. Participation in the program requires regular travel for

several rotations. The student is liable for his/her safety in travel to or from assigned areas. Students will be expected to report to supervised practice facilities at the scheduled arrival time.

### **Malpractice/Health Insurance**

Dietetic Students at West Virginia University Hospitals, Inc. are covered for malpractice through the Hospital's self-insurance trust fund while on duty in WVU Medicine, WVU Health Sciences Center, during outside affiliations, and during field observations.

Students are responsible for purchasing their own health, automobile and accident insurance. However, any on the job injury will be covered under the Mutual of Omaha insurance policy purchased through the Radiology Education program unless actions are beyond the scope of their practice or not what they would reasonably be expected.

### **Medical Records Access**

The Dietetic Student is permitted access to in-patient medical records through the EPIC electronic medical record and must observe all points of confidentiality. HIPAA training will be provided to students during their first week of the internship. Student will be trained on all electronic medical record systems the first several weeks of the internship.

### **Program Completion Requirements**

At the completion of the 41-week Dietetic Internship program, the Internship Director will consider all evaluations in verifying successful completion of the program.

For successful completion of the internship:

- Student must have satisfactorily completed all rotations or repeat of rotations by receiving an average score of "3" out of "4" on each evaluation. (*see program evaluation policy for scores lower than "3"*)
- Student must have earned at least an 80% on all homework assignments, either initially or through repeat/additional work.
- Student must have demonstrated satisfactory written and oral communication skills as well as an appropriate degree of professionalism throughout the program as evidenced by satisfactory unit scores of "3" out of "4" in the above areas, by mid-year and end-year evaluation by the Dietetic Internship Director in conjunction with informal observations throughout the internship.

- Student must have an average score of 90% on the Clinical Case Study, and an average score of “3 out of “5” on the Administrative Project, Journal article critique, Counseling, Advocacy, Fairmont State Class presentation, Mentoring, MNT billing and coding, Professional development portfolio and National Nutrition Month project evaluations.
  - Student must have made up any time missed in excess of the 3 personal days unless there is documentation of extenuating circumstances.
  - Student must have demonstrated entry-level competence in the performance of Clinical Staff Relief near the end of the internship.
2. If the above criteria are not met at any time during the program, the student cannot graduate and therefore will lose eligibility for any further financial aid if applicable.

Provided the above requirements are met, five copies of the verification statement will be given to the student at the graduation ceremony.

### **Program Evaluation**

Each student is required to complete an evaluation of the entire internship program during the final week of the program. The evaluation must be turned in before the student leaves on the day of graduation.

### **Registration Policy**

Registration for the Dietetic Internship Program occurs during orientation into the program. Didactic Program in Dietetics verification and official final transcripts with degree confirmed should be submitted to the Internship Director within one month following confirmation of the degree.

The first day of orientation, the student is required to submit verification of MMR (measles, mumps and rubella) immunization, recent TB test, proof of chicken pox or Varivax vaccine, along with the registration fee of four thousand five hundred dollars (\$4,500.00). Students receiving financial aid may receive a tuition waiver until their financial aid check arrives at the institution.

### **Student Support Services**

Health care (utilizing personal insurance), counseling services and financial aid are available for dietetic students at West Virginia University Hospital. Time will be arranged in the Dietetic Student’s schedule to allow for appointments. The

Internship Director will be notified of appointment times to arrange student's unit schedule. Students will be required to make up time in assignments.

### **Students with Disabilities**

Students with disabilities will be accommodated during the WVU Medicine Dietetic Internship program according to the American's with Disabilities Act. Students with disabilities are asked to identify themselves to the Program director or preceptor within the first two weeks of the program, enabling the Director to accommodate needs. Students with specific needs can discuss these with WVU Medicine Employee Health.

### **Supervised Practice Sites outside of WVU Medicine**

Supervised practice sites that are not part of WVU Medicine will have affiliation agreements created and on file with both the internship director and legal services. Each facility must either use the WVU Medicine affiliation agreement or if they use their own these must be reviewed and approved by the WVU Medicine legal services department. Once the affiliation agreement is reviewed and found to be inclusive of all information 2 copies are made each containing original signatures from each facility by the duly authorized officers. The WVU Medicine legal services department maintains copies of these files along with their expiration dates for renewal.

### **Termination/Discipline Policy**

#### **Disciplinary / Corrective Action**

West Virginia University Hospitals matriculates students who have documented in writing that they will agree to abide by the policies, procedures and behavior standards established by the Hospital and the Program. However, in situations in which a student fails to exhibit appropriate behavior and/or fails to follow established policies and procedures, disciplinary action may be taken. Disciplinary measures are applied at the discretion of the Dietetic Internship Director with the approval of the Advisory Committee, HR Employee Relations Consultant and are dependent upon the nature of the infraction. The following four (4) levels of progressive disciplinary action will be followed unless otherwise noted:

#### **A. Progressive Disciplinary Steps**

##### **I. Documented Counseling**

Documented counseling can be utilized when the nature of the infraction warrants notification but not a written warning letter. Counseling documents are considered instructional /educational as opposed to disciplinary and do not

become a permanent addition to the student's file unless subsequent disciplinary action occurs. Advisory Committee (AC) approval is not required prior to counseling.

## II. Written Warning Letter(s)

Written warning letters (up to a maximum of two) will be utilized to document disciplinary action when the nature of the infraction is sufficient to warrant corrective action and permanent documentation. The issuance of written warning letters requires AC review and approval.

## III. Final Warning & Suspension/Probation

The issuance of a final written warning with suspension is the third and final stage of the progressive disciplinary process and requires AC review and approval. Suspension is not to exceed three days. Students who missed clinical education assignments due to suspension are required to complete those assignments prior to graduation.

## IV. Dismissal

### B. Progressive Disciplinary Exemption

At the discretion of the Advisory Committee, progressive disciplinary action may not apply in instances in which specific student conduct constitutes a serious violation impacting the rights or safety of our patients, families, employees, or students. Summary Level IV (Dismissal) disciplinary action may be invoked for students involved in and/or participating in conduct, which includes, but is not limited to the following:

- Mistreatment of patients, guests, employees, or students.
- Breaches of confidentiality.
- Disclosure of personal computer security codes to others.
- Criminal behavior.
- Being under the influence of alcohol or drugs while on Hospital premises
- Gross violation of safety rules.
- Fighting or violent behavior.
- Malicious destruction or theft of patient, visitor, employee, student or Institutional property.
- Falsification of records or documentation.
- Accessing or discussing protected health information (PHI) for personal gain or with malicious intent.
- Possession or distribution of illegal drugs or controlled substances.
- Possession of firearms, explosives, or concealed weapons while on Institutional grounds.
- Academic or clinical dishonesty.
- Insubordination.
- Deliberate disregard of programmatic or institutional policies.



Student scoring in clinical rotations:

Competency Levels:

- Level 4: Excellent Performance; exceeds expectations--Works independently requiring minimal directions and supervision, demonstrates independent competency and superior work skills.
- Level 3: Good quality of work skills. Performance- making appropriate progress---Requires general directions and supervision, demonstrates competency with minor assistance, sometimes requires slight improvement
- Level 2: Quality of product and work skills require substantial improvement. Performance ---Requires regular direction, review of results, and supervision. More areas of improvement needed. Does not demonstrate competency even with considerable assistance.
- Level 1: Poor Performance/Unacceptable Quality of product and work skills--- Requires detailed direction and constant supervision. Does not meet standards of performance.
- (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)
- 

Dismissal from the Dietetic Internship may occur under any of the following conditions:

- A. Student's performance in an assignment or a rotation is found to be "Level 1/Unsatisfactory" (receives more than one unsatisfactory rating) in two unit experiences, or combination of unit experiences and project or after repeating a failed attempt.
- B. If the student receives any additional "Level 2/Needs Improvement or Level 1/Unsatisfactory" ratings during a probationary period.
- C. If the student fails to report to a rotation or leaves without permission on more than 2 occurrences.
- D. Student fails to attend counseling sessions if recommended by the Internship Director or the student fails to correct the behavior after recommended counseling sessions.
- E. Unprofessional behavior as outlined in the AND code of Professional Practice.

F. Violation of Automatic Termination Policies as indicated by WVU Medicine. Employee Handbook, Standards of Behavior and Academic Dishonesty policy.

G. Student fails to fulfill requirements outlined in the Student contract.

If an student is terminated from the program or requires a leave of absence, they will no longer be eligible to continue to receive financial aid if applicable. See policy on refund of tuition/financial aid.

### **Withdraw or Refund of Tuition and responsibility for Financial Aid**

1. Student must submit a letter of withdrawal or personal leave of absence from the program to the Internship Director within one week of the decision and prior to leaving the program.
  - a) A personal leave of absence will only be approved with a valid/documented reason, date of return and with the intent for the student to complete the program within the 11 month required time frame.
  - b) If more than one-week is required, the Student must submit a letter to the Internship Director stating the reason for additional time requested and date of return. This request will be evaluated by the Internship Director and the Director of Nutrition Services. The request will be evaluated on necessity, time involved, and space available in the preceptor schedule.
  - c) A personal leave may not exceed 4 weeks. If the student requires more than 4 weeks, they must either arrange to complete experiences during this time or forfeit their position in the program. The internship director will keep documentation of termination.
2. Student must relinquish their locker assignment/lock, their hospital I.D. badge, blue debit card and parking permit the day they leave the program.

### **Refund of Tuition**

Any decision of a Dietetic Student to withdraw from the program must be submitted in writing to the Internship Director. Tuition that has already been paid is non-refundable, due to the difficulty of filling a vacant student position after the start date of the program.

### **Return of Financial Aid**

WVU Medicine Dietetic Students who receive financial are processed through the Radiologic Technology Education Program. Refer to Return of Title IV funds

policy in their department in the event of withdraw, termination or leave of absence.

### **Administration of RD Practice Exam**

As part of the ongoing process of improved learning and comprehension of students and to help increase the overall passing rate, the WVU Medicine DI program administers mock RD exams at the beginning and end of the program.

1. During orientation, all students will be given a practice RD exam and two hours in which to complete it.
2. Responses will be graded and discussion of questions and various response options will be guided by the DI Director.
3. DI Directory and Advisory committee will review examination scores and identify domain areas in which the students should seek improvement.
4. On the second to last class day before graduation, students will be given an exit practice examination and will be provided two hours to complete it.
5. The examination will be graded and students must score 50% or higher in order to complete the program and receive a verification statement.
6. If students do not pass on the first attempt, they may take the test one additional time without penalty.
7. After two unsuccessful attempts to pass the exit examination, DI Director will determine remedial work needed in order to complete the program.

### **Code of Ethics for the Profession of Dietetics**

Code of Ethics for the Nutrition and Dietetics Profession  
Effective Date: June 1, 2018

Preamble:

When providing services the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.

This Code applies to nutrition and dietetics practitioners who act in a wide variety of capacities, provides general principles and specific ethical standards for situations frequently encountered in daily practice. The primary goal is the protection of the individuals, groups, organizations, communities, or populations with whom the practitioner works and interacts.

The nutrition and dietetics practitioner supports and promotes high standards of professional practice, accepting the obligation to protect clients, the public and the profession; upholds the Academy of Nutrition and Dietetics (Academy) and its credentialing agency the Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession; and shall report perceived violations of the Code through established processes.

The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner's roles and conduct. All individuals to whom the Code applies are referred to as "nutrition and dietetics practitioners". By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.

#### Principles and Standards:

##### 1. Competence and professional development in practice (Non-maleficence)

Nutrition and dietetics practitioners shall:

- a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
- b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
- c. Assess the validity and applicability of scientific evidence without personal bias.
- d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
- e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.
- f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
- g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

##### 2. Integrity in personal and organizational behaviors and practices (Autonomy)

Nutrition and dietetics practitioners shall:

- a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.
- b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
- c. Maintain and appropriately use credentials.
- d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g. written, oral, electronic).
- e. Provide accurate and truthful information in all communications.
- f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.

- g. Document, code and bill to most accurately reflect the character and extent of delivered services.
  - h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
  - i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).
3. Professionalism (Beneficence)
- Nutrition and dietetics practitioners shall:
- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
  - b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
  - c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
  - d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.
  - e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.
  - f. Refrain from verbal/physical/emotional/sexual harassment.
  - g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
  - h. Communicate at an appropriate level to promote health literacy.
  - i. Contribute to the advancement and competence of others, including colleagues, students, and the public.
4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)
- Nutrition and dietetics practitioners shall:
- a. Collaborate with others to reduce health disparities and protect human rights.
  - b. Promote fairness and objectivity with fair and equitable treatment.
  - c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
  - d. Promote the unique role of nutrition and dietetics practitioners.
  - e. Engage in service that benefits the community and to enhance the public's trust in the profession.
  - f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

## WVU MEDICINE PRECEPTOR CONTACT INFORMATION

### CONTACT 1 WEEK (7 DAYS) PRIOR TO ROTATION

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	Gina Kontur RD, LD <a href="mailto:Gina.kontur@hsc.wvu.edu">Gina.kontur@hsc.wvu.edu</a>	Beeper 0852 (11-1728)
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Week of Choice Medicine/Cardiology	Amanda Spears, RD, LD <a href="mailto:Amanda.spears@wvumedicine.org">Amanda.spears@wvumedicine.org</a>	Beeper 0467 (77014)
Week of Choices MICC/ Malnutrition-LOS	Elizabeth Kneiss, RD, LD <a href="mailto:elizabeth.kneiss@wvumedicine.org">elizabeth.kneiss@wvumedicine.org</a>	Beeper 1596 (73340)

## Staff

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## Additional Contacts

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Coordinator Inpatient Clinical Nutrition	Rebecca Dattola, MS, RD, LD <a href="mailto:dattolare@wvumedicine.org">dattolare@wvumedicine.org</a>	73334

## Core Competencies for the RD

Upon completion of the program, graduates are able to:

Scientific and Evidence Base of Practice: integration of scientific information and research into practice	
1.1	Select appropriate indicators of program quality and/or customer service and measure achievement of objectives.
1.2	Apply evidence-based guidelines, systematic reviews and scientific literature.
1.3	Justify programs, products, services and care using appropriate evidence or data.
1.4	Evaluate emerging research for application in dietetics practice.
1.5	Conduct research projects using appropriate research methods, ethical procedures and statistical analysis.
1.6	Incorporate critical-thinking skills in overall practice.
Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.	
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.
2.2	Demonstrate professional writing skills in preparing professional communications



2.3	Demonstrate active participation, teamwork and contributions in group settings.
2.4	Function as a member of inter-professional teams.
2.5	Assign duties to NDTRs and/or support personnel as appropriate.
2.6	Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
2.7	Apply leadership skills to achieve desired outcomes.
2.8	Demonstrate negotiation skills.
2.9	Participate in professional and community organizations.
2.10	Demonstrate professional attributes in all areas of practice.
2.11	Show cultural competence/sensitivity in interactions with clients, colleagues and staff.
2.12	Perform self-assessment and develop goals for self-improvement throughout the program.
2.13	Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.
2.14	Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.
2.15	Practice and/or role play mentoring and precepting others.
Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations	
3.1	<p>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> <ul style="list-style-type: none"> <li>a) Assess the nutritional status of individuals, groups and populations in a variety of setting where nutrition care is or can be delivered.</li> <li>b) Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements</li> <li>c) Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention.</li> <li>d) Monitor and evaluate problems etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis</li> <li>e) Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by practice setting.</li> </ul>
3.2	Conduct nutrition focused physical exams.
3.3	Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
3.4	Design, implement and evaluate presentations to a target audience.
3.5	Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
3.6	Use effective education and counseling skills to facilitate behavior change.
3.7	Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
3.8	Deliver respectful, science-based answers to client questions concerning emerging trends.
3.9	Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.

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.
Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations	
4.1	Participate in management of human resources.
4.2	Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.
4.3	Conduct clinical and customer service quality management activities.
4.4	Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.
4.5	Analyze quality, financial and productivity data for use in planning.
4.6	Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
4.7	Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
4.8	Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
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.
4.10	Analyze risk in nutrition and dietetics practice.

### Sample experiences for clinical rotations:

#### Cardiology-

- For assigned patients, student will obtain relevant data from the medical records, interview the patient, and analyze significant data with relation to disease state (CAD, Dyslipidemia, Metabolic Syndrome, CABG) and assess the patient's nutritional needs
- For assigned patients, the student will establish short and long term goals from nutrition analysis, Calculate caloric and protein needs for patients receiving Enteral or Parenteral feeding, calculate intake for patients on calorie counts.
- The student will assess patient's nutritional status and needs. Determine medical nutrition therapy necessary, and document care plan and follow up for assigned patients.
- For assigned patients, student will obtain relevant data from the medical records, interview the patient, and analyze significant data with relation to disease state (CAD, Dyslipidemia, Metabolic Syndrome, CABG) and assess the patient's nutritional needs.
- Interview assigned patients for diet history and determine nutrition care plan for education if needed.
- The student will integrate pathophysiology of CAD, HTN, CABG, Hyperlipidemia and Metabolic syndrome into medical nutrition therapy recommendations and be able to discuss with RD.

- Student will become familiar with EPIC to obtain data such as: labs, weight, medications, PMH and to record medical nutrition therapy data. Student will also be able to demonstrate documenting diet education, removing consults/HRN from these systems.
- Student will observe diet instructions prior to counseling and be able to complete further counseling in patients on the cardiology floor, (Low fat, low cholesterol, high fiber, low sodium, constant carbohydrate, and other assigned nutrition education).
- Student will discuss educational needs with RD, provide nutrition education to assigned patients, evaluate nutrition care plan, and document nutrition care plan/medical nutrition therapy in the current hospital computerized information system.
- Student will follow cardiac/AND diet for 3 days. (incl. One weekend day) evaluate and discuss questions/concerns with compliance with RD and include suggestions to help with future diet instructions.
- Student will choose a recipe, modify the recipe to be heart healthy, prepare the modified recipe and present the heart healthy product during class. The approved recipes will be collected into a booklet to be used for nutrition education. The recipes will be approved by Cardiac rotation RD and the Internship Director
- Student will come to rotation on time and prepared each day and conduct his/her self in a professional manner. Student will know and follow HIPPA regulations to maintain patient confidentiality at all times.
- The student will participate in interdisciplinary rounds in CCU/CTU daily. By the second week the student will participate in rounds by making recommendations directly to the Physician and/or Nurse Practitioner as appropriate.

#### MICU-

- Analyze significant data and relation to disease state and diet order for specific patients in MICU; discuss with R.D & assess patient needs:
  - Kcal/Kg
  - O<sub>2</sub> Consumption
  - Metabolic cart assessment & understanding respiratory quotient & the macronutrient utilization.
  - Grams protein/Kg
  - N<sub>2</sub> balance
  - For assigned MICU patient complete assessment, analyze significant data in relation to disease state and diet order.
- Student will follow patient during rotation and be responsible for complete care plan including reassessment, diet order or TF/TPN recommendations and discharge needs.
- Student will coordinate care with other healthcare providers as needed. Discuss complete plan with RD.
- For assigned patients, the student will assess, establish short and long term goals and make recommendations for TF/TPN patient in MICU from data collected & patient status. Calculate specific calorie and protein needs based on patient's condition. Discuss with dietitian.
- Determine treatment modalities (specific mode of nutrition support required) necessary for assigned patients & discuss with dietitian.

- Discuss plan with dietitian for tube fed patient. Justify choice of tube feeding and recommend alternate product, if appropriate.
- Discuss the plan with dietitian for TPN patient.
- Student will develop a transitional feeding plan for assigned TF/TPN pt in MICU and determine course of nutrition therapy including transitioning to home feeding. Discuss plan with RD.
- Accurately calculate nutrient and energy requirements, tube feeding, and parenteral feeding, nutrient and fluid requirements with assessed need of MICU patients assigned and discuss with RD.
- Determine if needs are being met by the diet, prescribed/TF/HAL.
- Participates in medical rounds, noting pertinent information for nutritional status changes and recording on PIF's.
- By the second week, the student will make recommendations directly to physicians & nurse practitioners.
- Participates in medical rounds, discussing nutritional care required by the patient with physician, nurse, or other health care personnel.
- The student will be prepared to discuss patients nutritional care in multidisciplinary rounds
- Student will work with pharmacy, physicians, nursing, etc to determine appropriate nutrition care plan.
- Care plan documented within 24 hours of identification of risk according to Quality Improvement standards.
- For assigned patients monitor the TF or TPN to ensure appropriate nutrition as ordered (is provided). Alter nutrition plan as necessary based on changes in patient data.
- For each assigned patient, evaluate care plan (determined by pt tolerance, weight & lab trends) and determine if goals are being met.

## ENCOMPASS REHABILITATION HOSPITAL-

### Optional Activity #1:

- Develop promotion for the cafeteria.
- Plan for ordering of ingredients with assistance from managers.
- Supervise preparation of, with assistance from chef/production supervisor.
- Test product while in production if it's a new recipe or product.
- Determine raw food and labor cost.
- Suggest selling price
- Determine acceptance of promotion through survey of patients/customers.
- Observe production areas.
- By working with Director, review:
  - -Menus and Procedures
  - -Policies

- -Staffing Requirements
- Student will observe diet clerk position and participate in correction of menus.
- Student will modify menus for target populations to meet cultural/ethnic food preferences.
- Student will design a cardiac, renal, diabetic, or low carbohydrate menu for a patient.
- Student will participate in preparing a modified consistency dysphagia diet with a lead cook and evaluating it for taste, temperature, palatability, etc.
- Student will participate one day with assistant director in inventory, forecasting, ordering, and stocking of food items. Student will order the food for the week on the computer
- Student will attend and participate in program-specific meetings.
- Student will conduct sanitation rounds with director daily.
- Student will observe a barium swallow.
- Student will observe and participate in Eating Intervention Program
- Student will be involved in the nutritional care plan of patients requiring adaptive feeding devices.
- Student will observe a wound assessment with a registered nurse and be able to relate this to the physical assessment.
- Student will assess assigned patient(s), calculate a TPN regimen and monitor the progress on one or more patients.
- For assigned patients, student will review nutritional screening and then screen a patient on their own reviewing information with the RD.
- Student will be assigned to conduct a nutritional assessment of an uncomplicated orthopedic patient. The student will complete the assessment/evaluation on their own and then review with the RD.
- Student will assess a cardiac patient and document this assessment in the medical record.
- Student will assess a trauma patient and review with the RD.
- Student will assess a pulmonary/vent patient and be able to evaluate all labs, meds and develop complete nutritional care plan including short and long term goals.
- Student will assess and make recommendations/adjustments of tube feedings (enteral/parental) including calorie and protein needs.
- Student will participate in preparing a transitional feeding plan with the patient and caregiver based on their lifestyle schedules in the home setting.
- For assigned patients, student will identify short and long-term nutritional goals and formulate/implement appropriate nutrition care plans.
- Student will document on patient care plan goals and integrate them with other therapies.

- Student will convert continuous tube feeding schedules over to bolus feeding schedules on one or more patients.
- Student will complete diet competencies on 3 food service aides.
- For assigned patients, student will develop and provide group nutritional instructions.

Optional Activity #2:

- Student will determine a topic for which an in-service would be beneficial for either food service employees or other health care team members.
  - A competency will be selected and reviewed.
  - Prepare a lesson plan
  - Deliver in-service to designated audience.
  - Student will counsel a renal patient on dialysis.
- Student will review performance improvement minutes and demonstrate understanding of the PI process.
  - Student will participate in the daily billing of patient care.

#### NICU-

- Student will come to rotation on time and prepared each day and conduct his/her self in a professional manner
- Use computer system in obtaining patient information and documentation.
- For assigned patients determine if fluid and calorie goals are being met and discuss with dietitian.
- For assigned patient, monitor: Diet order, TPN, Supplemental feedings and weight. Also monitor changes in patient data significant to nutritional status or diet and patient progress.
- Alter nutrition plan as necessary based on the changes in patient data and discuss with dietitian.
- For assigned patient, calculate intake: cal/kg and fluid/kg goals that are consistent with assessed needs of patients and determine appropriate care plan for transitional feeding.
- Student will observe feeding tube placement, participate in the determination of formula/TF and monitor tolerance and need for changes. Discuss with the dietitian.
- Student will determine energy and protein needs for assigned neonate(s) and determine care plan including infant formula/TF/TPN needs and plan for transition to floor/home. Discuss with dietitian.
- Student will calculate tube feedings and mixing instructions for concentrating baby formulas as needed and discuss with dietitian prior to giving information to families, MD, etc...

## ONCOLOGY/BMTU, Observation-

- Student will come to rotation on time and prepared each day, and conduct his/her self in a professional manner
- Student will complete worksheets as assigned:
  - strengths & weaknesses
  - terminology
  - general questions
  - Student will explain to dietitian the stages of dying after reading Death and Dying by Elizabeth Kubler-Ross.
- Student will help screen and assess the nutritional status of assigned patients on the Oncology/BMTU and Observation units. Nutritional consults will be assigned as available.
- Become familiar with location of medical record in unit, location of data in medical records, and chart forms use.
- For assigned patients, obtain from medical records and record on PIF sheets, nutritionally relevant data, anthropometric data, medications, present and past medical history.
- Analyze significant laboratory data and its relation to disease state and diet ordered for assigned patients. Discuss with dietitian.
- Update information on PIF sheets and in medical record, discuss and changes with dietitian.
- For each assigned patient:
  - read chart from last nutrition note
  - Discuss patient/client with clinical instructor.
  - Determine plan of action for assigned patients and discuss with dietitian
  - Student will recognize the rationale for dietary modifications for disease conditions and relate information to dietitian.
  - Consider cost of special products and relation to desired results. Identify appropriate formula, oral supplements and tube feedings for given patients.
  - For assigned patients, monitor: TPN/PPN, tube feedings, supplemental feedings or nourishments – Watch for changes in patient data which are significant to nutrition status
  - For assigned patients create and monitor transitional feeding plans.
- For each assigned patient, determine a nutrition care plan and goals including plans for hospital and home setting. Coordinate care plan with other members of the health care team if applicable. Discuss with dietitian.
- The student will document nutritional care plan and follow-up for assigned patients and discuss with dietitian.
- Student will calculate, monitor and evaluate transitional feeding plans on assigned patient(s) and discuss with RD.
- Student will visit patient/client to review intake
- Student will calculate calorie count if available

- For assigned patients, the student will establish short and long term goals from nutrition analysis
- Determine treatment modalities and education necessary for assigned patients and discuss with dietitian
- For assigned patients coordinate needs with care management, speech therapy, or other disciplines as needed.
- Student will observe placement of a feeding tube, monitor and evaluate tolerance of feeding plan
- Student will spend time with Speech therapy/OT therapy evaluating feeding device needs and coordinate with the nutrition care plan
- Student will attend BMTU multidisciplinary team meeting and/or BMTU rounds as assigned
- Discuss patient progress with dietitian.
- For each assigned patient, evaluate the care plan and determine if goals were met.
- Student will participate in Palliative Care meeting and report patient progress during 2nd week of the rotation.
- Student will refer patients/clients for follow-up as available when needed to outpatient cancer center dietitian
- Discuss educational needs with dietitian.
- Provide nutrition education to assigned patients.
- Discuss nutrition education with dietitian.

## PEDIATRICS-

- Student will come to rotation on time and prepared each day, and conduct his/her self in a professional manner. Student will dress appropriately and show initiative and responsibility.
- Obtain pertinent information from medical records and record on PIF sheets (including: lab values, medications, anthropometrical data, and medical history) for assigned patients, including a full-term infant, a child, and an adolescent. Will complete assessments on patients as specified. Appropriately plot on growth charts and make appropriate assessments using catch up growth when needed. Also be able to rec appropriate formula for disease state.
- Determine plan of action for assigned patients and discuss with dietitian.
- For assigned patients, monitor the TF, TPN, diet order, and menu selection, if indicated, to ensure appropriate nutrition as ordered (is provided). Alter nutrition plan as necessary based on changes in patient data.
- For each assigned patient, evaluate care plan (determined by pt tolerance, weight and lab trends) and determine if goals are being met.



- For each patient receiving enteral and parenteral feeding, calculate energy & protein needs & determine adequacy of feeding and transitional feeding plan. Discuss with RD before charting or discussing plans with MD. Student will determine energy and protein needs for assigned pediatric patients (0-18 years of age) and determine care plan including infant formula/TF/TPN needs and plan for transition to home. Discuss with RD.
- Student will correctly calculate tube feedings and mixing instructions for concentrating baby formulas as needed after being educated by the RD.
- Student will discuss with RD before providing information to families, MD, etc...
- Student will assist NCA in daily calculating/modifying baby formula recipes for the formula room.
- Counsel/instruct patient or patient's family as needed on specified diets as related to patient's condition. i.e. Observe RD provide education on formula mixing. Check with RD prior to providing education on formula mixing.
- Determine treatment modalities and education necessary for assigned patients and discuss with dietitian.
- Student will provide formula mixing education for assigned patients after discussing with RD.
- The student will write logical and concise PES statements that clearly communicate and document the appropriate information, including course of action, problems, etc.
- Student will demonstrate the ability to prioritize patients by degree of nutritional risk and begin nutritional intervention within appropriate time period.
- The student will write logical and concise PES statements that clearly communicate and document the appropriate information, including course of action, problems, etc.
- Use computerized hospital information system in obtaining patient information and documentation. Be resourceful and look for education materials via internet or manuals/books, etc...Create handout if none available to meet specific education needs of your patient.
- Student will understand the pathophysiology of a chylous effusion and the nutritional effects of the effusion. Student will be able to verbally convey this information to the RD.
- Student will demonstrate the ability to:
  - Check infant fontanel
  - Check skin integrity of pediatric patient
  - Check pediatric patient dentition
  - Check motor/feeding skills and observe feeding
  - If applicable use skin calipers on renal patient to determine lean body mass.
- For assigned patients, evaluate care plan; determine if goals are being met. Discuss patients with care management to determine their needs. i.e.: WIC / Special Healthcare Needs Documentation.

- Student will demonstrate ability to develop a good working relationship with other medical professionals. Student will be knowledgeable of appropriate community services and be able to recommend in care plan.
- Student will contact physician directly when necessary.
- Attend and participate in:
  - Pediatric Rounds (by the 2nd week the student will participate in rounds by making recs directly to physicians/ nurse practitioners).
  - Pediatric Discharge Planning Rounds as assigned.
- Student will demonstrate the ability to work with care management/social services and patient's family to set up a tube feeding plan for the home setting. Must work with parents to determine schedule of feeds and whether will be continuous feeds, bolus, or both. Discuss with RD.

#### PICU

- Obtain pertinent information from medical records and record on PIF sheets (including: lab values, medications, anthropometrical data, and medical history) for assigned patients, including a full-term infant, a child, and an adolescent. Will complete assessments on patients as specified. Appropriately plot on growth charts and make appropriate assessments using catch up growth when needed. Also be able to rec appropriate formula, goal feeding regimen for disease state and clinical status
- Determine plan of action for assigned patients and discuss with dietitian.
- For assigned patients, monitor the TF, TPN, diet order, and menu selection, if indicated, to ensure appropriate nutrition as ordered (is provided). Alter nutrition plan as necessary based on changes in patient data.
- For each assigned patient, evaluate care plan (determined by pt tolerance, weight and lab trends) and determine if goals are being met
- For each patient receiving enteral and parenteral feeding, calculate energy & protein needs & determine adequacy of feeding and transitional feeding plan. Discuss with RD before charting or discussing plans with MD. Student will determine energy and protein needs for assigned pediatric patients (0-18 years of age) and determine care plan including infant formula/TF/TPN needs and plan for transition to floor, home, etc. as status improves, and discuss with RD as appropriate.
- Counsel/instruct patient or patient's family as needed on nutrition support plan of care
- Determine treatment modalities and education necessary for assigned patients and discuss with dietitian.
- The student will write logical and concise PES statements that clearly communicate and document the appropriate information, including course of action, problems, etc.
- Student will demonstrate the ability to prioritize patients by degree of nutritional risk and begin nutritional intervention within appropriate time period.
- Use computerized hospital information system in obtaining patient information and documentation. Be resourceful and look for education materials via Internet or

manuals/books, etc...Create handout if none available to meet specific education needs of your patient.

- Student will participate on daily rounds and be able to discuss plan of care with RD and medical team
- Student will be able to discuss differing energy requirements based on level of respiratory support
- Student will become comfortable with assessing each pediatric patient as an individual based on their age, weight, past and current medical status, clinical stability, growth trends, etc.
- Student will be able to provide recommendations to residents and nurse practitioners regarding nutrition support including tube feeding, PO feeding, and parenteral nutrition
- For assigned patients, evaluate care plan; determine if goals are being met. Discuss patients with care management to determine their needs. i.e.: WIC / Special Healthcare Needs Documentation.
- Student will demonstrate ability to develop a good working relationship with other medical professionals. Student will be knowledgeable of appropriate community services and be able to recommend in care plan.
- Student will contact physician directly when necessary.
- Attend and participate in: -PICU Rounds (by the 2nd week the student will participate in rounds by making recs directly to physicians/ nurse practitioners).
- Student will demonstrate the ability to work with care management/social services and patient's family to set up a tube feeding plan for the home setting. Must work with parents to determine schedule of feeds and whether will be continuous feeds, bolus, or both. Discuss with RD.
- Student will correctly calculate tube feedings and mixing instructions for concentrating baby formulas as needed after being educated by the RD. Student will discuss with RD before providing information to families, MD, etc...

## SURGERY-

- Student will assess trauma and surgical patients' nutrition needs using appropriate calorie and protein needs, taking into account patients' lab values, medications, medical history and current medical status.
- Student will be responsible for entire nutrition care for assigned patients. This should include completing the initial assessment, follow-ups and education if applicable.
- Short and long-term nutrition goals should be identified' and an appropriate care plan and PES statement should be established.
- Student will accurately calculate enteral or parenteral nutrition based on nutrient and fluid requirements and discuss with RD.
- Student will determine if current nutrition support regimen is appropriate and meets patient's nutrition needs and discuss with RD.

- For assigned patients evaluate, calculate and monitor transition from TPN to TF/po or TF to po and discuss with RD.
- Determine home enteral or parenteral nutrition regimen and education necessary and discuss with RD.
- Student will read assigned journal articles and be able to answer questions concerning article content.
- Student will become knowledgeable of appropriate education materials and will be able to provide education to assigned patients with uncomplicated & complicated conditions that need diet education, i.e., diverticular disease, high protein/calories, high fiber, low residue, IMF, home tube feeding, Nissen, gastric bypass, lap bands, gastrectomy.
- Student will observe feeding tube placement and/or a surgery.
- The student will participate in utilization of a metabolic cart by assessing and understanding respiratory quotient and macronutrient utilization.

#### Diabetes Center-

- Counsel one patient on diet appropriate for type 1, type 2 or gestational diabetes.
- Plan preliminary goals for counseling session after reviewing the chart.
- Use information gained from patient to adjust preliminary nutrition education plan to meet needs of patient.
- Assess learning experience of patient and discuss with clinical instructor
- Discuss strengths and weaknesses of session with clinical instructor. Determine possible ways to improve meeting goals of session.
- Calculate one sample meal pattern for a diabetic diet as assigned.
- Document nutrition assessment and education counseling in patient's medical record.
- Discuss method used to determine percentage of calories from carbohydrate, protein, and fat for each individual patient
- Assess calorie intake of patient and determine percentage of calories from carbohydrate, protein, and fat based on assessment.
- Become familiar with educational material in the diabetes education center.
- Identify one reputable book that could be used by a patient regarding diabetes and diet.
- Identify one reliable website that can be used by a patient for information about diabetes and diet.
- Select one current periodical article regarding diabetes and its management and write an abstract of the article. Provide a copy of the article.
- Identify billing and MNT codes used for each patient appointment to obtain proper reimbursement and complete billing procedure for at least one appointment.

- Refer patients to primary care physician for medication changes or for additional care in regards to diabetes management, as needed.

#### FAIRMONT STATE UNIVERSITY-

- Work with a nutrition educator in Higher Education and/or Elementary-Secondary Education.
- Evaluate educational materials currently available for consumers on an assigned topic.
- Conduct nutrition education for a designated group.
- Under guidance of the nutrition educator, plan a nutrition education lesson on an assigned topic. Lesson will include: target audience, needs assessment, goals & objectives, implementation strategies, time frame, and an evaluation instrument.
- Develop 1 nutrition education handout, a minimum 5-slide power-point presentation, and 1 planned activity.
- Present the nutrition education lesson to an assigned audience.
- Discuss strengths and weaknesses of session with clinical instructor. Determine possible ways to improve the instructional session.
- Participate in planning, resource development, mailings, etc. for a professional workshop/seminar for Child Nutrition Professionals.
- Supervise the planning for a professional workshop/seminar for Child Nutrition Professionals.

#### WIC-

- Prior to arriving at the affiliation site, the student will contact the nutritionist one-week in advance, read the packet of information obtained during the Orientation week and will be prepared to discuss the information.
- Student will be oriented to the Division of Nutrition Services including:
- Introduction to Nutrition Services personnel and their assignment.
- Observation of WIC Clerk, nutritionist and lab assistant completing their portion of the WIC certification process.
- Meet with nutritionists providing nutrition consulting services, for a discussion of these activities.
- Become familiar with WIC's Breastfeeding Promotion program through discussion with the nutritionist and meeting with the Breastfeeding Peer Counselor or Coordinator. Attend a Breastfeeding Class.
- Recognizing the application of management and nutrition principles in meeting responsibilities to county, state and federal agencies, the student will review the state WIC policy and procedures manual, local agency nutrition education and outreach plan and will discuss with the Nutritionist.

- The student will observe 1 WIC nutrition education class
- The student will teach a Nutrition Education class with the Nutritionist observing.
- -The student will be prepared to discuss their impressions of the class with the nutritionist during the rotation.
- The student will address a nutritional (or nutrition related) need of WIC participants or the community by researching and compiling information on a selected topic. Topics will be provided to the student. The student will be asked to present the information either as a handout, bulletin board, nutrition education lesson or other method suggested by the staff.
- After observing the counseling process with the nutritionist, the student will perform the functions of a staff nutritionist by certifying eligible women, infants, and children for WIC and providing nutrition education during WIC clinic days.
- The student will be familiar with making referrals to both internal and external services as deemed necessary (i.e., RFTS, MD referral, breastfeeding).
- The student will complete the Community Nutrition worksheet and will have the nutritionist review it.

#### OUT PATIENT – CANCER CENTER-

- Student will come to rotation on time and prepared each day and conduct his/her self in a professional manner.
- Student will become familiar with utilizing MedSite to access pertinent patient information i.e. labs, physician notes, past medical nutrition therapy notes and to document progress note.
- Discuss educational needs with dietitian.
- Provide nutrition education to assigned patients.
- For each assigned patient, evaluate the nutrition care plan and determine if goals were met.
- Observe the interaction between the patient and dietitian, taking note of both verbal and nonverbal communication skills.
- Discuss and evaluate the counseling session with the dietitian.
- Student will screen and /or assess the nutritional status of assigned oncology patients.
- Assist in the collection of pertinent nutritionally relevant data, medications, lab results for assigned patients.
- Student will recognize the rationale for dietary modification for disease condition and symptoms. Information will be shared with dietitian.
- Assist in the development and implementation of a nutritional care plan to help pt cope with side effects from therapies i.e. wt loss, loss of appetite, taste changes, mouth sores, wt gain.

- Follow-up with pt (if possible) or share plan with dietitian in order to provide continuity of care.

### Outpatient Family Medicine-

- Become familiar with and follow the procedures for the operation of the family medicine clinic.
- Interact with physicians, nurses and other health professionals to provide accurate nutrition information.
- Become familiar with Merlin; use to review labs and notes and to document.
- Use the Internet as resource for food record analysis and to review new products.
- Interview and counsel patients (Obesity, FTT, DM, GI, or Lipid) and their families on their current eating behaviors and suggest modifications.
- Document nutrition counseling in patient's medical record using appropriate format and guidelines for charting.
- Student will complete dietary assessment and patient interview; will determine education needs and choose appropriate education materials; will educate the patient and establish goals.
- Discuss strengths and weaknesses of session with clinical instructor. Determine possible ways to improve meeting goals of session.
- Become familiar with educational material used in the family medicine clinic and obtain copies for own professional file.
- Develop a new educational material and then evaluate through discussion with dietitian, for clarity, visual acuity, accuracy, usefulness and content.
- Do a bulletin board for clinic.
- Plan preliminary goals for counseling session after reviewing the chart and discussion with physician and /or nurse.
- Use information gained from patient and family to adjust preliminary nutrition education plan to meet needs of patient
- Assess learning experience of patient and discuss with clinical instructor
- Student will demonstrate ability to develop good working relationships with other medical professionals
- Student will discuss and manage nutrition recommendations/plan with nurses, social workers, and physicians
- Student will help facilitate Eat Well, Live Well group and the Dining with Diabetes Group
- Student will develop a recipe to be featured on the bulletin board, along with a week's menu.
- Observe blood glucose monitoring and then explain the relevance to patient's care plan.

### Patient Services, Production & Administrative Relief-may be subject to change

Throughout rotation maintains a professional appearance and demeanor.

- Is productive and accountable for all time.
- While supervising, solves problems in a professional and ethical manner.
- Listens effectively to demonstrate understanding of the ideas and opinions of others.
- Provides and receive constructive feedback to peers and supervisors.
- Shows a sincere interest in others and their concerns, initiates and develops relationships with others.
- While supervising, communicates clearly with employees.
- Patient special instructions communicated.
- In-service material delivered clear and concise. Written materials contain clear, concise, correct grammar.

- Employee meeting topics are clearly presented; minutes recorded.
- Review the performance review information.
- Observe an interview
- Assist in completing a performance review
- Review job outlines
- Assist in completing a schedule.
- Ensure that assigned employees complete duties.
- Produce an employee schedule with complex problems.
- Review sales material from the previous day to calculate and forecast. Must be done daily.
- Review and type 2 job outlines. (Patient services/retail/production)
- Assess timeliness of tray delivery
- Analysis-follow different meal periods, B/L/D
- Complete 3 cashier audits.
- Participate in the collection and processing of financial data.
- Actively participates in the coordination of services including financial, secretarial and catering.
- Assist with completion of weekly financial reports
- Assist in completion of weekly inventory
- Receive products for the department.
  - Verify an invoice to purchase order.
  - Obtain price quotes.
  - Place an order.
- Complete a Department Food Safety Audit and assign corrective action.
- Complete a Food Safety Walk Through.
- Complete a HACCP Taste Temperature Panel Sheet
- Complete a HACCP Refrigerator Temperature Log.
- Complete a Nutrition Center Inspection on Nursing Units.
- Complete a hospital bi-monthly safety inspection.
- Complete dish machine log
- Use test strips on sanitizing solutions and pot and pan sink.
- Develop a theme for your special and order decorations. (\$75.00 limit)
- Organize a decorating team. It is your responsibility to have the staff decorate. Your goal is to manage the process.
- Complete a meeting with the staff stating what the special is and if they may wear different clothing to meet your theme at least one week prior to special.
- Develop a customer survey to rate your food from your special.
- Build and excel document that rates the food you served at your special. Please provide management with a copy.
- Summarize the special cost/meal%/sales/customer satisfaction rate.
- Supervise development and/or modification of Recipes/formulas.
- Supervise production of food that meets nutrition guidelines, cost parameters and consumer acceptance
- Send out an email stating your cafeteria special and post the menu on Ruby on line.
- Complete Test tray evaluations for each meal period.
- Conduct Taste panels before each meal.
- Complete analysis of test trays-1 week, different meal periods.
- Create or redesign a PI monitor, complete the analysis and present the findings to the managers.
- Work with an NCA:
  - Order Nourishments.
  - Write infant formula instructions.
  - Complete NCA training guide.
  - Supervise patient tray line.
  - Ensure that all meals are being delivered on time and documented.
  - Ensure that all HACCP temperatures are taken before service to patients.



- Develop a theme menu for Ruby cafeteria.
  - Your theme meal must have a Dean Ornish compliant entrée, dessert and side.
  - Your theme must be practical.
  - Your theme meal must have 2 entrees, 2 vegetables, 2 starches, 1 soup, 1 grill item + a pizza, or 2 grill items and 2 desserts.
  - Modify each recipe's yield for retail cafeteria special.
  
- Patient Special
  - Menu adequate for all patients
  - Projections
  - Purchasing
  - Costing
  - Directions instituted to all participating areas.
  - Self / Team Analysis of Special.
  - Modify each recipe's yield for retail cafeteria special.
  - Develop a theme for the cafeteria special.
  
- Redesign a specific area of the cafeteria retail site. Specific area to be assigned by manager. Provide a drawing of what the "new" area would look like.
  
- Using online services as well as catalogues in the office, cost all new equipment we will need for the redesign of an area.
  
- Do a utility comparison 1 piece of equipment. List the watt/amps needed for each and the type of wiring-single or three phases.

#### CLINICAL STAFF EXPERIENCE-

- The student will assume the responsibilities of a clinical dietitian on one of the general service floors at WVU Medicine for a 2 week time period. This will include carrying the pager, rounding if applicable, screening, assessing and performing follow-ups, calorie counts, etc and being on-call one weekend. (all under the supervision of the CNM/DI director and/or preceptor)
  
- The student will perform in a professional manner in all dealings with the healthcare team and patients.
  
- Student will be responsible for nutritional assessments of patients in the assigned unit, using appropriate formulas and hospital standards.
  
- Student will provide accurate, current, and appropriate nutrition education to patients in assigned units upon receipt of diet instruction consult.
  
- The student will conduct counseling and education for patients/clients with complex needs, i.e., more complicated health conditions in select populations, e.g., those with renal disease, multisystem organ failure, or trauma.
  
- The student will be able to accurately design education materials specific to patient's educational background while respecting cultural needs.
  
- Student will identify patient care related problems and develop plans of action for problem solving.

- The student will be responsible for prioritizing daily work load making sure all work meets minimum completion time frames.
- Students will complete meal rounds and tray assessments and reporting any issues to management taking into account any cultural or religious needs of the patients.
- Students are expected to work 8.5 hour days during staff relief. Any time missed must be made up.
- Student will develop appropriate nutritional care plan(s) for each patient and coordinate activities to accomplish goals for each patient.
- The student will integrate pathophysiology into medical nutrition therapy recommendations.
- The student will select, implement, and evaluate standard enteral and parenteral nutrition regimens, i.e., in a medically stable patient to meet nutritional requirements where recommendations/adjustments involve primarily macronutrients.
- Student will develop and implement transitional feeding plans, i.e., conversion from one form of nutrition support to another, e.g., total parenteral nutrition to tube feeding to oral diet.
- Conduct nutrition care component of interdisciplinary team conferences to discuss patient/client treatment and discharge planning either through rounding or with frequent discussions with care management.
- Student will be responsible for nutritional care of patients in assigned units through participation in rounds, discharge planning, conferences with other health care team members, and daily interaction with other health professionals. Students will refer patients as needed to outpatient RD or other disciplines as needed.
- The student will provide quality care to patients in assigned unit through continuous patient monitoring, nutrition intervention, and documentation.
- Student will direct clinical support personnel activities in the delivery of patient care. (i.e. NCA's)

## **Clinical Rotations Guidelines and Evaluations**

### **Schedule of Article Presentations**

Dietetic Students will be required to critique and present journal articles during class days. Each student will be scheduled alphabetically by last name to specific class days. This schedule will be given to the students in the syllabus during orientation. Article presentations will not begin until October and will continue every class day through March.

Students are required to present an article from a recent professional journal/publication (not more than 5 years old). This will be done in the presence of the Internship Director and fellow students. The article is to be critiqued for significance, quality of research and how it could be applied to current practice.

## Clinical Case Study

This case study is a major component of the internship program. A substantial amount of time should be dedicated to create an in-depth written and oral presentation. (minimum of 40 page written and minimum of 1 hour power point presentation) A suggested outline for the case study has been included in the syllabus. References may be cited using Turabian, APA or other writer's guide, but please be consistent. Many of these guides may now be found on the Internet. The case study patient/topic must be approved by the Clinical Instructor in the unit in which the case study was assigned. It is mandatory to schedule a time to meet with Susan Arnold at the HSC library for help with your research. You are required to run at least 2 drafts of your paper past your preceptor prior to the due date of the completed case study. The typewritten paper must be completed on the specific date indicated in the syllabus. "Rough drafts" on the due date are not acceptable. The written case study will be evaluated by the Clinical Preceptor and the Dietetic Internship Director. If the case study does not meet the written evaluation guidelines the student will be asked to correct errors or possibly redo the case study, which may then change the date of the oral presentation. The oral presentation will be presented to Students, Dietitians, and the Dietetic Internship Director. A score of 90% is considered passing as it reflects basic competency skills in written/oral communication skills.

## Clinical Case Study Guidelines

1. Select a patient who has a definite nutrition component to his/her illness/condition. Look for a condition that is not imminently terminal and something that will be educational for all.
2. The patient should be chosen early in the rotation (1<sup>st</sup> week) and should be approved at that time by both the preceptor and the Internship Director. The patient should be followed closely throughout the rotation. If critical procedures are going to happen after the rotation is over (i.e. kidney transplant, gastric bypass surgery), the student may be excused to attend these procedures if desired and details of these may be included in the case study. However, there is no need to keep following lab values, progress notes, etc. for weeks after the end of the rotation unless there has been some significant change in the patient's status.
3. The student should obtain an update on the patient's condition between the time that the written case study is turned in and the oral presentation. The update should be included in the oral presentation.
4. It is mandatory to make an appointment with Susan Arnold, MS, MLIS, RD in researching and preparing your written report. If you do not meet with her there will be a 5% reduction in your grade.

5. The preceptor should be provided with rough drafts or sections of the written case study to review a minimum of twice before the final written copy is due. This case study is a major component of the internship program and a significant amount of time needs to be designated for the written and oral presentation. (minimum of 30-40 page typed paper and minimum of 1 hour power point presentation)

### **Case Study Format**

Table of Contents—Include page numbers of each section  
Include names and page numbers of all appendices

#### **SECTION A**

##### **General Information**

Name of student

Date

Initials of patient

Vital statistics—Age, Sex, Race, Height, Weight

Diagnosis

Date of Admission

Date of Discharge

Date and type of operation, if any

Attending physician (proper credentials), Investigator, Resident

#### **SECTION B**

##### **Social Background**

Obtain from the medical record past history and current status to portray patient's socio-economic environment. Socio-economic status, family structure, etc., should be included.

##### **Medical Status**

This section will be obtained through reading and interpreting the medical record. It should include:

##### **Summary of Past Medical Status**

##### **Present Medical Status**

1. Admitting Diagnosis
2. Chief Complaint
3. History of Present Illness
4. Family Medical History
5. Review of Systems—be sure to write out abbreviations used to demonstrate understanding of terms.
6. Physical Exam
7. Medications—list all medications, their purpose, any potential food/drug interactions or nutrition-related side effects. Discuss why your patient was on this medication

and whether they exhibited any of these side effects and how the medications affected your nutritional assessment (if applicable). If your patient's discharge medications are different from their in-house medications, they should be included also. Only the really significant medications should be discussed during the oral presentation.

8. Diets ordered
9. Significant Laboratory Results— those pertinent to nutrition and/or disease state; list abnormal and normal values to compare the significance. Make sure you state the reason for any skewed values in relation to your patient's condition.
10. Medical Progress—Do not repeat Progress Notes verbatim. Do not use typical medical "slang". Summarize day-to-day progress in your own words.
11. Discharge Summary

### **3. Nutrition Intervention**

#### **A. Nutrition History**

The nutrition history should be developed through *interviewing the patient* (and family, if possible). The social worker's and physician's notes in the patient's medical record are another source. All factors: social, psychological, economic, physical, etc., which have or may influence the patient's state of nutrition should be considered and discussed.

Obtain a 24-hour recall from the patient, preferably on his home diet. If unable to do this, obtain a 24-hour calorie count from the patient's menus and snacks eaten in the hospital. This 24-hour recall should be included in the body of the case study.

#### **B. Nutrition Assessment**

1. Include a nutrient analysis of a typical day's intake as eaten by the patient at home (the 24-hour recall). The analysis should contain information for carbohydrate, protein, fat, kilocalories, iron, calcium, phosphorous, vitamin A, B-complex vitamins, vitamins C, D, E and K. Any other nutrients which may assume significance in the particular disorder should be included in the discussion as well. If the patient/family is unable to provide a diet history, one day's hospital intake may be used for analysis. This analysis may be included in the body of the case study or as an Appendix.

2. Determine IBW, %IBW, usual weight, % usual weight, BMI and adjusted weight, if applicable. Remember to re-state height and weight in both traditional and metric units of measure.
3. Determine energy and protein requirements and state method of determination. Show formulas used in making determinations, including adjusted weight if necessary.
4. Provide a comparison of nutrient analysis to appropriate RDI's. If the patient is receiving tube feeding or hyperalimentation, indicate how well current intake is meeting assessed needs. Comment on any major deficiencies or excesses of any nutrients found.
5. Determine nutrient or dietary needs for specific disorder.
6. If it is a pediatric patient, include growth charts for weight and height percentiles as well as weight at 50<sup>th</sup> percentile to height (IBW). Also calculate BMI.

### **C. Nutrition Care Plan**

Tell what you actually did in terms of nutrition intervention for the patient.

1. Development and implementation of nutrition care plan. Be specific—exactly what interventions or strategies were used with the patient. Appropriate PES statement chosen.
2. Counseling on special diet or basic nutrition—include specifics on points that the patient was counseled on as well as copies of any materials used.
3. Evaluation of nutritional care and nutritional counseling. Did it accomplish what you thought it would? Determine factors which may influence diet compliance.

### **D. Discussion of principles of prescribed diet**

Make sure and compare what the literature recommends and what was actually done with the patient's diet.

## **4. Review of Literature**

This section includes the information secured mainly from reference reading, consultations with the physicians attending and other team members working with the patient. Be sure to reference statements in this section, but try to put the information in your own words. Do not copy textbook or papers verbatim. Discuss the disorder.

Compare the patient's disorder to the usual findings. Include pertinent laboratory data, medications used and the rationale. In addition to textbooks and reference books, at least 5 current journal articles relating to the disease state and at least 3 reputable web site sources are required. You will be required to have a minimum of 15 references.

## 5. Prognosis

Document what the care plan is after discharge. Also speak with the physician to determine what the patient's overall prognosis will be.

### SECTION C

1. **References**—for citing references, please choose a style guide from the following web site:  
<http://www.libraries.wvu.edu/reference/style/htm>. When citing web sites, be sure to at least include the title, URL, date accessed and when the site was last updated. Many of the style guides have excellent guidelines for citing web resources.
2. **Glossary of new terms**—terms selected for glossary should be asterisked the first time they appear in the text.

### SECTION D

#### Summary

Summarize and indicate what you learned from the case study and your reaction to the experience.

### SECTION E

#### Appendix

Be sure to reference illustrations/other materials used in this section in the body of the case study.

Each item in the Appendix should be labeled with a cover sheet. Be sure to include pertinent graphs, tables and pictures.

#### **A Word on Audiovisuals.....**

Power point is required for the oral presentation of the case study. There should be enough slides to fully illustrate your narrative, but they should not be your whole narrative. We don't want you to read your whole case study from the slides or have to rely on your notes excessively. Also do not place too much

information on each slide—it is too difficult to read. Graphs, charts and pictures create a very interesting presentation so make sure to include these.

**Dress code:** Dress code for clinical case study is business suit/skirt with jacket and dress shoes.

## **Due Dates**

The written case study is due on the date indicated in the syllabus. The Clinical Preceptor and Dietetic Internship Director will review the written report and give it back to the student within a week with corrections to be made. “Rough drafts” will not be accepted on the date that the written case study is due. We expect the report to be complete in all areas. The oral presentation will usually be scheduled 4 weeks after the written case study due date. The written case study (with corrections) is to be turned in on the date the oral presentation is given.

Please provide the dietitians with a copy of your slide presentation the day of your oral presentation.

## **Written Clinical Case Study Evaluation**

Dietetic Students will be evaluated on the written case study. The student is required to run at least 2 drafts of their paper past the preceptor prior to the due date of the completed case study. The typewritten paper must be completed on the specific date indicated in the syllabus. “Rough drafts” on the due date are not acceptable. The written case study will be evaluated by the Clinical Preceptor and the Dietetic Internship Director. If the case study does not meet the written evaluation guidelines the student will be asked to correct errors or possibly redo the case study. The score is dependent upon the following in each area.

**4-Good**-All important details present

**3-Fair**-Some details missing

**2-Poor**-Multiple details missing

**1-Unsatisfactory**-Large amounts or all details missing

**N/A**-Not applicable to case study patient

(140 pts possible-must score 126/140 = 90% to reflect basic competency in written communication skills)

### **Areas to be considered in the Written Case Study:**

#### **Patient Information: Areas are covered thoroughly**

General information about the patient

Social background is reviewed

Past medical status/socio-economic status

Family history



Present medical status

Medications/Vitamins-reason for use and drug/nutrient interactions

Laboratory values-skewed values and relevance

Hospital progress

Medical tests are explained/reviewed

Discharge plan/needs

### **Nutrition Intervention**

Correct calculations/anthropometrics used

Typical diet recall/diet history analyzed

Nutrition care plan

Principles of prescribed diet

Informative-reflects relevant research into background

References are varied, current, relevant, properly documented and minimum of 15 used

Material is organized and follows comprehensible sequence

Sentences and paragraphs are well composed

Subject matter is interesting and accurate

Graphs, charts, pictures and tables as appropriate are included

Important information is emphasized

Assignment is neatly done

Proper grammar is used

Spelling is correct

Expression of ideas and explanation are comprehensible

Assignment was turned in on time

(10% deduction if late)

### **Review of Literature**

Pathophysiology of disease/disorder

Stage/phase (if applicable)

How it is diagnosed

How it is treated

Other body systems affected

Nutritional component

Patient's prognosis

Glossary of terms

Summary

### **Oral Clinical Case Study Evaluation**

Dietetic Students will be evaluated on the oral case study presentation.

**5 Excellent**-Very detailed

**4-Good**-All important details present

**3-Fair**-Some details missing

**2-Poor**-Multiple details missing

**1-Unsatisfactory**-Large amount or all details missing

**N/A** -to case study patient

(190 pts possible-must score 171/190 = 90% to reflect basic competency in oral communication skills)

**Content: Areas are covered thoroughly**

General information about the patient

Social background is reviewed

Past medical status/socio-economic status

Family history

Present medical status

Medications-reason for use and drug/nutrient interactions

Laboratory values-skewed values and relevance

Hospital progress-day to day analysis

Medical tests are explained/reviewed

Discharge plan/needs discussed

**Nutritional Intervention**

Nutrition assessment

Correct calculations/anthropometrics used

Typical diet recall/diet hx analyzed

Nutrition care plan

Principles of prescribed diet

**Review of Literature**

Pathophysiology of disease/disorder

Stage/phase (if applicable)

How it is diagnosed

How it is treated

Other body systems affected

Nutritional component

Patient's prognosis

Reflects research-up to date information/interpretation

Summary of what student learned

**Clinical Mini-Case Studies**

The student will be responsible for completing 5 mini-case studies during the clinical rotations of the internship. The patient chosen must be approved by the clinical preceptor. The students will be responsible for working with the clinical preceptor on the progress of this patient and then typing a report (limit to 2-3 pages total) to be presented orally in class at the end of the second week of the clinical rotation

## **Mini-case study Outline**

Be brief on most areas but detailed on nutrition and nutrition intervention

1. Brief description of Disease
2. Symptoms and Clinical/Physical Finding
3. Treatment/Nutritional Therapy and Rationale (Majority of focus here)
4. Prognosis and Complications
5. References

## **Mini-case study Chart Review Information**

Date of admission    Date of discharge

Patient's initials    Age    Sex

Ht-(cm)    Wt-(kg)    IBW    UBW    %IBW    %UBW    ABW    BMI

Primary admitting diagnosis    Reason for admission

Physician's Impression & Plan of Care (On Admission-Brief)

Progress Notes (Significant progress-Brief)

Pertinent Lab Values (Throughout Hospitalization, Describe-Brief)

Tests (Describe-Brief)

Discharge Medications (Describe-Brief)

Medical and Surgical Procedures (Describe-Brief)

Diet Therapy and Nutrition History (Discuss Your Interventions-Detailed)

Include nutrition assessment and PES statement

## **Portfolio and Pocket Guide Information**

Students will be taught how to prepare a Professional Development Portfolio as defined by the Commission on Dietetic Registration (CDR). *CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.*

The students will individually prepare a pocket guide to use as a quick reference. This should at a minimum include: sections for laboratory values, commonly used medications, common calculations, resized class lecture slides, RD pager and phone numbers and miscellaneous to document important information/calculations learned during rotations. Students should also carry their standards of care with them as a reference to each rotation.

## **Cardiac Recipe Sampling**

The student will choose a recipe and modify it based on the heart healthy guidelines. This recipe must be pre-approved by the Cardiology Clinical Preceptor. The student will then be required to prepare this item, explain the modifications, supply both the regular and modified recipe and serve it to the

students, Dietetic Internship Director and Cardiology Preceptor. This will occur during class at the end of the Cardiology rotation.

### **Preceptor Evaluation**

Students will have the opportunity to evaluate each rotation preceptor based on a form from The Academy of Nutrition and Dietetics “Preceptor Training” course.

These evaluations will be given to the student during orientation and filled out electronically. All evaluations are kept confidential by the Internship Director. These will then be compiled into a summative report at the end of the internship in order to evaluate changes needed for the upcoming class. Preceptors should score a minimum of 3.5 to be considered qualified and competent. If there are any issues that arise with a preceptor students are encouraged to address these immediately with the Internship Director.

**Always- 4   Usually- 3   Sometimes- 2   Never-1   N/A**

#### **Is Organized and Focused**

Pre-planned learning activities  
Prepared for precepting activities  
On time for precepting activities  
Took the time to explain concepts fully and clearly  
Careful and precise in answering questions  
Summarized major learning points  
Focused on the identified learning objectives/orientation to the area, experiences, assignments  
Identified what was considered most important

#### **Values Student-Preceptor Interactions**

Encouraged discussion  
Invited student to share knowledge, experiences, and opinions  
Welcomed and encouraged questions  
Used eye-contact with student  
Clarified thinking by identifying reasons for questions  
Had interest and concern in the quality of their precepting  
Encouraged active learning, that is, the student was involved and engaged rather than simply observing

#### **Is Dynamic and Enthusiastic**

Enthusiastic about their professional responsibilities, including precepting

#### **Relates Well to Students**

Was valued for advice beyond that directly related to the supervised practice experience  
Was accessible to students  
Was approachable and friendly

#### **Uses an Analytical Approach**

Discussed recent developments in the field  
Discussed points of view other than their own

Shared the origins of their ideas and concepts  
Provided references for interesting and involved points  
Explained why the student's work was correct or incorrect  
Had student apply concepts to demonstrate understanding  
Provided constructive and timely feedback on areas of strength in addition to areas for improvement

### **Is Competent and Confident**

Demonstrated mastery in the area in which they are precepting  
Keeps up-to-date in the area in which they are precepting  
Confident in their expertise in the area in which they are precepting  
Confident in their skill as preceptor  
Provided experiences/assignments that were valuable in your learning process

### **Models Professional Behavior**

Showed respect for others  
Demonstrated empathy for others  
Took responsibility for their actions  
Recognized their own limitations

### **Additional Questions**

Did you feel that the assignments/experiences/homework for this rotation were valuable?  
What aspects of this rotation were the most valuable?  
General comments/suggestions:

### **Student Performance Appraisal**

Each preceptor will evaluate the dietetic student during their rotation with time set aside for immediate feedback for issues. These will be reviewed with the student no later than 2 weeks after completing each rotation. (See evaluation policy for student performance issues and syllabus for form) Students will be evaluated on overall attainment of competencies and also on professionalism.

### **Competency Levels (each planned experience will be scored to determine if the competency is met):**

**Level 4:** Excellent Performance; exceeds expectations--Works independently requiring minimal directions and supervision, demonstrates independent competency and superior work skills.

**Level 3:** Good quality of work skills. Performance- making appropriate progress--- Requires general directions and supervision, demonstrates competency with minor assistance, sometimes requires slight improvement

**Level 2:** Quality of product and work skills require substantial improvement. Performance ---Requires regular direction, review of results, and supervision. More areas of improvement needed. Does not demonstrate competency even with considerable assistance.

**Level 1:** Poor Performance/Unacceptable Quality of product and work skills--- Requires detailed direction and constant supervision. Does not meet standards of performance.

**(Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)**

**Professionalism:  
Professional  
Attributes**

**Level 3:** Excellent-(exceeds) requires minimal direction or supervision

**Level 2:** Good (meets)-Requires more direction and supervision; takes some initiative

**Level 1:** Poor- (unacceptable) Requires detailed direction and constant supervision.  
Does not meet standards of professionalism.

**Level 1** Requires development of action plan with Dietetic Internship Director.

**Dependability & Attendance**

Accepts and completes tasks and assignments thoroughly and in a timely manner. Regular and prompt in attendance. Follows all policies.

**Attitude**

Professional and respectful attitude; highly positive; accepts criticism well. Acts on criticism in a positive manner.

**Interpersonal  
communications**

Develops good rapport with team and patients while accomplishing work. Contributes to good morale.

**Initiative and Leadership  
skills**

Independent learner; actively seeks responsibility to develop solutions to problems. Appropriately takes risks and demonstrates assertiveness and negotiation skills. Demonstrates enthusiasm for the work environment and an eagerness to learn.

**Flexibility**

Proactively adapts to changing situations. Sees the positive in change.

Overall Performance of professionalism

## **Student Responsibilities**

The preceptors and internship director will have a certain set of expectations from the students. These written guidelines will be given to the student during orientation and they must sign and acknowledge they have received them and understand the responsibilities that come with the internship. This form was adopted from the AND “Preceptor Training” course.

**It is the student’s responsibility to be on time, be prepared, and participate fully in all supervised practice experiences, classes, and events.**

- The student should have a positive attitude, that is, be prepared and eager to learn what the curriculum prescribes – even when the value of the experiences may not be immediately evident to the student, consider how they fit into the big picture. There is always something to learn.
- The student should be internally motivated, that is, be interested in learning because they want to become excellent practitioners, team members, and professional leaders. Grades and other extrinsic reward are less important than what the student learns.
- Always be on time during ALL rotations, classes, field trips and with meeting deadlines set for assignments. Discuss with preceptors ahead of time if you are not able to make the deadline. Adhere to assigned work hours.
- Look ahead and plan meetings with upcoming preceptors to arrange schedules and review assignments.
- Get started on assignments early.
- Take advantage of opportunities offered inside and outside of the organization.

**It is the student’s responsibility to communicate regularly and appropriately with preceptors and others so that expectations, arrangements, responsibilities etc. are understood and agreed upon.**

- The student should be open to new information, ideas, experiences, approaches, ways of accomplishing things, and opportunities – even when these seem to be or are in conflict with the student’s personal beliefs and prior experiences.
- Students should be willing to approach each new situation with the same openness and eagerness that they had at the beginning of their supervised practice experience.
- The student should remember that preceptors, wonderful as they are, are not mind-readers.
- You are not expected to know all the answers. Remember, you are in an internship to learn so ask lots of questions to enhance your knowledge.
- Practice good listening skills and avoid gossiping. Display positive body language, such as good eye contact, firm hand shakes, greeting people with a smile and avoid distracting non-verbal’s.

**It is the student’s responsibility to plan carefully and thoroughly as their preceptor asks them to do. It is also the student’s responsibility to follow through with all supervised practice plans and to prepare for the unexpected.**

- The student should be organized and willing to assume responsibility for their own learning. Excuses for disorganization and forgetfulness are not acceptable.
- Students should be flexible and willing and able to AND pt appropriately as situations change and circumstances warrant. Expect and accept that problems and frustrations will occur periodically, but learning to deal with problems will allow you to grow as a professional.
- Cope with problems with a positive attitude.
- Students should remember that providing patient/client care and/or high-quality food and nutrition services should be their preceptor's priority.

**It is the student's responsibility to learn when to ask for guidance and when to be appropriately self-directed.**

- Students should learn when to ask others questions and when to search for the answers themselves. Clarify tasks given to you so you don't waste time. If expectations are not clear to you, ask the preceptor what the expectations are.
- Be flexible; respond positively to changes in schedules or assignments.
- Students should be able and willing to build upon their prior learning.
- Students should be able to integrate new information and concepts with those that they learned previously. (Preceptors do not have the time nor should they be expected to teach or re-teach theory that students should have mastered previously.)

**It is the student's responsibility to maintain an appropriate perspective and stay focused on learning and the tasks at hand.**

- Students should manage their personal lives so that they can take full advantage of the experiences the program and their preceptors are providing for them.
- Students should expect that completing a supervised practice experience will be time-consuming and challenging. Without challenge and stretching, there will not be growth.

**It is the student's responsibility to look for connections**

**-between theory and practice**

**-to what is already known and understood**

**-between and among the new things being learned**

**-between the training environment and future roles**

- Students should expect to spend time in reflection and self-assessment.
- Students should be patient – with patients, clients, employees, preceptors, and themselves. Learning and the development of professional skills takes time, effort, practice, and patience.
- Students should understand that not everyone is 'great' at everything. They should expect their assessments from you will generally reflect the fact that there is room for them to improve.
- Students should understand that they are expected to develop and demonstrate entry-level competence for all of the ACEND competencies. If they are not able to do so in the time allotted, they should be prepared to devote additional time and energy in these areas.



**It is the student's responsibility to take care of him or herself.**

They should:

- Eat well
- Exercise
- Get enough rest
- Manage their stress

**It is the student's responsibility to be organized, respectful, and appreciative.**

- Student behaviors should reflect their recognition that many are doing extra tasks and giving generously of the time, energy, and talents so that students can be in this facility, having these learning experiences.
- Students should not take their supervised practice program or the guidance of their preceptors for granted or make unwarranted assumptions.
- Always treat others with respect, even when you don't share the same values or opinions.
- Be courteous to preceptors and do not fall asleep in class or during presentations.
- Ask for things to do. Don't always wait to be told what to do. Volunteer to see patients or do other tasks especially when the preceptor is busy. If you lack guidance, talk to the preceptor, or to the internship director.
- Understand that constructive criticism is given to improve your skills and is not to be taken personally
- Use your internship binder.
- Read e-mails daily and respond (if needed) promptly.
- Check your mailbox daily and empty it regularly. Do not use your mailbox as a file.
- Practice good organizational skills and pay attention to details.

**Weeks of Choice Guidelines**

The student may select an experience within the hospital or an approved experience outside the hospital.

If the site selected for the week of choice is also an area that the student rotates through, the experiences planned for the week of choice must be different from those assigned during the normal rotation.

The student's responsibility in planning the week of choice is as follows:

- Make a determination of assignment **ONE MONTH** before scheduled to rotate through the week of choice and inform the internship director of the facility of choice. Once this is complete you **MUST have an affiliation agreement signed** from this facility and a copy for our records. If the student is doing a rotation within our facility or an outside facility that has a current affiliation agreement with us then an additional one is not needed. (if the facility does not have any sample affiliation agreements one can be provided to them from WVU Medicine)

- Discuss the unit experience with the Internship Director and Clinical Instructor responsible for this week at this time also.
- Write the unit experience, following the competencies of the program. This must be done **THREE WEEKS** before the week of choice. Use the attached week of choice form and competencies found in the syllabus.
- Meet with the Internship Director and the Instructor to finalize the experience **TWO WEEKS** before the week of choice.
- If there are any problems with scheduling your week of choice rotations you must immediately contact the Internship Director to inform her of the problems. It is unacceptable to wait until one to two weeks prior to the rotation to begin making arrangements.

Area/non-preceptor dietitians who may consider taking students for weeks of choice:

Morgantown:

Heather Dyson, MS, RD, LD-Outpatient  
[dysonh@wvumedicine.org](mailto:dysonh@wvumedicine.org)

ext. 44186

Jennie Wilkins-Metabolic dietitian  
[jwilkins@hsc.wvu.edu](mailto:jwilkins@hsc.wvu.edu)

304-293-7334

Amanda Pratt, RD, LD-Pain clinic dietitian  
[amanda.pratt@wvumedicine.org](mailto:amanda.pratt@wvumedicine.org)

Ext. 70995

TBD -Heart and Vascular Institute outpatient dietitian

(73428)

Cathy Shaw, RD, LD-Medical Weight Management dietitian  
[Cathy.shaw@wvumedicine.org](mailto:Cathy.shaw@wvumedicine.org)

Chelsea Wilson-Transplant dietitian  
[Chelsea.wilson@wvumedicine.org](mailto:Chelsea.wilson@wvumedicine.org)

79198

Sina King-WVU Sports Dietitian  
[SDking@mail.wvu.edu](mailto:SDking@mail.wvu.edu)

304-293-0215

# Administrative and Foodservice Rotations Guidelines and Evaluations

## Administrative project

The Administrative Project must be a problem, issue or need in the Department. The student will be assigned a project at the beginning of their patient services rotation. The project will be something that will be researched and show problem solving skills and/or data synthesis. The report should be of the caliber of a proposal submitted to an *employer*.

The student must submit a detailed outline of the project plan for approval to the Internship Director. The project will be evaluated by the appropriate Managers and Dietetic Internship Director. The written paper and oral presentation will be scheduled one week after the rotation is completed.

### Suggested Report Format

- I. Statement of the Problem and Objective of the project.
  - A. What is the problem?
    1. What is the basic cause?
    2. What are the contributing factors?
  - B. Why is this a problem? (i.e. regulations, safety, patient satisfaction)
  - C. History of the problem.
    1. How long has this been a problem?
    2. Other attempts to rectify the problem?
  - D. Who is directly involved in the problem?
  - E. Side effects of the problem?
- II. Identification of alternatives (a listing of possible ways to resolve the problem) Research-journals, textbooks, other hospitals, etc.
- III. Analysis of alternatives (analysis should be in terms of the factors identified in section I and should project what will result if alternative is put into action)
- IV. Recommended Alternative and Why
- V. Evaluation (if possible)
  - A. Did alternative solve the problem satisfactorily?

- B. Any unanticipated problems with implementation?
- C. Future recommendations?

### **Sample Student Retail Special-Ruby**

#1 Theme:\_\_\_\_\_

#### **Due Day 1**

*Approved By*\_\_\_\_\_

Choose a “theme”, most common is an ethnic food such as Italian, German, etc., could be regional or geographic such as “New England”, “the old South” or off the wall creative...Renaissance Faire, Happy Days, Toy Story.....

### **Marketing and Decoration Plan**

You should be thinking of this throughout the planning process. During the rotation, check on what decorations may be readily available. You may spend approx \$50 on purchasing other decorations. Once menu and prices approved order sign from Biomedical Communications.

#### **#2 Menu**

##### **Due Day 4**

*Approved by:*\_\_\_\_\_

See planning sheet for list, you may rearrange as needed depending on your theme.

#### **#3 Patient Menu**

##### **Due Day 5**

Discuss menu with Retail Manager, determine which items are appropriate to offer to patients. Don't forget to include potential patient “sales” in your projection numbers. NCAs would be a good source for how many patients may order your special menu items.

##### **#4 Recipes**

##### **#5 Sales Projections**

##### **#6 Portions to Prepare**

##### **Due Day 6**

*Approved by:*\_\_\_\_\_

If a new “home recipe” must first convert to 50 portions and prepare – can use as a dinner or midnight special. This product should be analyzed and retested if necessary before exploding to final projected portion.

Sales Projections – work with Retail Manager to look at history of similar items, normal sales verses sales for specials and then make best estimate of what you think each recipe will sell. Employees are also a good source of information.

Portions to prepare – look at your recipes and determine how best to explode for portions closest to sales projections. For example, you have chosen sauerbrauten for an Oktoberfest special and believe you will sell 265 portions. The recipe you have makes 50, should you just multiply by 6 for 300 servings or can you get closer to 265? Discuss with Chef Wade.

### **#7 Recipes exploded & Testing Plan**

#### **Due Day 7**

Approved: \_\_\_\_\_

You may need to ask Donnie to order items for recipe testing! Talk to Ken about using tested recipes at dinner (they usually don't get special items), test should be as close to "real" procedures as possible, verify portions produced.

### **#8 Costing and Selling Price**

#### **Due Day 9**

Approved: \_\_\_\_\_

First you will need to look up the ingredient prices for all recipes. Total cost of ingredients divided by portions produced equals raw cost per serving. Do not bother to look up all seasonings (unless something unusual or expensive), add two to five cents per portion for seasonings.

Selling Price = Actual Food Cost/Desired Food Cost % + 6% sales tax  
(round to nearest 0 or 5)

*Example: Chicken Cacciatore Food Cost per serving is \$0.87*

*Desired food cost 45% ( $0.87/0.45 = \$1.933$ ) X 1.06% = 2.048*

*Rounded \$2.05 BUT \$2.05 is an odd price...check similar item to make final recommendation.*

### **#9 Recipe testing**

#### **Days 9 and 10**

### **#10 Purchasing List**

*Due by Day 11*

Approved by: \_\_\_\_\_

Prepare a complete list with needed amounts rounded to the appropriate pack size. Group like items together and consolidate duplicates. Discuss stock items (such as flour) with Don Grim to determine what does not need to be on the list. Any items not available through regular sources must be purchased locally.

## **#11 Prep & Production Sheets**

### **Due by Day 11**

Approved by: \_\_\_\_\_

For each recipe determine what should be pulled (thawed) or prepped before the special. Adjust regular prep sheets (add your special items, delete “normal” café menu being replaced).

Review with Brandon Wade – each recipe will be assigned to a particular position.

## **#12 Production Staff Meetings**

### **Due by Day 12**

Review recipes, etc. with staff so they are comfortable with what will be happening next week. Have them review production sheets for anything missing or needed adjustments.

- *Make sure Retail manager posts menu on Ruby on Line*

## **#13 Check in Purchasing Order**

*primarily Day 13*

Assure that all items needed for your special arrive; some items may be ordered for Day 15; if an item is missing there is still an opportunity to get it on Wednesday (Day 15) or purchase locally.

## **#14 Final Preparations**

*due Day 15*

All signs printed, prices in registers. Check on assigned prep work. Decorate. Surveys copied. Diet information to NCAs for patient selection.

### **THURSDAY (day of Special):**

- Meet with retail staff, review recipes (cover any allergy information).
- Double Check Ruby-on-line; make any changes necessary
- Supervise Production – check that items are being made as planned and are on time. If we have call-offs, may need to help.
- Taste test with retail staff
- Supervise in the Cafeteria from approx 11 AM – 1 PM.

### **Report & Post Special Analysis: *Due one week after rotation ends***

Compare sales with same day previous four weeks – how did your special sales compare? How did the customer count and check average compare?

What were customer comments?

What would you do differently? How close were your projections? Did you run out of anything? What was done with overproduction? (sold at dinner?, thrown away?)

Were there any problems? How did you resolve?

Include the Planning Form, Purchasing List, signs, merchandising materials.

## **Retail Services: Cafeteria & Catering Assignments**

Work Time: 7:10-3:40pm

Please come prepared the first morning of the rotation to discuss your ideas for these assignments. It is highly recommended that you discuss your ideas with the manager at least 1 week prior to the rotation. Monday is a planning day. The rest of the week, you will be supervising the cafeteria (Tuesday & Thursday) and catering (Wednesday).

A general outline of tasks are as follows:

7:10 Check cafeteria serving area and attend production meeting. Check Cook's walk in cooler and plan for use of leftovers. (On Thursday, conduct production meeting)

7:30 Meet with Stephanie

Tuesday & Thursday: Extensive Quality check (allow 1 hour) I will provide you with a form & checklist.

Project time on Tuesday and Thursday is in between quality checks and supervisory checks (every 15 minutes, do a walk-through of the kitchen, serving & dining areas to do a visual quality check). George Deussenberry, dietetic specialist for ordering, needs to place orders Tuesday and Thursday usually between 10 and 12. He leaves for the day at 12:30.

10:30 Quality check (allow ½ hour)

11:00 Your Lunch

11:30-12:30 Serving and dining room supervision

12:30 Project time (every 15 minutes, do a walk-through of the kitchen, serving & dining areas to do a visual quality check).

Monday is a planning day.

Wednesday is the Catering Day

The projects required this rotation include:

Cafeteria Mini-Promotion: Usually scheduled on Thursday. Monday is the planning day.

Develop 2 new menu items for the cafeteria. Recipes must be nutrient dense and contain healthy ingredients, less than 12 grams added sugar, healthy or no added fats, low to moderate calorie and sodium, with emphasis on fresh fruits or vegetables and inclusion of whole grains. Promote recipes as part of a 500-calorie meal deal. (Combined caloric content of items) Meal deal must have less than 600 mg sodium.

Using Axya Nutritionist Pro Software and Label editing program, prepare label to include at point of service and to link to menu on line.

Arrange for recipe testing & evaluate tested product.

Standardize the tested recipe.

Determine raw food cost utilizing US Foods Menu Costing Software Program.

Utilize current labor cost.

Market the items through display, signage & home size recipes.

Plan for ordering of ingredients with assistance from inventory control specialist.

Suggest selling price.

Supervise preparation of product.  
Determine acceptance of item through survey of customers.  
Report results of recipe development using oral and written guidelines.

Catered Experience: Usually scheduled on Wednesday, but is dependent on catering bookings already in place. Please contact Catering Manager, Stephanie Juristy, the week before.

Work with catering manager, staff assistant, servers and production to experience planning, billing, production, service and cleanup process.

Develop a menu or promotion suitable for a catered event using new items.  
Please keep in mind food trends, variety of tastes, textures, and colors.

Plan for ordering of ingredients with assistance from inventory control specialist.  
Online Ordering.  
Suggest selling price.

Supervise preparation of product.

In-service and Teaching Aides

Plan and conduct an in-service (2 sessions) for Retail Services Employees. Session to be held on Thursdays at 930am & 1015. Must include a handout. Check in advance with Manager for a suggested topic.

Nutrition Education Display & WV AND newsletter

Prepare a display on a current nutrition education message for wood showcase outside cafeteria entrance and handout (to be edited and distributed by WV AND). Check with manager to see what has already been displayed in current year.

Supervision of Cafeteria

Tuesday & Thursday. Quality checklists to be completed at breakfast and lunch.

### **Other miscellaneous forms**

Students will also be provided with HACCP forms, Safety audits and meal round forms to use during their patient services rotation.



# Community Rotation Guidelines and Evaluations

## National Nutrition Month Projects

- A. Students will work as a group to create an original nutrition display complete with educational handouts and samples for each week in March for display outside the cafeteria. You will work with the retail manager to have vendors participate. (Fridays between 11 am and 1 pm) A budget is available to order materials from the AND NNM catalog. Also many vendors supply free samples for display, handout.
- B. Students will be responsible for community activities on Fridays during NNM. Students are required to complete at least 2 community activities each Friday in addition to the booth at WVU Hospital. You must create lesson plans, games, activities, posters, handouts, etc. This should be different than the display/handouts, etc above. Community activities will include, but are not limited to if a request arises:
  - Local Elementary schools (Mylan Park, Skyview, North, Suncrest, etc)
  - Ruby Daycare
  - Active for Life
  - WVU Recreation Center
  - WVAQ radio spot (student to create script 2 weeks prior to appt\*, also try to make appt for early in the month to describe your planned activities)
  - Cooking a meal for Ronald McDonald House
  - Serving at a local soup kitchen
  - Joint activity with WVU Students
- C. Students will be responsible for designing, creating and implementing activities/displays and handouts and will be graded on their performance. Community activities may be combined if several individual student topics relate to each other. Students are responsible for coming up with the ideas and sample materials and submitting a proposal for approval to the Dietetic Internship Director **at least 6 weeks prior to the date of their event.** Each event will be pre-planned with a script of each activity. (\*WVAQ-normally asks standard questions, must be prepared with professional answers-"What does an RD do?, What are basic recommendations for Americans?, What are the major nutritional problems in the U.S.?, If you could recommend one thing that would be most important for people to change with their health/nutrition what would it be and why?) Explain activities planned during NNM and the importance of what you are doing.
- D. The following is a list of contacts for NNM:

Active for life	Kate Clark	599-0538
Ruby Daycare		Ext. 74785
WVU Recreation Center	Ben Orendorff	293-5055
WVAQ		296-0029
Ronald McDonald House	Staff member	598-0050
Morgantown Public Library		293-7425

### **Clinical Staff Relief Guidelines**

1. In addition to sending notes for co-signature in the EMR the student will be responsible for providing a list of chart notes to co-sign to the preceptor/internship director by noon and at the end of each day no later than 4:30 pm. This list will also include any patients that require an additional malnutrition progress note or any orders needed.
2. If the student charts on a patient who is to be discharged imminently, he/she should contact the preceptor or Internship Director at extension 73339 or if unavailable, one of the clinical preceptors as soon as the note is written. Leave a message on phone mail if necessary. This will usually only happen with diet instructions.
3. The student will be scheduled for weekend call usually during the weekend between the two weeks of clinical relief. If there is a problem with this time then the weekend immediately prior to or following those weeks can be scheduled.
4. The student must work the same hours as the dietitian for whom they are doing staff relief.
5. Students will chart on the unit so they are visible at all times and available for any staff needs. *(Unless not permitted due to COVID restrictions)*
6. Students will not be allowed to do Clinical Staff Relief in MICU, SICU, PICU, NICU, NCCU, or CVICU. The purpose of staff relief is for the student to demonstrate that they are competent to assume an entry-level position in Dietetics. If the preceptor and internship director agree, the student may attend rounds in any of these units but only on an observational and educational capacity. The student will still be expected to carry and complete the same work load as students not observing rounds.
7. Students will be expected to do meal rounds weekly (5-7 patients) and at least one tray assessment while assigned to Clinical Staff Relief.
8. Students must make up any sick days taken during staff relief due to this time being crucial in determining readiness to be in an entry-level position. This time may be made up by staying over on other days and having this documented by the Studentship Director.
9. Students are expected to write at least 7 chart notes of substance/day. One-line follow-ups or brief screening/rounding notes do not count.
10. If the assigned floors are not busy (i.e the student is done before the end of their shift), the student will be expected to ask other RD's if they need assistance.

However, all assessments, follow-ups and instructions must be done on their assigned floors first.

11. At the end of the staff relief period, the preceptor and Internship director will evaluate the student to determine if competencies have been met. If they have not, the student may be scheduled to repeat this rotation.

### **Clinical Staff Relief Weekend On-call Guidelines**

1. You will be the on-call dietitian one weekend during your time in clinical staff relief.
2. You will review EPIC for consults, high-risk notifications from nursing, new TF/TPN calculations, diet education including Coumadin. You will carry the on-call phone and be available to answer questions from other healthcare team members.
3. Make sure to check on who the manager is prior to your weekend and let them know you will be on-call.
4. You will have backup call from an RD. Check with them prior to your weekend to determine if they want you to call them at home or use their cell phone and document the number. Make sure to forward information to them on any notes needing co-signature or orders needing to be placed in the patient's chart. If the patient is being discharged you must immediately contact the back-up dietitian to co-sign notes or place those orders. You have reference materials on the USB included with the call phone for any specific questions including the other dietitians home and cell phone numbers. Please call your backup RD prior to calling any other RD's listed. If the backup RD cannot answer your question or help you, they will direct you who to contact next.
5. You will be on call from 8:00 am –4:30 pm on Saturday and Sunday. Make sure to check the phone messages on Saturday and Sunday morning. DO NOT turn the phone off for any reason during this time. If you are attending church you can change the ring to beep once as to not disrupt the service. You MUST be available to answer the on-call phone during these hours.
6. Make sure and return the on-call phone to Jill's office on Monday.
7. Questions concerning your on-call weekend should be addressed at least one week prior to your assigned weekend

## MID/END YEAR, FINAL, INTERVIEW, GRADUATE AND EMPLOYER EVALUATIONS

### WVU Hospital Dietetic Internship Mid-Year/End-Year Evaluation

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Criteria	Excellent (Exceeded Expectations)	Good (Met Expectations)	Fair (Did Not Meet Expectations)	Needs Improvement	Comments
Quality of Work					
Quantity of Work					
Professionalism					
<i>Leadership</i>					
Interpersonal Skills					
<i>Attendance</i>					
Satisfactory Scores on all core and MNT competencies					

Summary of performance over the past months:

Areas for focus in the future:

Intern: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Director: \_\_\_\_\_

## **Class final evaluation**

Dietetic students will be given the opportunity to evaluate the internship program in an overall evaluation given approximately 2 weeks prior to graduation. These results are compiled into one form with student names removed for confidentiality. This information will be reviewed with preceptors and advisory committee after graduation for areas of improvement.

Time spent in each of the following rotations has been beneficial:

(1-least, 5- best)

***Please be as specific as possible on your answers so we can make changes where needed.***

Orientation  
Administrative project  
Bariatric Clinic  
Cardiology  
Cancer Center  
Clinical Relief  
Cystic Fibrosis  
Diabetes Center  
Encompass Rehab  
Fairmont State  
MICU/Medicine  
Neurology  
Nutrition Month  
NICU  
Oncology/BMTU/Ortho  
Patient Services  
Pediatrics  
PICU  
Portofolio  
Retail-Catering  
Surgery  
Trauma  
Weeks of Choice  
WIC

Comments specific to internship rotations:

Faculty and staff who provided or supervised my experiences were helpful and knowledgeable: (Please rank internal and external preceptors separate)

Policies and procedures for the internship were adequate:

Methods used to evaluate your accomplishments/problem areas were

adequate:

Overall preparation for entry-level Dietetics has been:

Library facilities and assistance have been:

Classes have been instructional:

Program length has been:

Professional meetings were beneficial:

Program's greatest strengths:

Constructive criticisms or suggestions to make the experience more valuable:

Overall rating:

### **Graduate and Employer Surveys**

Students and their employers are given the opportunity to evaluate the internship program and the student as an employee. One-year after graduating from the internship the DI Director sends evaluations to the graduate for their evaluation and an optional evaluation for them to give to their employer.

#### **DIETETIC INTERNSHIP PROGRAM PROGRAM FOLLOW-UP SURVEY**

Name:

Date:

Current Address:

Permanent Address:

Work Address:

Post –Graduate Education:

Name & Address of Program

Major

Degree

Date

Work Experience Since Graduation:

Name & Location of Institution

Position/Title

Dates of Employment

1. Which of the following best describes your current professional employment status:

A. Employed

\_\_\_\_\_a. Part-time

\_\_\_\_\_b. Full-time

B. Unemployed

- \_\_\_\_\_a. Seeking Employment
- \_\_\_\_\_b. Not seeking employment
- \_\_\_\_\_c. Continuing formal education
- \_\_\_\_\_d. Caring for home/family

2. Which of the following best describes your current job? Rank order the top five (5) responsibilities (i.e 1 = least responsibility, and 5 =greatest responsibility).

- \_\_\_\_\_a. Director of Department
- \_\_\_\_\_b. Department Assistant Director
- \_\_\_\_\_c. Clinical Dietitian
- \_\_\_\_\_d. Educator
- \_\_\_\_\_e. Sales Representative
- \_\_\_\_\_f. Specialist
- \_\_\_\_\_g. Supervisor
- \_\_\_\_\_h. Consultant
- \_\_\_\_\_i. Other(Specify)\_\_\_\_\_

3. Describe the applicability of your education to your work experiences thus far?

(rank 1 = not applicable to 5 = extremely applicable)

4. Upon completion of the dietetic internship, how long did it take you to acquire a position for a registered or registry-eligible dietitian?

- a. Obtained employment prior to graduating
- b. 1 month
- c. 2 months
- d. 3 months
- e. 4 months
- f. 5 months
- g. 6 months or more

5. When starting your first job after graduating the internship how competent, qualified and confident did you feel?

(1 = very competent, qualified and confident to 5 = not competent, qualified and confident)

6. How long after completing the internship did you take your RD exam?

- a. 1-2 month

- b. 3-4 months
  - c. 5-6 months
  - d .7-8 months
  - e .9-10 months
  - f. 11-12 months
  - g. greater than 12 months
7. How long did it take for you to submit a learning plan to CDR after becoming registered?
- a. 1-2 month
  - b. 3-4 months
  - c. 5-6 months
  - d .7-8 months
  - e .9-10 months
  - f. 11-12 months
  - g. greater than 12 months
8. Are you a member of The Academy of Nutrition and Dietetics?
9. Do you plan on furthering your education? If yes, in what field?
10. What experiences during the Dietetic Internship did you consider of most value to your current position.

Can I share these comments by posting them on the website? Yes\_\_\_ No\_\_\_

11. Based on your position or positions. What additional experiences would have been valuable to you to have been included in the Dietetic Internship Program?
12. What topics/classes would have been beneficial to your knowledge base when taking the RD exam?



**DIETETIC INTERNSHIP  
EMPLOYER SURVEY FORM**

Directions: Please provide the following data about your employee to assist in evaluating the dietetic internship program they graduated from. All your responses will remain confidential and will be compiled anonymously with responses from employers of other graduates of this program. Your name is requested on this form in the event we should require clarifying or additional information. Please return your completed form directly to this educational program.

1. Employee's (Graduate's) Name:
2. Employer's Name \_\_\_\_\_ Date \_\_\_\_\_
3. What is the nature of your institution? (e.g. primary care facility)
4. Employee's  
Position/Title: \_\_\_\_\_
5. What are the employee's major responsibilities? Rank order the top five (5) Responsibilities.(i.e. 1 = greatest responsibility, and 5 = least responsibility).  

____ a.	Department Director	____ f.	Specialist
____ b.	Department Assistant Director	____ g.	Supervisor
____ c.	Clinical Dietitian	____ h.	Consultant
____ d.	Educator	____ i.	Other (Specify)
____ e.	Sales Representative		
6. If the employee from our program is a Registered Dietitian or registry eligible, rank his/her overall performance compared to the performance of other entry-level graduates (that have been) under your employ from each of the pathways to Registration.

**Comparative Rank**

- 5 = Superior Performance
- 4 = Somewhat Better Performance
- 3 = Same Level Performance
- 2 = Somewhat Poorer Performance
- 1 = Significantly Poorer Performance
- 0 = Not Applicable

Employees from Various Pathways to Registration	Graduates' Comparative Performance Rank					
(A) Coordinated Undergraduate Programs	0	1	2	3	4	5
(B) Dietetic Internship Programs	0	1	2	3	4	5
(C) Master's Degree Programs	0	1	2	3	4	5

7. The following is a list of basic competencies our graduates should be prepared to perform. Please specify your assessment of the employee's performance of these competencies using the Performance Scale below.

- 5= Exceptional Performance
- 4 = Above Average Performance
- 3 = Average Performance
- 2= Below Average Performance
- 1 = Poor Performance
- 0 = Not Applicable

Demonstrates ethical and professional conduct  
 Communicates effectively both in oral and in written form  
 Demonstrates an understanding of the organizational framework necessary for refining and accomplishing the goals and objectives of the department  
 Practices the principles of management in the functions and technical operations of a food service system  
 Assesses the nutritional status of given individuals using current knowledge of nutritional needs.  
 Coordinates all aspects of a nutritional care plan  
 Provides nutrition education  
 Serves as an active member of the health care team  
 Utilizes existing community support system in delivering of nutrition care program  
 Practices the principles and applications of computer-assisted management  
 Demonstrates an understanding of the operation of the department as a whole, integrating food and nutrition services to deliver quality care to the patients

8. Would you be willing to hire more graduates from our internship program?  
 \_\_\_\_ a. Yes  
 \_\_\_\_ b. No

Thank you for your time! The responses from this survey help improve our program and help create more well-prepared graduates for employment in institutions such as yours.

<b>Dietetic Student Performance Appraisal-Counseling</b>			
CRDN 2.11-Show cultural competence/sensitivity in interactions with clients, colleagues and staff. CRDN 3.3-Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings. CRDN 3.6 Use effective education and counseling skills to facilitate behavior change. CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.			
Competency Levels: <u><b>Level 5:</b></u> Excellent met all criteria <u><b>Level 4:</b></u> Good-met most criteria <u><b>Level 3:</b></u> Good met some criteria <u><b>Level 2:</b></u> Needs Improvement- missing more than half of criteria <u><b>Level 1:</b></u> Poor-does not meet the majority of the criteria (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)			
<b>Competency</b>	<b>Educational display and handout</b>	<b>Score</b>	<b>Comments specific to each area</b>
CRDN 2.11, 3.3, 3.6, 3.8	Introduced self appropriately		
	Established rapport appropriately		
	Gave client an overview of what to expect for the appointment		
	Conducted assessment including diet recall, activity patterns, etc.		
	Used questions to find out more about the client's situation		
	Used evocative open-ended questions to determine readiness for change		
	Demonstrated empathy		
	Demonstrated active listening skills		
	Waited until client expressed readiness to change before discussing how the client might go about changing (planning)		
	Asked permission before giving information		
	Checked in with client frequently when giving information		
	Allowed client to set action goal(s)		
	Assessed client's confidence in their ability to reach action goal(s)		
	Invited client to explore potential barriers to change		
	Determined follow-up		
		0.00	

### Dietetic Student Performance Appraisal-Administrative Project

CRDN 4.3--Conduct clinical and customer service quality management activities.  
 CRDN 4.7--Conduct feasibility studies for products, programs or services with consideration of costs and benefits.  
 CRDN 2.2--Demonstrate professional writing skills in preparing professional communications.

Competency Levels:  
**Level 5:** Excellent met all criteria  
**Level 4:** Good-met most criteria  
**Level 3:** Good met some criteria  
**Level 2:** Needs Improvement- missing more than half of criteria  
**Level 1:** Poor-does not meet the majority of the criteria  
 (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)

Competency	Detail effects	Score	Comments specific to each area	
CRDN 4.3, 4.7, 2.2	Research history of problem			
	Research and identify alternatives			
	Analyze alternatives			
	Recommend solution and how to implement			
	Evaluation if possible			
	<b>Content of paper</b>			
	Informative-reflects relevant research into background			
	References are varied, current, relevant, properly documented			
	Material is organized and follows comprehensible sequence			
	Sentences and paragraphs are well composed			
	Graphs, charts, pictures and tables as appropriate are included			
	Important information is emphasized			
	Assignment is neatly done			
	Proper grammar is used			
	Spelling is correct			
	Assignment was turned in on time (10% deduction if late)			
	Expression of ideas and explanation are comprehensible			

<b>Dietetic Student Performance Appraisal-Fairmont State Class Presentation</b>				
CRDN 3.3--Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.				
CRDN 3.4--Design, implement and evaluate presentations to a target audience.				
Competency Levels: <u><b>Level 5:</b></u> Excellent met all criteria <u><b>Level 4:</b></u> Good-met most criteria <u><b>Level 3:</b></u> Good met some criteria <u><b>Level 2:</b></u> Needs Improvement- missing more than half of criteria <u><b>Level 1:</b></u> Poor-does not meet the majority of the criteria (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)				
<b>Competency</b>	<b>Presentation: Communication/Presentation skills</b>	<b>Score</b>	<b>Comments specific to each area</b>	
CRDN 3.3, 3.4	Little use of notes/slides			
	Able to discuss and answer questions			
	Material is organized and follows a comprehensible sequence			
	Professional dress/appearance			
	Uses correct grammar			
	Audible			
	Enthusiastic			
	Makes eye contact with audience			
	Appropriate pronunciation of terms			
	Kept audience engaged			
	<b>Audio-visuals: Presentation development</b>			
	Relevant to content			
	Creative-includes charts/graphs/pictures			
	Neatly prepared			
	Creative approach to total presentation			
	Appropriate amount of information on each slide			

**Dietetic Student Performance Appraisal-Journal Article Review**

CRDN 1.4--Evaluate emerging research for application in nutrition and dietetics practice.  
 CRDN 1.6--Incorporate critical-thinking skills in overall practice.  
 CRDN 3.8--Deliver respectful, science-based answers to client questions concerning emerging trends.

Competency Levels:  
**Level 5:** Excellent met all criteria  
**Level 4:** Good-met most criteria  
**Level 3:** Good met some criteria  
**Level 2:** Needs Improvement- missing more than half of criteria  
**Level 1:** Poor-does not meet the majority of the criteria  
 (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)

Competency		Score	Comments specific to each area	
CRDN 1.4, 1.6, 3.8	<b>Basic information:</b>			
	Name(s) of author(s)			
	Title of Article			
	Title of Journal, volume number, date, month and page numbers			
	Statement of the problem or issues discussed			
	The author(s) purpose, approach or methods, hypothesis, and major conclusions.			
	<b>Qualified opinion of the article:</b>			
	Is the title of the article appropriate and clear?			
	Is the abstract specific and representative of the article?			
	Is the purpose of the article made clear in the introduction?			
	Do you find errors of facts and interpretation?			
	Is all of the discussion relevant?			
	Has the author cited the pertinent, and only the pertinent literature?			
	Have any ideas been overemphasized or underemphasized?			
	Are the author's statements clear?			
	What underlying assumptions does the author have?			
	Has the author been objective in his or her discussion of the topic?			
	Is the objective of the experiment or of the observations important for the field?			
	Are the experimental methods described adequately?			
	Are the study design and methods appropriate for the purposes of the study?			
Have the procedures been presented in enough detail to enable a reader to duplicate them?				
Do you find any content repeated or duplicated?				

## Dietetic Student Performance Appraisal-Mentoring

CRDN 2.15--Practice and/or role play mentoring and precepting others.

Competency Levels:

**Level 5:** Excellent Meets all criteria

**Level 4:** Good-Meets most criteria

**Level 3:** Good Meets some criteria

**Level 2:** Needs Improvement-does not meet more than half of criteria

**Level 1:** Poor-does not meet the majority of the criteria

(Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)

Area:	Criteria	Score	Comments specific to each area
Availability	The mentor is always available to the new employee/student. The mentor frequently initiates contact with the new employee/student. Regular mentor sessions are planned.		
Problem solving	The mentor frequently leads the new employee/student into discovering possible solutions to problems on his or her own through asking questions and making suggestions. Occasionally, the mentor includes reference to how he or she would handle the situation.		
Reflective questions	The mentor frequently takes the opportunity to ask reflective questions of the new employee/student. The mentor utilizes reflective questioning skills to invite the new employee/student to look at his or her teaching practices with an eye for improvement.		
Confidentiality	The mentor is sensitive to and closely adheres to the line between mentoring and evaluation. Topics and discussion from mentoring sessions are not shared with other staff or administration. Classroom observation notes become the sole property of the new employee/student following reflective conferences.		
Feedback	The mentor engages in observing the new employee/student's classroom on several occasions. The mentor provides positive peer coaching feedback that is specific and evidence based in a timely manner. The feedback is designed to increase the new employee/student's teaching skills by reinforcing "Best Practices" that are observed. Feedback also includes reflective questions centered on areas for improvement.		
Encouragement	The Mentor encourages the new employee/student to try new things, expand his or her teaching skills and become actively involved with students, parents and staff. The mentor models a positive attitude toward the school, the district and the community at large. The encouragement to succeed is genuine.		
Knowledge of content	The Mentor demonstrates an in depth understanding of content and student standards. The mentor actively interprets how the content can be put into practice in the classroom.		
Technology	The mentor frequently utilizes information age learning and technology to enhance the mentoring experience.		
Managing student learning	The mentor can effectively manage and monitor student learning for ALL students, can systematically organize lessons and frequently offers assistance.		

**Dietetic Student Performance Appraisal-MNT Billing and Coding**

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 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.

Competency Levels:

**Level 5:** Excellent can explain all criteria

**Level 4:** Good-can explain most criteria

**Level 3:** Good can explain some criteria

**Level 2:** Needs Improvement- cannot explain more than half of criteria

**Level 1:** Poor-does not meet the majority of the criteria

(Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)

Competency	Criteria	Score	Comments specific to each area
CRDN 2.1 and 4.9	Explain how to become an MNT provider		
CRDN 2.1 and 4.9	Explain what type of providers can be billed for MNT		
CRDN 2.1 and 4.9	Explain how to obtain a National Provider Number		
CRDN 2.1 and 4.9	Explain diabetes self-management training (DSMT) services		
CRDN 2.1 and 4.9	Explain the referral process for MNT services		
CRDN 2.1 and 4.9	Explain the main codes used for billing of MNT services		
CRDN 2.1 and 4.9	Explain the ICD-10, CPT and other MNT billing codes.		



<b>Dietetic Student Performance Appraisal-NNM</b>				
CRDN 2.2--Demonstrate professional writing skills in preparing professional communications. CRDN 2.3--Demonstrate active participation, teamwork and contributions in group settings. CRDN 2.11--Show cultural competence/sensitivity in interactions with clients, colleagues and staff. CRDN 3.5--Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience. CRDN 3.7--Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management. CRDN 3.8--Deliver respectful, science-based answers to client questions concerning emerging trends.				
Competency Levels: <u><b>Level 5:</b></u> Excellent can explain all criteria <u><b>Level 4:</b></u> Good-can explain most criteria <u><b>Level 3:</b></u> Good can explain some criteria <u><b>Level 2:</b></u> Needs Improvement- cannot explain more than half of criteria <u><b>Level 1:</b></u> Poor-does not meet the majority of the criteria (Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)				
<b>Competency</b>	<b>Educational display and handout</b>	<b>Score</b>	<b>Comments specific to each area</b>	
CRDN 2.2, 2.3, 2.11, 3.5, 3.7, 3.8	Subject matter is relevant and interesting and relates to the audience intended.			
	Informative – indicates research into background.			
	Material is organized and follows comprehensible sequence.			
	Material meets age specific/cultural/literacy requirements.			
	Creative			
	<b>Community presentation(s)</b>			
	Knowledge of subject matter:			
	Informative-indicates research and relevance to audience			
	Able to discuss and answer questions			
	<b>Delivery:</b>			
	Uses correct grammar			
	Audible			
	Enthusiastic			
	Eye contact			
	Appropriate pronunciation of terms			
	<b>Audio-visuals:</b>			
	Relevant			
	Creative			

**Dietetic Student Performance Appraisal-Professional Development Portfolio**

CRDN 2.15--Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.

Competency Levels:

**Level 5:** Excellent can explain all criteria

**Level 4:** Good-can explain most criteria

**Level 3:** Good can explain some criteria

**Level 2:** Needs Improvement- cannot explain more than half of criteria

**Level 1:** Poor-does not meet the majority of the criteria

(Note: Level 1 requires development of action plan with Supervisor, Dietetic Internship)

Area:	Criteria	Score	Comments specific to each area
Overview	Explain why credentialed practitioners are required to maintain certification through continuous learning. To that end, the Commission on Dietetic Registration constructed the Professional Development Portfolio (PDP) process, which provides practitioners with the tools to achieve these aims.		
Step 1	Explain Reflection		
Step 2	Explain Completing learning needs assessment		
Step 3	Explain Development of a learning plan		
Step 4	Explain Implementing a learning plan		
Step 5	Explain Evaluating the learning plan		