



# **Dietetic Internship Student Handbook 2025-2026**

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 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 MS/Dietetic Internship (DI) is a post-undergraduate 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 June 30, 2026 by:

Accreditation Council for Education in Nutrition and Dietetics  
The Academy of Nutrition and Dietetics  
120 South Riverside Plaza, Suite 2190  
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 percent of interns complete program requirements within 15 months (150% of program length). (verification statement only option)
- At least 80 percent of interns complete program requirements in 36 months (150% of program length) (West Virginia University graduate program + verification statement)
- At least 80 percent of interns complete program requirements in 18 months (150% of program length) (Marshall University graduate program + verification statement)
- At least 90 percent of program graduates take the 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 and nutritionists is at least 80 percent.
- Of graduates who seek employment, at least 90 percent are employed in a nutrition and dietetics or related fields within 12 months of graduation.

### **Goal #2. Graduates will have a commitment to life-long learning and service to the profession.**

- At least 50 percent of graduates will indicate they are planning to actively participate in their local and/or state dietetic association within 18 months after graduation.
- At least 50 percent of graduates will indicate they plan on furthering their education or obtaining an advanced certification within 12 months after graduation.
- At least 80 percent of employers will rate graduates' preparation for entry-level practice higher (four out of five point scale) compared to other entry-level graduates they have hired 12 months after graduation.
- At least 75 percent of graduates will indicate the program promoted self-directed learning and encouraged life-long learning 12 months after graduation.

## General Program Schedule and Length of Program

<b><u>Rotation</u></b>	<b><u># of Weeks</u></b>	<b><u># of Hours</u></b>
Orientation	1	40
<b><u>Administration</u></b>		
Patient Services/Production/Café	5	160
Administrative Rotation	1	32
<b>TOTAL:</b>	<b>6</b>	<b>192</b>
<b><u>Clinical</u></b>		
Clinical Orientation	1	32
General Medicine	1	32
Oncology/BMTU	2	64
Cardiovascular ICU	2	64
Pediatrics/ PICU/CICU/NICU	5	160
Neurology/NCCU	2	64
MICU	2	64
Medicine	1	32
Surgery	2	64
Trauma	2	64
Encompass Rehab Hospital	1	32
Clinical Staff Relief	2	64
<b>TOTAL:</b>	<b>23</b>	<b>704</b>
<b><u>Community</u></b>		
Bariatric surgery	1	32
Cystic Fibrosis/Outpt peds	1	32
Weight Management	1	32
Outpatient Cancer Center	1	32
Kid's Fair/National Nutrition Month	variable (4-6 days)	?
Public Health (WIC)	1	32
Diabetes Center	1	32
Pierpont Community and Technical College	1	32
<b>TOTAL:</b>	<b>13</b>	<b>224</b>
Week of Choice	2	64
Class days	~43 days	258
State Dietetic Association (WVAND)	2	15
38 weeks of rotations (1520 total hours)		
<b>Total Supervised practice hours</b> (rotations/experiences where competencies are met)		<b>1,199</b>

## Dietetic Internship Calendar

Orientation	September 8-12, 2025
Holidays:	
Thanksgiving	November 27-28, 2025
New Year's Day	January 1, 2026
Memorial Day	May 25, 2026
Vacation Days	December 22-25, 2025
Easter Sunday	April 5, 2026
Spring Break	April 6-10, 2026
WVAND Spring Meeting	April 17, 2026
Kid's Fair	TBD
Graduation	June 19, 2026

## 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 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 normally from fall through early spring. During March, all Fridays are spent conducting National Nutrition Month activities in the community.

Student Classes - Fridays are reserved for class except for some dates in the spring when Fridays are spent in your rotations. A variety of activities and competency attainment activities are scheduled to help students develop the skills and knowledge needed to complete each rotation and to be successful upon completion of the program. 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 variety of speakers from other disciplines both internal and external and arrange tours of Foodservice plants and local dairy farms.

**Clinical Orientation:**

Students will spend a week with the inpatient coordinator Rebecca Dattola. The students will 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.

**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 typically begin with introductory learning experiences and progress to more complex ones as they complete each rotation.

WVU Medicine is a Level 1 Trauma center for adults and WVU Medicine Children's Hospital is 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 and WVU Medicine Children's are teaching hospitals, there are always opportunities to observe surgeries and procedures related to clinical rotations. Past students have observed gastric bypass surgery, 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.

General Medicine-(1 week)- This rotation will build of the information learned during clinical orientation and gives interns the opportunity to increase their skills and independence.

MICU - (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.

Oncology/Transplant and Cellular Therapy Unit (TCTU)- (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.

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



Neurology/Neuro Critical Care Unit- (2 weeks)- Students will learn the nutritional care of patients with a variety of neurologic injuries including stroke, ALS, seizure disorders, and TBIs. Students will work closely with Speech Therapists to learn about nutrition care plans for these patients.

Pediatrics/PICU/NICU- (5 weeks) -Students will work in our Children's Hospital in the pediatric trauma center and gain experience with infants, children and adolescents. Students will experience rounding, calculating infant formulas, plotting growth charts, learning basic physical assessment, and calculating enteral and parenteral nutrition support. Students will be able to participate in the nutritional care of newborn infants born with medical and surgical problems in our 54 bed Level IV NICU unit, critically ill children in the pediatric intensive care unit, cardiac intensive care and children with numerous different healthcare needs admitted to the pediatrics units. Many of their problems place them at nutritional risk resulting in complicated nutritional management.

Surgery Service - (2 weeks) – The students rotate on the surgical floor and in the Surgical Intensive Care Unit. They round with the 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 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 Rotation- (1week)-** each student will complete a quality improvement 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.

**Patient Services/Catering - (5 weeks)** – spent with our Patient Services Manager, Patient Experiences Manager, Retail Manager, Executive Chef and Catering Supervisor. During this time the student learns all aspects of the foodservice department from inventory to ordering and billing. Part of this time may be spent in Children's hospital or working on the cafeteria health initiative program. Students 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/Outpatient Pediatrics (1 week)** – In this rotation, students will visit a variety of outpatient pediatric clinics and the care provided to these patients.

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

**Pierpont Community and Technical College - (1 week)** – Students will have the opportunity to work with several RD/LDs in the university setting. They will prepare lesson plans, teach classes and work with the director of the NDTR program.

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.

Weight Management— (1 week)-Students will have the opportunity to work with the RD/LD's who are also CSOWM (Certified Specialist in Obesity Weight Management) working in the outpatient setting.

**Program Schedule (refer to program schedule on page 6 for more specifics or see website for sample 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 please visit our website for more details**

**<https://wvumedicine.org/ruby-memorial-hospital/education/dietetic-internship-program/>**

**Option 1 and 4- Verification Statement only**

- In-state tuition – \$5,500
- Out-of-state tuition- \$6,000

Non-tuition-related costs (\*indicates estimate):

- Room and board – \$6,000\*
- Transportation and gas – \$2,000\*
- Miscellaneous – \$2,000\*
- Books – \$70\*
- Academy of Nutrition and Dietetics membership – \$50
- Application fee – \$50
- WVU Medicine Supplemental application fee – \$50
- Lab coats (optional) – \$50\*
- Scrubs (optional) – cost varies\*
- Educational supplies – \$25\*
- Food handler's card – \$20
- Solid leather tennis shoes or other solid work shoes/clogs – cost varies\*\*
- Medical insurance – cost varies\*

**Option 2-West Virginia University in-person graduate program- 2025-2026 cost of attendance if applicable**

Cost per credit hour			
Residency	University Tuition	University Fees	Total
Graduate Resident	\$596	\$77	\$674
Graduate Non-Resident	\$1,668	\$77	\$1,746
Cost per semester			
Residency	University Tuition	University Fees	Total
Graduate Resident	\$5,364	\$702	\$6,066
Graduate Non-Resident	\$15,012	\$702	\$15,714

In addition to the totals above, a \$125 [Mountaineer Athletics Advantage Fee](#) is billed as a separate item each fall and spring term.

**Option 3- Marshall University on-line master's program graduate cost of attendance if applicable**

Tuition and Fees for Distance Dietetic Internship & Master's Program (2 semesters + summer = 36 graduate credits):

- **Anticipated tuition, which is charged at the same rate for both resident and non-resident interns for the 2025-2026 year: \$20,261 (not including the E-delivery course fees discussed below)**
- Respective portions of tuition are billed during the fall, spring, and summer intersession semesters.
- Tuition amount is subject to increase if University tuition is raised.
- You are responsible for a \$50 E-delivery course fee per credit hour for this program (36 total online credit hours). Please visit the Distance Learning and Tuition Fees Website for more information. Please note: this fee is not included in the dollar amount listed above.
- Fees for PAL (Prior Assessed Learning) Credits are identical to that of the course fees and tuition

Online Testing and Learning

Marshall University meets the minimum qualification required by the Higher Education Policy Commission for verifying the identity of a distance learner. Every intern enrolled in the program will be issued a username and password unique to the individual. For added security, Marshall has adopted Ucard to deliver student identity management at the point of admission. Ucard provides photo identification of all distance learners at the point of admission and provides visual identification for instructors during testing and online assessment via a web camera, as needed.

Additionally, Proctor U provides the option for live remote proctoring (via webcam), should this service be required.

## **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**

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

##### **PURPOSE**

##### **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.
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 their first name or a preferred first name appear on the ID badge, with the last name of the employee being omitted from the identification badge when delivering direct patient care, if the employee is concerned for their safety. This can be accomplished via the HRIS system by using the "Omit Last Name from ID Badge" request process.

Here are the steps to request omitting the last name from the ID Badge –

1. Employee - Login to Workday
2. Type "Create Request" in the Search bar
3. Choose "Omit Last Name from ID Badge"
4. On the Omit Last Name from ID Badge page, provide an explanation of why you are requesting to remove your last name.
5. Click "Submit"

Employees are only required to pay a replacement fee for lost or forgotten badges as determined 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 as required or directed.

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, Body Alterations/Piercings, and Tattoos**

Reasonable self-expression through personal appearance is permitted, unless it conflicts with an employee's ability to perform his or her job effectively and safely within his or her specific work environment, or it is regarded as offensive, harassing, or inappropriate towards others.

Factors that management will consider when determining whether jewelry, body alterations or tattoos pose a conflict with the employee's job or work environment include:

- Personal safety of self or others, or damage to hospital property (e.g., items such as heavy necklaces, dangling earrings, or any personal embellishments that pose a significant risk of entanglement or other potential safety risks are not allowed.)
- Adherence to departmental or regulatory requirements.
- Productivity or performance expectations.
- Offensiveness to patients, visitors or others in the workplace (e.g., tattoos with profanity, racist symbols, nudity, or violent imagery.)

If management determines an employee's jewelry, body alterations, gauges, or tattoos present such a conflict, the employee will be encouraged to identify appropriate options, such as removal of excess or offensive jewelry, covering of tattoos, replacement of gauges with flesh-colored covers, transfer to alternative position, or other reasonable means to resolve the conflict.

## **K. Nails**

Employees providing direct patient care cannot wear artificial nails and should keep their natural nails in good repair, no longer than a quarter inch (1/4") past the end of their fingers. If nail polish is worn, it must be a standard lacquer polish and free of chips and cracks. All other nail applications are considered artificial. Artificial nails are defined as any nail that is attached to the natural nail including press-on nails, acrylic nails, nail tips, nail wraps, gel nails, etc. Nail jewelry is not permitted.

Scrubbed individuals who interact with the sterile field during surgical procedures are NOT permitted to wear fingernail polish or gel shellac.

There may be specific units/areas that have a more restrictive nail policy; refer to your department to determine if an addendum applies.

## **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. 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 or is otherwise specifically authorized by management.

Use of Single-Ear Listening Devices: Management may authorize the use of single-ear listening devices (e.g. single ear bud or headphone) in designated areas or times, provided such devices do not interfere with safety, productivity, patient care, or general situational awareness. Single-ear listening devices will not be authorized in areas where hearing protection is required, areas where machinery or heavy equipment is being operated, or by staff responsible for responding to alarms, alerts, or calls for help. Single-ear listening devices must be kept at a low volume level that does not cause distraction or interfere with the ability to hear and respond to communications from others.

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, carry-alls, and absorbent lanyards.

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

Face coverings, buttons, pins, or other accessories expressing political candidate, party preference and/or political action messages worn or attached to visible outer garments or clothing, are not permitted to be worn while working. Management reserves the discretion to determine appropriateness of any adornments/accessories.

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

## **N. 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 unless approved by President or designee.
7. Untucked shirts and blouses designed with shirt tails unless designed to be worn on the outside
8. Sweatshirts

#### **O. 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.

#### **P. 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.

### **Code of ethical conduct**

The Code of Ethical Conduct affirms WVUHS' commitment to providing quality services, while complying with all legal, professional, and ethical obligations that apply to our various business practices, and to establishing and maintaining a corporate culture that enables all of us to fulfill all those obligations. WVUHS employees are expected to know and adhere to all legal requirements that pertain to their area of responsibility.

The WVUHS Board of Directors has adopted a Corporate Compliance Program to ensure that WVUHS operates in full compliance with applicable laws and ethical principles. The program is intended to demonstrate, in the clearest possible terms, WVUHS' absolute commitment to the highest standards of ethics and compliance with all applicable laws, policies, rules and regulations. The Chief Compliance Officer and the WVUHS Audit and Compliance Board Committee provide program direction and ensure WVUHS has a risk-based process that (1) builds compliance consciousness into daily operations, (2) monitors the effectiveness of compliance activities and (3) communicates instances of noncompliance to appropriate senior management for corrective action.

#### **Core Principles**

Our workforce is expected to know and act in ways reflective of our service standards.

1. Honest communications;
2. Respect for patients' rights including confidentiality and privacy, as well as

- respect for our employees and co-workers;
3. Fairness in our business dealings including disclosure to address any potential or perceived conflicts of interest;
  4. Equal opportunity to work in a positive work environment;
  5. Partnership with other providers;
  6. Commitment to our patients, our employees, our physicians, our payors, our regulators, our suppliers, and our volunteers to act with fairness, dignity, and responsibility to make our hospitals and our communities better places to work and live;
  7. Civic duty to comply with federal, state, and local laws, rules and regulations;
  8. Leadership to motivate change;
  9. Integrity and zero tolerance of criminal activity, or conspiracy to commit a crime;
  10. Accountability and responsibility for our actions and attitudes;
  11. Excellence is considered the standard of quality services.

### **Ethical Behavior**

WVUHS has an ethical responsibility and obligation to the patients and the community it serves. WVUHS has established and implemented an organizational ethics policy to provide a moral framework for its business and patient care operations. The organization's guiding principle is simple: Do the right thing. All clinical decisions are based on patient care needs. When faced with a tough ethical decision, review the following checklist:

- Does the action comply with WVUHS policies and procedures?
- Is the action legal?
- How would the action look to your family and friends, our patients and the general public if it were published on the front page of the newspaper?
- Would the action make you feel bad if you did it?
- Are you being fair and honest?
- Is the action consistent with WVUHS' Code of Ethical Conduct?
- Is the action wrong? Are you unsure? If so, ask until you get an answer.
- Ethical behavior is the responsibility of every WVUHS employee. Each one of us has a personal obligation to report any activity that appears to violate applicable laws, regulations, rules, policies, procedures, or standards of ethical conduct.

### **Standards of Behavior**

The Standards of Behavior provide a concise and straightforward set of guidelines that outline the expected conduct for all employees. They set clear expectations to ensure that each patient - and colleague - is consistently treated with respect and integrity. While not an exhaustive list, these Standards assure that every individual plays a role in maintaining our organization as an exceptional workplace for employees, a trusted environment for medical practitioners, and a reliable destination for patient care. The Standards focus on the four Cs:

Compassion - We treat all individuals with empathy and respect.

Communication - We interact effectively with patients, families, and employees.

Commitment- We take responsibility for our actions, decisions, and performance.

Competence - We increase our expertise in order to provide the highest standard of care.

### **Non-Therapeutic and Non-Professional Relationships**

WVUHS is committed to providing safe, high-quality care and services to patients, their family caregivers, visitors, and the community. It is expected that individuals respect and honor the rights of patients.

Persons who care for or interact with patients, their patients' families, visitors, or loved ones, including non- employees (hereafter "WVUHS Personnel") are responsible for setting and maintaining appropriate professional boundaries.

WVUHS Personnel are in a privileged position in relation to patients/visitors/family caregivers because of the relationship of trust and the power imbalance that frequently exists between them. WVUHS Personnel must not abuse this trust by using their access, position, or power to meet their own needs when providing care and services.

Examples of inappropriate, non-therapeutic, or non-professional relationships may include:

- Entering into a personal relationship (e.g. romantic, sexual, business) with a current or recently discharged patient, or with that patient's visitors or family caregivers (note: this includes exchanging personal contact information or asking a patient, caregiver or family member to become a new social media "friend" or connection).
- Asking for or accepting money, thank-you gifts, or financial support (including gift cards) from patients, family caregivers or visitors in violation of the WVUHS Gifts and Gratuities Policy, or giving gifts of substantial value to patients (unless for some therapeutic purpose documented in the patient chart).
- Oversharing of personal information. WVUHS Personnel should not overshare their own personal information, excessively socialize with or show favoritism toward patients unless the interaction is specifically part of a work-related function.
- Those found to have violated professional boundaries will be held accountable, and may be subject to discipline up to and including termination of employment.

### **PROCEDURES**

1. Human Resource related issues such as unfair practices, harassment, employee behavior that undermines the culture of safety, etc., **MUST** be reported to your immediate supervisor, an executive level manager, or a Human Resources representative by contacting the local Human Resources department or HROneSource at 1- 833-599-2100 or HROneSource.org.
2. Patient privacy and confidentiality issues should be reported to the WVUM Enterprise Privacy Division on the Privacy Hotline at 1-844-988-6446 or via

email to [wwumnopp@wvumedicine](mailto:wwumnopp@wvumedicine).

3. Compliance issues such as suspected wrongdoing, including fraud, waste and abuse; violations of federal and state laws; and any other unethical behaviors should be addressed through normal administrative channels through an employee's immediate supervisor, an executive level manager, Human Resources, or as appropriate you may contact your Compliance Officer, call the Compliance Hotline at 1-855-236-2041, or file a report of concern on the Compliance Hotline website at: <http://www.wvuhs.ethicspoint.com/>. The Compliance hotline is an anonymous way for employees to report suspected wrongdoing, including fraud, waste and abuse; violations of federal and state laws; and any other unethical behaviors. Human Resource related issues reported to the Compliance Hotline will be referred to your Human Resources department for investigation and resolution.

### **Background check/Fingerprinting**

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/fingerprinting.

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

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 must meet medical or religious exemptions and requires written documentation to be kept by employee health). COVID-19 and Hepatitis B vaccines are recommended but not mandatory.

## **Universal 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/Requirements 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 Master's 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.

## **Information for International Applicants**

International students are encouraged to apply for admission consideration to the Master's Dietetic Internship program at West Virginia University Hospitals (WVUH); however, the following should be noted.

- (1) The Master's Dietetic Internship Programs is sponsored by West Virginia University Hospitals and is not affiliated with West Virginia University.
- (2) West Virginia University Hospitals is NOT approved by the Department of Homeland Security to issue Form I-20, "Certificate of Eligibility for Nonimmigrant Student Status". Therefore, we are unable to provide the documentation necessary for international students to obtain an F or M educational visa.
- (3) Admission requirements to each respective program are published and are applied equally to all candidates when considering applicants for admission. No exceptions or waivers are made for international students.
- (4) West Virginia University Hospitals requires international students that completed

secondary and/or post-secondary education outside of the United States to have their transcripts converted to U.S. equivalents by the World Education Services (see policy below).

#### Validation of International Educational Records

##### Policy

This policy serves to provide applicants who have obtained secondary and/or postsecondary education outside of the United States, a mechanism for validating the extent and quality of their educational experience, while providing program officials with United States equivalent educational transcripts.

##### Process for Validation

1. Candidates who have obtained secondary and /or postsecondary education at institutions outside of the United States are required to have their transcripts verified and converted to United States equivalents.
2. Candidates are required to have this service performed by the following non-profit organization:

##### World Education Services

Phone: (+1) 800-361-3106 Fax: (+1) 212-739-6100

[www.wes.org](http://www.wes.org)

3. Candidates are responsible for all fees and expenses related to this evaluation process.
4. Validated documents must be forwarded directly to West Virginia University Hospitals (WVUH) from the World Education Services (WES). WVUH will not accept documents directly from the candidate.
5. Candidates should be aware that WES is an independent organization and is not affiliated with WVUH; therefore, WVUH has no control over the costs or the time frames associated with this process. Candidates must submit their documents to WES in a timely manner in order for WVUH to receive the converted documents by each program's designated application deadline. (See website for specific details)  
<https://wvumedicine.org/ruby-memorial-hospital/education/dietetic-internship-program/>

### **Academic Dishonesty Policy**

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 Master's 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 academic year, following the guidelines specified by ACEND. If not all openings are filled the program will reopen with rolling admissions for either fall or spring start dates.
2. The internship supervised practice rotations typically begin in September, on the Monday one week following Labor Day. If all openings are not filled the program will reopen with rolling admissions for either fall or spring start dates which may change when the rotations begin.
3. There are several options for being accepted into our program. Students who have previously obtained a master's degree with official transcripts indicating degree and date conferred. Students who are in the process of completing a master's degree from a graduate program outside of WVU or Marshall University (student identified graduate option) in which students must only have 1 semester left to complete their graduate degree upon admission. Student options for an in-person master's degree program

through WVU prior to starting the supervised practice rotations or an online master degree program through Marshall University that can be completed concurrently with the supervised practice rotations. Students accepted to our internship program are guaranteed acceptance to the WVU and Marshall graduate program but still must complete the graduate school application.

### **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 along with the board meeting. Students are required to pay for registration (normally ~\$35 unless there is a credit for working an event), 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-if applicable**

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 man the booth. If the Kid's Fair is not held, this is not a required event.

#### **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.

#### **D. Eat Right WV Day**

Spend the day at the WV state capitol meeting with legislators and networking with other dietitians and students around the state.

### **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 unless they are texts from preceptors. This includes making or receiving calls, texting and



checking voicemail. Personal cell phones may be used during break times or outside of work times.

## Competency tracking

WVU Medicine Dietetic Internship students are required to achieve core competencies according to the most updated ACEND Accreditation Standards For Nutrition and Dietetics Internship Programs (DI). Information is tracked and reviewed so that unsatisfactory scores can be identified early, and appropriate remediation can be provided in a timely manner according to Policy III: Evaluation of Assignments.

- During orientation internship students will be provided with a copy of the most updated competencies from the ACEND Accreditation Standards For Nutrition and Dietetics Internship Programs (DI).
- Competencies and potential activities will be reviewed, and internship students will be given the chance to ask questions.
- Internship students will be given access to an excel spreadsheet where they will track their competency achievement and scores for each rotation.
- Internship students may ask questions or gain clarification on expectation at any time throughout the year from the Internship Director/Supervisor via email, during classes, or by scheduling a meeting.

The Director/Supervisor, preceptor, and student all have a role in ensuring competencies are achieved.

- A. It is the responsibility of the Internship Director/Supervisor to:
  - Find and schedule rotations and experiences to meet all required competencies
  - Track completion of competency activities on a separate spreadsheet by reviewing evaluations in Competency AI or other evaluation management system, including scores, throughout the internship and address any low scores in a timely manner
  - Calculate an average score of each competency met during the rotations throughout the internship
  - Review scores with each internship students at a minimum of mid-year and final evaluation meetings or earlier if needed
- B. It is the responsibility of the preceptor to:
  - Determine what competencies can be met throughout their rotation/experiences
  - Provide appropriate guidance, instruction, and feedback for students to successfully achieve the competency
  - Ensure that applicable required competencies are achieved in each rotation
  - Inform the Internship Director/Supervisor if a planned competency/experience is unable to be completed during that rotation

C. It is the responsibility of the Internship Student to:

- Understand the purpose of each competency and how these are met in each rotation
- Track their competency achievements throughout the internship and review those with the Director/Supervisor upon request
- Ensure that required competencies are achieved in each rotation and communicate any concerns or issues with the Internship Director/Supervisor in a timely manner
- Verify with the Internship Director/Supervisor if unsure of the requirements of a specific competency/competencies

## **Complaint Procedure**

### **POLICY**

Dietetic Student/group of students or preceptor who desire to file a complaint with respect to the Dietetic Internship Program or complaints to ACEND related to program noncompliance with ACEND accreditation standards 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 Dietetic Student/group of students or preceptor having a complaint with respect to the Internship Program or ACEND program noncompliance with accreditation standards should first discuss the complaint with the Internship Director.

1. The Internship Director will meet with all parties involved regarding the complaint and complete the investigation within five working days of receipt of the complaint.
2. The Internship Director will consult with the advisory committee and a decision will be made in regard to the complaint within five working days. If needed, the internship director will involve the employee and labor relations consultant.
3. If the situation can be resolved at this step, it will be complete, and the information will be kept on file for 7 years.

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 of the internship director's decision.

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 7 years.

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 7 years

Notice of Opportunity to File Complaints with the Accreditation Council on Nutrition and Dietetics (ACEND)-**NOTE: STUDENTS MUST EXHAUST ALL OPTIONS BEFORE SUMITTING COMPLAINTS TO ACEND.**

Accreditation Council on Nutrition and Dietetics (ACEND) will review complaints that relate to a program's compliance with the accreditation/approval standards. ACEND is interested in the sustained quality and continued improvement of dietetics education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the accreditation/approval standards and/or the policy and procedure for submission of complaints may be obtained by contacting the Education staff at the Academy of Nutrition and Dietetics at 120 South Riverside Plaza, Suite 2190, Chicago, Illinois, 60606-6995 or by calling 1-800-877-1600 extension 4872.

### **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 on competency attainment and professionalism by the Clinical Instructor from the assigned rotation and have an opportunity for self-evaluation during each unit experience.

## **Distance Education Policy**

The WVU Hospital MS/DI program offers an on-line distance master's degree program from Marshall University that can be completed concurrently with the supervised practice rotations at WVU Hospital as one of the options when matching to our program. If this route is chosen below are the procedures that must be followed.

### Online Testing

Marshall University meets the minimum qualification required by the Higher Education Policy Commission for verifying the identity of a distance learner. Every intern enrolled in the program will be issued a username and password unique to the individual. For added security, Marshall has adopted Ucard to deliver student identity management at the point of admission. Ucard provides photo identification of all distance learners at the point of admission and provides visual identification for instructors during testing and online assessment via a web camera, as needed. Additionally, Proctor U provides the option for live remote proctoring (via webcam), should this service be required.

### Technology Requirements

Student selected for and enrolled in the distance dietetic internship will complete required internship courses online. At a minimum, a desktop or laptop computer, reliable Internet access, and a webcam and mic for course work are needed. Students will use Blackboard, Marshall's Learning Management System, to complete online courses. Students must be proficient in the use of computers, the Internet, browsers, Microsoft Office Word, and other common applications. Blackboard support is available 24/7 and the University's IT service desk is also available to provide technology assistance.

### Academic and Program Calendar

Interns will observe the University calendar for all graduate classes.  
(<https://www.marshall.edu/academic-calendar/>)

All distance interns are required to attend a 2-day DI Workshop in the spring semester of enrollment. Held in late April/early May. More information regarding this will be shared during program orientation. Program orientation for distance internship students is virtual.

### Financial Aid

Financial aid is available for qualifying students. After match day, if an applicant is admitted to the distance dietetic internship he or she will receive instructions regarding formal application to Marshall University's graduate school and for financial aid.

<https://catalog.marshall.edu/graduate/programs-az/health-professions/dietetics-ms/#text>

## Educational Purpose of the Dietetic Internship

The internship provides for the achievement of performance requirements for entry-level dietitians through 1199 hours of supervised practice. Students must complete a minimum of a master's degree granted by a college or university accredited by a U.S. Department of Education recognized accrediting agency or foreign equivalent, and coursework through an Accreditation Council for Education in Nutrition and Dietetics accredited Didactic, Coordinated, Graduate or International program. These steps provide the resources necessary for education and training to qualify our students for responsibilities as an "entry level" generalist dietitian with added emphasis in Medical Nutrition Therapy, and qualifies them to sit for the national registration examination through the Academy of Nutrition and Dietetics (AND) Commission on Dietetic Registration (CDR). Once students successfully complete the program and masters, 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. Links to licensure for other states can be found on our website.

The dietetic internship at WVU Hospital is accredited by the Accreditation Council on Nutrition and Dietetics. (ACEND), the AND's accrediting agency for educational programs as one of the steps to become an RD. The ACEND educational standards are developed and accepted by practicing dietetics and nutrition professionals nationwide. This means that the programs will provide the knowledge, skills and/or competencies you need for entry into the dietetics profession.

## PROCEDURE

During the program, students will gain experiences in 23 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/competency/planned experience. They are expected to complete all assignment/objectives in a satisfactory manner. If a student does not perform in a satisfactory manner either on assignments or overall performance and professionalism, appropriate actions will be taken including tracking of competency scores, verbal discussions prior to remediation which could include disciplinary steps, probation and possible 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 receiving a verification statement 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 problem, 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 receive a verification statement from the program during a period of probation.
- d. The student cannot participate in an affiliation during a period of probation
- e. The student may be terminated from the program if they receive any additional scores of "1" or "2" indicating unsatisfactory performance 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.

## Time Off Policy

Personal days including those for short-term illness/injury, Funeral days, Late/Timeliness or, Holidays/Vacation, is provided for the Dietetic Students. Timeliness in the internship is always expected but time will be allotted for urgent/emergent incidentals.

Illness/Injury: (personal days referenced below can be used for short-term injury or illness less than or equal to 3 days) See Time Off Policy for more specifics related to illness/Injury, Personal days, Funeral Days and Late/Timeliness issues. **See Leave of Absence policy for longer medical or personal leaves.**

1. Injury: an abnormal condition such as, but not limited to, a cut, fracture, sprain or amputation.
2. Illness: both acute and chronic illnesses including known or suspected infectious diseases.
3. Workplace: a physical location where work or operations are performed.

Each student is allotted three personal days during the year. These are only to be used for situations such as illness, emergency (death or illness of family) or interviews. Any time missed beyond the 3 days must be made up prior to receiving a verification statement if there are competencies not met during that absence. Personal days cannot be used for regular days off, during staff relief, during a 1-week rotation, during the last several weeks of the program, or the day before or after a holiday unless it is an illness, emergent situation or interview. This must be approved by the DI Director. Keep in mind these days should be used sparingly in the case of an emergency. Unused days do not accrue for later use for "days off".

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

For any use of the personal day(s) students are required to notify the internship director at least 72 hours in advance (unless it is an emergent situation that there was no 72-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 competencies were not met during the absence. If there is a special circumstance (i.e., the student



is injured or hospitalized, etc.), 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. See below for leave of absence policy.

If the student has a medical condition that requires frequent doctor's visits, the Internship Director must be provided with documentation from a physician requiring frequent visits and informed in advance 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 before verification statements are provided as to not take away from the rotation experiences before the service is considered complete.

**Leave of Absence-WVU Hospital Internship rotations only-See WVU or Marshall's policies for specifics related to their facilities.**

This policy is applicable to students that have incurred an illness, injury, or disability that would temporarily prevent them from performing the essential functions of the clinical and/or didactic education component. In the event of such, all reasonable efforts will be made to meet the students' limitations or restrictions. However if the student is unable to participate in clinical / didactic education for a period extending beyond twenty days, a medical leave of absence can be granted providing certain criteria are met.

If an intern needs to take a leave of absence from participation in the program for medical or personal reasons (more than 20 days), a leave of absence request must be submitted in writing to the program director/supervisor for approval. The request must include the reason for the leave of absence, any relevant documentation (e.g., physician note), estimated time frame for the leave, and expected date of return to the program.

1. The student must submit a signed and dated written request to be considered for a Leave of Absence.
2. The student must provide written documentation from a physician that they are currently unable to actively participate in the clinical and/or didactic education components of the program (If didactic applicable).
3. The student must be making satisfactory academic, clinical, and professional progress at the time of the request.
4. Leave of absence consideration is not granted to students who chose to have "elective" medical procedures during their time of enrollment.
5. Leave of absences can be up to four (4) months in length. All competencies, master's courses (if student has not previously obtained one), and supervised practice hours in the program must be met to receive a verification statement. If circumstances extend beyond 4 months, the student should meet with the internship director/supervisor and department director to discuss a plan for completion; these situations will be handled

- on an individualized basis. Supervised practice rotations will be rescheduled based on availability of preceptors, but may not be identical to what was originally planned. A medical/emergency/personal leave of absence will only be approved with a valid/documented reason with predetermined date of return (medical) and with the intent for the student to complete the program within the required time frame.
6. If > 4 months is needed for medical/emergency/personal leave it is up to the discretion of the internship director to determine if this can be accommodated.
  7. In accordance with USDE regulations, any leave of absence longer than 180 days is considered a withdrawal from enrollment; therefore, a student may be subject to a Return of Title IV funds calculation and may have to enter into the student loan repayment terms during the leave, if applicable. Information on options such as forbearance and deferment will be made available, as needed. (See III.27 Withdraw/Termination and Refund of Tuition/Financial Aid Policy)
  8. To assure compliance with regards to the accrediting body imposed student capacity restrictions, program officials will either reserve a position for the student in the next enrollment, or pursue a student capacity waiver from the accrediting body.
  9. Should the student be unable to re-enroll after the leave of absence, readmission must be obtained through reapplication and reevaluation.
  10. Credit for clinical work will be given on a case by case basis.
  11. The student must notify program officials as soon as possible should they decide not to return after their leave of absence so that another applicant can fill the reserved position (if applicable). Student must relinquish their locker, hospital I.D. badge, meal gift card and parking permit the day they leave the program.

## **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. Winter in WV is unpredictable, so it is encouraged that students find alternate travel arrangements or live within walking distance.**

## **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.

## **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 in the first several weeks of the internship.

## **Program Completion Requirements**

At the completion of the 41-week Dietetic Internship program (1199 hours of supervised practice experiences), the Internship Director will consider all evaluations in verifying successful completion of the program and before obtaining a verification statement. For successful completion of the internship:

- Satisfactorily complete 1,199 supervised practice hours by completion of all administrative, clinical, foodservice, community and weeks of choice rotations.
- Documentation of passing all CRDN's for entry-level dietitians (receiving a score of "3" out of 4 point scale indicating attainment of competency) as described by the 2022 Standards for Internship Programs in Nutrition and Dietetics in all supervised practice rotations and associated assignments.

- Maintain professional and ethical standards as outlined in the Academy of Nutrition and Dietetics Code of Ethics.
- Understand the RDE Misuse from CDR.
- Official master's degree conferred transcripts before verification statement is provided within maximum time frame to complete graduate program-VSO-5 years, WVU-8 years, Marshall-7 years
- DPD Verification Statement
- Tuition and Fees paid in full.
- Completion of preceptor evaluations and final evaluation prior to receiving verification statement

If the above criteria are not met at any time during the program, the student cannot receive a verification statement

Upon successful completion of the required 1199 supervised practice hours and verification of master's degree completion within maximum time to complete for applicable graduate program, students receive six (6) verification statements from the WVU Hospital Dietetic Internship Program that provide them part of their eligibility to take the professional registration exam administered by the Commission of Dietetic Registration (CDR).

### **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 completed in Trajecsyst 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 for graduate program if applicable 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 (within last 30 days), proof of chicken pox or Varivax vaccine, along with the registration fee/tuition of (\$5,500.00 in state or \$6,000.00 out of state). If a recent TB test was not completed students can receive the TB test at employee health. 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 Americans 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. This process can take up to 6 weeks so for any week of choice outside of WVU Medicine, an agreement will need to be executed. 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 code of ethical conduct 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 if attempts to resolve the issue fail prior to remediation.

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. (See evaluation of assignments policy) 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 (see evaluations policy for probationary guidelines)

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 receiving a verification statement.

## 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

Termination from the internship program will occur in the following situations:

- A. Student's performance in an assignment or a rotation is found to be "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 "Needs Improvement or 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. Student exhibits unprofessional behavior as outlined in the Academy's code of Professional Practice.
- F. Violation of Automatic Termination Policies as indicated in the WVUH, Inc. Employee Handbook and Standards of Behavior. (see attached) Policy V.022-PERFORMANCE EXPECTATIONS AND SERIOUS VIOLATIONS OF BEHAVIORAL STANDARDS
- G. Student fails to fulfill requirements outlined in the student contract.
- H. Student has a serious violation of the Academic Integrity policy including plagiarism, fraudulent/dishonest practices, forgery/misrepresentation/fraud or theft of student projects.
- I. Student fails to meet the requirements within the 150% completion time frame.

If a 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 withdraw/termination and refund of tuition/financial aid section below.

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

### **POLICY**

Students, who are awarded financial aid and subsequently withdrawal or are terminated from a program, may be responsible for returning a portion of disbursed funds to WVUH, the Department of Education, and/or their lender. The following outlines the calculation for the Return of Title IV funds when a student ceases to be enrolled prior to the end of a payment period or period of enrollment.

#### **Withdrawal Date**

All education programs at WVUH take attendance; therefore, the student's withdrawal date will be the last documented date of attendance at an academically related activity.

#### **Percentage of Title IV Aid Earned**

The percentage of Title IV aid earned is determined by utilizing the student's withdrawal date to calculate the percentage of the payment period (semester) completed. The Percentage of Payment Period Completed is calculated by dividing the clock hours scheduled to be completed by the total clock hours for the semester.

1. If the Percentage of Payment Period Completed is greater than 60%, than the Percentage of Title IV aid earned is 100%.
2. If the Percentage of Payment Period Completed is equal to or less than 60%, than that percentage will be used to calculate the amount of aid earned.
3. In accordance with USDE regulations, any leave of absence longer than 180 days is considered a withdrawal from enrollment; therefore, a student may be subject to a Return of Title IV funds calculation and may have to enter into the student loan repayment terms during the leave, if applicable. Information on options such as forbearance and deferment will be made available, as needed.

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. Prior to receiving a verification statement, 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

		Pager/phone
Administrative Project	Jill Johnston, MS, RD, LD <a href="mailto:jill.johnston@wvumedicine.org">jill.johnston@wvumedicine.org</a>	ext. 73339
Bariatric surgery	Rachel Allio- RD, LD <a href="mailto:rachel.allio@hsc.wvu.edu">rachel.allio@hsc.wvu.edu</a>	Beeper 1388 (11-0613)
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Clinical Staff Relief	Rotation preceptor	
MICU (split weeks)	Karen Lutomski, RD, LD, CNSC <a href="mailto:Karen.lutomski.m@wvumedicine.org">Karen.lutomski.m@wvumedicine.org</a>	Beeper 0467 (79312)
	Bethany Martini, RD, LD <a href="mailto:bethany.martini@wvumedicine.org">bethany.martini@wvumedicine.org</a>	Beeper 1766 (77717)
Clinical Orientation	Rebecca Mills, MS, RD, LD <a href="mailto:rdattol1@wvumedicine.org">rdattol1@wvumedicine.org</a>	Beeper 3834 (73334)
Outpatient Pediatrics	Ryan Juel, MS, RD, LD <a href="mailto:Ryan.juel.m@wvumedicine.org">Ryan.juel.m@wvumedicine.org</a>	Beeper 1121 304-581-1956
Diabetes Center	Justine Haney, MS, RD, LD, CDE <a href="mailto:justine.haney@wvumedicine.org">justine.haney@wvumedicine.org</a>	Ext. 74391
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Encompass Rehab	Anna Davis, RD, LD <a href="mailto:Anna.Davis@encompasshealth.com">Anna.Davis@encompasshealth.com</a>	304-285-1054
Medicine	Marese Abdul-Kaleem, MS, RD, LD <a href="mailto:marese.abdulkaleem@wvumedicine.org">marese.abdulkaleem@wvumedicine.org</a>	Beeper 2271(71291)

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NICU	Kelly Loomis, MS, RD, LD <a href="mailto:loomisk@wvumedicine.org">loomisk@wvumedicine.org</a>	Beeper 4032 (132661)
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Outpatient Cancer Center	Leanna Schwartzlow, MS, RDN, LD Ext. 75335 <a href="mailto:Leanna.schwartzlow.m@wvumedicine.org">Leanna.schwartzlow.m@wvumedicine.org</a>	
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PICU/Peds/Card	Makenna Ortiz, MS, RD, LD <a href="mailto:makenna.ortiz@wvumedicine.org">makenna.ortiz@wvumedicine.org</a>	Beeper 4034 (132685)
Public Health (WIC)	Jason Nguyen <a href="mailto:Jason.p.nguyen@wv.gov">Jason.p.nguyen@wv.gov</a>	
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**Staff**

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Catering Supervisor	Cathy Jefferson <a href="mailto:cathy.jefferson@wvumedicine.org">cathy.jefferson@wvumedicine.org</a>	73346

**Financial Aid**

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**Additional Contacts**

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Supervisor-Clin Nutrition	Rebecca Mills, MS, RD, LD Inpatient Clinical Nutrition <a href="mailto:rdattol1@wvumedicine.org">rdattol1@wvumedicine.org</a>	73334

CRDN's:

2022 CRDN	
Domain 1	Scientific and Evidence Base of Practice: Integrations of scientific information and translation of research into practice.
1.1	Select indicators of program quality and/or customer service and measure achievement of objectives.
1.2	Evaluate research and apply evidence-based guidelines, systematic reviews and scientific literature in nutrition and dietetics practice.
1.3	Justify programs, products, services and care using appropriate evidence or data.
1.4	Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies.
1.5	Incorporate critical-thinking skills in overall practice.
Domain 2	Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the nutrition and dietetics practitioner level of practice.
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 for the Registered Dietitian Nutritionist, Standards of Practice, Standards of Professional Performance, 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 interprofessional teams.
2.5	Work collaboratively with NDTR's and/or support personnel in other disciplines.
2.6	Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
2.7	Apply change management strategies to achieve desired outcomes.
2.8	Demonstrate negotiation skills.
2.9	Actively contribute to nutrition and dietetics professional, and community organizations.
2.10	Demonstrate professional attributes in all areas of practice.
2.11	Show cultural humility in interactions with colleagues, staff, clients, patients and the public.
2.12	Implement culturally sensitive strategies to address cultural biases and differences.
2.13	Advocate for local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics practice.
Domain 3	Clinical and Client Services: Development and delivery of information, products and services to individuals, groups or populations.
3.1	Perform Medical Nutrition Therapy by utilizing the Nutrition Care Process including use of standardized nutrition terminology as a part of the clinical workflow elements for individuals, groups and populations of differing ages and health status, in a variety of settings.
3.2	Conduct nutrition focused physical exams.
3.3	Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (such as blood glucose or cholesterol), recommending and /or initiating nutrition-related pharmacotherapy plans (such as modifications to bowel regimens, carbohydrate to insulin ratio, B-12, or iron supplementation)

3.4	Provide instruction to clients/patients for self-monitoring blood glucose, considering diabetes medication and medical nutrition therapy plan.
3.5	Explain the steps involved and observe the placement of nasogastric or nasoenteric feeding tube; if available, assist in the process of placing nasogastric or nasoenteric feeding tubes.
3.6	Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed.
3.7	Demonstrate effective communication and documentation skills for clinical and client services in a variety of formats and settings, which include telehealth and other information technologies and digital media.
3.8	Design, implement and evaluation presentations to a target audience.
3.9	Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
3.10	Use effective education and counseling skills to facilitate behavior change.
3.11	Develop and deliver products, programs or services that promote consumer health, wellness, and lifestyle management.
3.12	Deliver respectful, science-based answers to client/patient questions concerning emerging trends.
3.13	Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
3.14	Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.
<b>Domain 4</b>	<b>Practice Management and Use of Resources: Strategic application of principles of management and systems in the provision of services to individuals and organizations.</b>
4.1	Participate in management functions of human resources (such as hiring, training, and scheduling)
4.2	Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities, and food.
4.3	Conduct clinical and client service quality management activities (such as quality improvement or quality assurance activities).
4.4	Apply current information technologies to develop, manage and disseminate nutrition 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	Engage in the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service, and value-based payment systems.
4.10	Analyze risk in nutrition and dietetics practice (such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness).



Domain 5	Leadership and Career Management: Skills, strengths, knowledge, and experiences relevant to leadership potential and professional growth for the nutrition and dietetics practitioner.
5.1	Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.
5.2	Identify and articulate one's skills, strengths, knowledge, and experiences relevant to the position desired and career goals.
5.3	Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.
5.4	Advocate for opportunities in the professional setting (such as asking for additional responsibility, practicing negotiating a salary or wage, or asking for a promotion)
5.5	Demonstrate the ability to resolve conflict.
5.6	Promote team involvement and recognize the skills of each member.
5.7	Mentor others.
5.8	Identify and articulate the value of precepting.

### **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/herself in a professional manner. Student will dress appropriately and show initiative and responsibility.
- Obtain pertinent information from medical records and records 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 pttolerance, 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 not 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, lapbands, 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 regard to diabetes management, as needed.

#### PIERPONT COMMUNITY COLLEGE-

- 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.

#### OUTPATIENT – 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.

## 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 workload 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/Clinical Coordinator 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 creating an in-depth written and oral presentation. (~50-80-page written paper and no more than a 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 another 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 a resource librarian for help with your research.

You are required to run at least 2 drafts of your paper past your preceptor, coordinator and internship director prior to the due date of the completed case study. This is to aide you in making sure you are focusing on the most important aspects of your paper. 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.

## 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 a resource librarian in researching and preparing your written report. If you do not meet with one of them there will be a 5% reduction in your grade.

The preceptor should be provided with 2 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 ~50-80-page typed paper and maximum 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 you 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.

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.

2. Determine energy and protein requirements and state method of determination. Show formulas used in making determinations, including adjusted weight if necessary.
3. 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.
4. Determine nutrient or dietary needs for specific disorder.
5. 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.

### **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, coordinator and internship director 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.

#### **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 Areas to cover:**

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

#### **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. These will not be assigned by the preceptor. It is the student's responsibility to complete these assignments and at least 2 should be completed prior to selecting a patient for the major clinical case study. 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/Clinical Coordinator. 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

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 Competency and Professionalism 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 in a private office or area. (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 direction and supervision, demonstrates independent competency and superior work skills. Reserved for highest level of performance or exceeds performance expected of entry level practitioners.

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

**Level 2:** Fair Performance; needs improvement Requires regular direction, review of results, and supervision. Requires considerable assistance to reach competency for entry level work.

**Level 1:** Poor Performance/Unacceptable Quality of product and work skills--- Requires detailed direction and constant supervision. Does not meet standards of performance. Did not demonstrate competency even with considerable assistance

## **Professionalism: Professional Attributes**

**Level 4: Excellent-(exceeds)** requires minimal direction or supervision

**Level 3: Good (meets)**-Requires some direction and supervision; takes some initiative

**Level 2: Fair (needs improvement)**- Requires frequent direction and supervision; takes minimal 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 handshakes, 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 adapt 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 other 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 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 you 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**
- Use the 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:

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

304-293-7334

## Administrative and Foodservice Rotations Guidelines and Evaluations

### Administrative Rotation project

The Administrative Project must be a problem, issue or need in the Department related to performance improvement. 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 review in class will be scheduled one week after the rotation is completed.

#### Suggested Report Format

- **CRDN 2.2**-Demonstrate professional writing skills in preparing professional communications
- **CRDN 1.4**-Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies
- **CRDN-4.3**- Conduct clinical and client service quality management activities such as quality improvement or quality assurance activities
- **CRDN-4.7**-Conduct feasibility studies for products, programs or services with consideration of costs and benefits

- 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)

Did alternative solve the problem satisfactorily?

- Any unanticipated problems with implementation?
- Future recommendations?

### **Cafeteria Theme Meal:**

#### **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 Signs Plus.

#### **#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 versus 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 sauerbraten 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.

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

### **Day 7**

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

You may need to ask the storeroom employees to order items for recipe testing! Talk to Stephanie 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% ( $0.87/0.45 = \$1.933$ )  $\times 1.06\% = 2.048$*

*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 Chef/storeroom 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 Chef – 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 Connect*

## **#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: 7:00-3:30pm

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 Catering Supervisor

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). Charlie Hoke 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 Nutritionist Pro Software and Label editing program, prepare label to include at point of service and to link to menu online.

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 Supervisor the week before.  
Work with catering supervisor, 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 & WVAND newsletter

Prepare a display on a current nutrition education message for wood showcase outside cafeteria entrance and handout (to be edited and distributed by WVAND). 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

- **CRDN 2.9-** Actively contribute to nutrition and dietetics professional, and community organizations.
- 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 \$150 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. Each student is responsible for 1 display/handout and/or one community activity. 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 voice 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 no space is available to chart*)
6. Students will not be allowed to do Clinical Staff Relief in MICU, SICU, PICU, CICU, 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 workload 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 days missed 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 Internship 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. 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 outlook OneDrive for any specific questions. 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 receiving a verification statement. 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-General  
Orientation-Clinical  
Administrative project  
Bariatric Clinic  
Cardiology  
Cancer Center  
Clinical Relief  
Cystic Fibrosis  
Diabetes Center  
Encompass Rehab  
Pierpont  
MICU  
Neurology  
Nutrition Month  
NICU  
Oncology/BMTU/Ortho  
Patient Services  
Pediatrics/ICU's  
Retail  
Surgery  
Trauma  
Weeks of Choice  
Weight Mgmt  
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 GRADUATE SURVEY**

1. What is your Name?

Enter your answer

2. What is your work address?

Enter your answer

3. Have you attended and post-graduate education? Please list Name and Address of program as well as Major, degree and dates of attendance.

Enter your answer

4. Please list your work experience since graduation including your position/title and dates of employment?

Enter your answer

5. Which of the following best describes your current professional employment status: Single choice.

Employee full-time

Employed part-time

Unemployed and seeking employment

Unemployed and not seeing employment

Unemployed and continuing formal education

6. Which of the following best describes your current job? Rank order in order of most responsibility (1) to least responsibility (9). Ranking.

Director of Department  
Department Assistant Director  
Clinical Dietitian  
Educator  
Sales Representative  
Specialist  
Supervisor  
Consultant  
Other

7. Did you feel that the internship program promoted self-directed learning and encouraged life-long learning? Single choice.

Yes  
No

8. If Yes in Question 7, Which activities are you or have you participated in? Multiple choice.

Hospital or work related committees  
Multidisciplinary teams  
Networking including social media  
Quality Improvement projects  
Conference Attendance/obtaining CEU's in specialty areas  
None

9. How long after completing the internship did you take your RD exam? Single choice.

1-2 months  
3-4 months  
5-6 months  
7-8 months  
9-10 months  
11-12 months  
greater than 12 months

10. How long did it take for you to obtain a job in the field of dietetics ?

1-2 months  
3-4 months  
5-6 months  
7-8 months  
9-10 months  
11-12 months  
greater than 12 months  
Obtained a job prior to graduation

11. If you have not done so already do you plan on furthering your education or obtaining specialty certifications?

Yes

No

12. If Yes on question 11, What area or field would you seek further education or certifications?

Enter your answer

13. Are you currently participating in your local or state dietetic association?

Yes

No

14. If No on Question 12, Do you plan on participating in the next 6 months?

Yes

No

15. What experiences during the internship were the most valuable to you 1 year out of the internship?

Rotations

Classes

Projects/Clinical Case study

16. What should be added for additional value?

Enter your answer

### **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
- \_\_\_\_ b. Department Assistant Director
- \_\_\_\_ c. Clinical Dietitian
- \_\_\_\_ d. Educator
- \_\_\_\_ e. Sales Representative
- \_\_\_\_ f. Specialist
- \_\_\_\_ g. Supervisor
- \_\_\_\_ h. Consultant
- \_\_\_\_ i. Other (Specify)

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) Coordinated Master's Dietetic Internship	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.