



Dietetic Internship Student Handbook 2018-2019

Department of Nutrition Services

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WEST VIRGINIA UNIVERSITY HOSPITAL DIETETIC INTERNSHIP

Mission and Accreditation

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

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

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

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

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

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

Program Goals and Outcome Measures

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

- 95% of appointed students will complete the requirements of the internship program and graduate within 15 months (150% of program length).
- 12 months after completing the DI, 90% of graduates who respond will indicate they took their RD exam within one-year of completing the DI.
- Graduates will achieve a 100% pass rate for the RD exam the first year.
- 12 months after completing the DI, 90% of graduates will give a score of a “3” or higher reflecting feeling competent, qualified and confident when starting their first job.
- 12 months after completing the DI, employers will rate the intern graduates an average of “3” or higher on a 5 pt scale for performance compared to other entry-level graduates they have hired.
- 12 months after completing the DI 90% of graduates will be employed in the field of dietetics.

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

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

General Program Schedule and Length of Program

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

Dietetic Internship Calendar

Orientation	September 10-14, 2018
Health Expo	October ?, 2018
Holidays:	
Thanksgiving	November 22-23, 2018
New Year's Day	January 1, 2019 (Tuesday)
Memorial Day	May 27, 2018
Vacation Days	December 24-28, 2018
Easter Sunday	April 21, 2019 April 22-26, 2019
WVAND Spring Meeting	April 11-12, 2019 Bridgeport, WV
Kid's Fair	Saturday, April ?, 2019 Morgantown Mall
Graduation	June 21, 2019

Descriptions of Rotations

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

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

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

Intern Classes - Fridays (Sept.-Feb.) – are reserved for class. A variety of activities are scheduled to help interns develop the skills and knowledge needed to complete each rotation and to be successful after graduation. Each Friday begins with “Morning Discussion” where each intern is given time to discuss the experiences they had that week. Interns are also assigned journal articles to

critique, projects and mini-case studies to review, cardiac recipe modifications and clinical case study presentations. In addition to these activities, the clinical dietitians on staff teach classes on various topics. We also schedule a variety of speakers from other disciplines both internal and external and arrange tours of Foodservice plants and local dairy farms.

Clinical Rotations:

Interns 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, interns will begin with introductory learning experiences such as cardiology and progress to more complex ones such as critical care as they complete each rotation. The interns first learn the basic skills for clinical nutrition care of hospitalized patients. Interns will master skills in reading medical records, gathering and analyzing nutritionally relevant data, and generating a complete nutrition assessment for individual patients. The interns will also develop care plans, implement nutrition interventions and monitor patient progress. Interns will chart using the Nutrition Care Process.

WVU Medicine is a Level 1 Trauma center for adults and one of only 21 verified Level 2 pediatric trauma centers in the United States; therefore will provide the opportunity for unique clinical learning experiences not found in other facilities. Because WVU Medicine is a teaching hospital, there are always opportunities to observe surgeries and procedures related to clinical rotations. Past interns have observed gastric bypass, ENT and various cardiac surgeries and procedures. Interns are also able to observe feeding tube placement, modified barium swallow studies and work with our wound care nurses.

Medicine/Nephrology - (2 weeks) – Interns will be exposed to a variety of medical conditions ranging from Diabetes to Cystic Fibrosis and Renal disease. Interns will have exposure to the outpatient dialysis unit and practice calculating enteral and parenteral nutrition support while creating nutrition care plans for patients on these units.

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

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

NICU - (1 week) – Interns will be able to participate in the nutritional care of newborn infants born with medical and surgical problems in our 42 bed Level III unit. Many of their problems place them at nutritional risk resulting in complicated nutritional management. Interns will round with the healthcare team daily and learn to calculate neonatal formulas along with enteral and parenteral nutrition

support. This is a unique learning experience and will provide the intern with opportunities to learn about multiple neonatal medical conditions and work with nurse practitioners.

Pediatrics/Obstetrics - (2 weeks) – Interns will work with the RD/LD in our Level 2 pediatric trauma center and gain experience with infants, children and adolescents. Interns also work with patients in our Maternal Infant Care Center.

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

Surgery Service - (2 weeks) – The interns rotate on the surgical floor and also in the Surgical Intensive Care Unit. They round with the RD/LD, CNSC and healthcare team daily with the goal of mastering the nutrition support and care of the critically ill population. Interns 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.

Critical Care - (2 weeks) – Interns spend time in the Medical Intensive Care Unit rounding with the RD/LD, CNSC and healthcare team and calculating enteral and parenteral nutrition support of high-risk patients. The intern will review and interpret current research regarding the application and implementation of nutrition support in the ICU.

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

Clinical Staff Relief - (2 weeks) – Once all of the clinical rotations are completed successfully, interns 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 intern 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. Interns 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.

Mountainview Regional Rehabilitation Hospital - (1 week) – This facility provides interns experience in the continuum of care from acute care to rehabilitation. The interns 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 intern is exposed to ordering and receiving systems, production forecasting, materials management, personnel management, employee in-services, customer service issues and cafeteria operations.

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

Patient Services - (5 weeks) – spent with our Catering Manager, Patient Services Manager, Retail Manager and Executive Chef. During this time the intern learns all aspects of the foodservice department from inventory to ordering and billing. They also learn all aspects of food safety and sanitation including HAACP standards. The intern 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) Interns 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 intern exposure and experiences to the role of dietitians involved in various community programs.

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

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

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

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

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

Public Health (WIC) - (1 week) – Interns are given the opportunity to become familiar with the WIC organization and learn the eligibility requirements and referral procedures for WIC patients. The intern 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 Pediatric Clinic - (1 week) – Interns will work with the CDE, RD/LD to provide nutrition assessment and education to the pediatric clinics in the Physician’s Office Center(s). The intern, with guidance from the RD/LD, will have the opportunity to screen, assess (including physical assessment) and educate patients in the GI, Endocrine and Lipid clinics. Interns will have exposure with outside agencies such as Children with Special Healthcare needs to complete nutritional care plans as needed.

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

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

Program Schedule

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

Program Costs

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

Application Fee	\$50.00
D & D Digital Fee	\$50.00
Tuition	\$4,500.00
Books*	\$70.00
Educational Supplies*	\$25.00
Room and Board*	\$6,000.00
Transportation/Gas*	\$2,000.00
Misc. (Prof meetings, some meals)*	\$1,500.00
Lab Coats*	\$50.00
Scrubs (optional) per set	\$30.00
Food Handler's card	\$10.00
AND student membership**	\$49.00
<i>** (DI 2.10 Serve in professional and community organizations)</i>	
Medical Insurance*	varies
Total	\$13,334.00
(*approximate cost)	

Program Completion Requirements

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

1. For successful completion of the internship:
 - A. Intern must have satisfactorily completed all rotations or repeat of rotations.
 - B. Intern must have earned at least an 80% on all homework assignments, either initially or through repeat/additional work.
 - C. Intern must have demonstrated satisfactory written and oral communication skills as well as an appropriate degree of professionalism throughout the program as evidenced by satisfactory unit experiences in the above areas, by mid-year and end-year evaluation by the Dietetic Internship Director in conjunction with informal observations throughout the internship.
 - D. Intern must have a score of 90% on the Clinical Case Study, satisfactory scores on Administrative Project, and National Nutrition Month activities.

- E. Intern must have made up any time missed in excess of the 3-day allotment for sick leave or 2 day interview leave.
 - F. Intern must have demonstrated entry-level competence in the performance of Clinical Staff Relief near the end of the internship.
 - G. Interns must complete all requirements of the dietetic internship within 15 months of the enrollment date.
2. If the above criteria are not met at any time during the program, the intern cannot graduate and therefore will lose eligibility for any further financial aid if applicable. (see termination policy)

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

WVU Medicine Policies

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

Dress and Appearance

In no other business are personal dress, cleanliness, conduct and appearance as important as they are in healthcare services. A well-groomed employee with a professional appearance immediately creates a favorable impression of the services provided by West Virginia University Hospitals and Health Sciences Center. Patients, families, accrediting agencies and local health authorities rightfully expect strict standards to be maintained. The Hospital reserves the right to ask employees improperly dressed to go home to change clothing or to improve his/her appearance, with loss of pay for the time off duty. Repeated offenses of the dress code policy will result in progressive disciplinary action.

PROCEDURE

- A. General Standards
 - 1. Clothing must be modest, be reasonably fitted, and allow comfortable ease of movement. Clothing must be clean, neat, and stain and wrinkle free. Appropriate underclothing is required and must be undetectable through outer clothing.
 - 2. An approved ID badge must be worn at all times. Employee name and picture must be visible.

3. Hair should be kept neat and clean and pulled back if necessary. Infection control should be considered as well as appearance. Beards and mustaches must be short, clean and well groomed. Nails must be well groomed and manicured (see #14 for specific requirements regarding fingernails for employees rendering direct patient care).
4. Light-scented cologne, perfume, lotion, or aftershave is permitted. Avoid strong perfume and cigarette odor since some patients and staff is sensitive. Cosmetics may be used in moderation. The employee should use the necessary precautions with regular bathing, deodorants and good dental hygiene to avoid offending patients and staff with body odor or bad breath.
5. Safety, quietness and appearance are the main consideration for footwear. Other than in administrative or non-clinical areas of the Hospital, footwear should cover the toes of the foot, and should either cover the heel or have a back lip or strap to prevent accidental slip offs, should be non-canvas, have a non-skid sole and be of reasonable sole and heel height and appropriate hosiery must be worn. For the purpose of this policy, administrative or non-clinical areas of the Hospital are areas that are not open to patient care. Areas of the Hospital (i.e. Nursing Units or Clinical Admin. Units) where clerical duties are performed do not meet the definition of an administrative or non-clinical area of the Hospital. Employees must be in compliance with the departmental policy if traveling to that area while on duty.

Professional looking shoes with non-skid soles are permitted to be worn in administrative or non-clinical areas of the Hospital if approved by department management. Shoes in the administrative or non-clinical areas should also have either a covered heel or have a back lip or strap to prevent accidental slip off while also being of reasonable sole and heel height. Peep toed dress shoes are permitted in administrative or non-clinical areas of the Hospital if approved by Department Management. Crocs or croc like shoes are permitted in some areas if permitted by departmental policy. If permitted by department policy, such policy should also stipulate what color or colors of croc or croc like shoes that will be permitted. If permitted by the department, crocs must be solid as "jibbitz" or filling of the holes is not permitted.

6. Denim clothing or jeans of any color, sleeveless attire, tank/tube tops, tee shirts (with or without logos), sweatshirts, sweatpants, cover-up hoodies, walking shorts, capris, running or jogging suits, shorts, skorts, exposed midriffs and mini-skirts are not acceptable.

7. Departments may permit employees to wear crop pants as long as they cover the entire calf of the leg and appropriate hosiery cover any exposed area of skin.
8. Hospital provided scrubs are to be worn only in hospital approved departments, by employees who are providing clinical care, as outlined in Policy V.251.
Please note: In normal situations, hospital provided scrubs cannot be worn in to the hospital from home- nor should they be worn home from the Hospital. However, if the employee's clothing is damaged while at work, with approval from management the employee may wear scrubs home with the provision that they return them back to the Hospital during their next scheduled shift.
9. Uniforms may be required in hospital departments, especially those in direct patient care. Department uniform colors are approved and the coordination of all requests should go to the Vice President of Human Resources. Only white or uniform matching under shirts may be worn under uniforms or scrubs. Colors and their respective departments include:

Light Blue – Hospital scrubs only in areas per policy V.251

Green – Respiratory

Burgundy – Volunteers

Sandstone – Neuro Labs

Seafoam (light) green – Dietitians

Blue and Gold-Cardiology

Chocolate Brown and Tiffany Blue-Care Management

Chocolate Brown and Tan –Radiology

*Please refer to Administrative Nursing Policy V.01 for colors specific to employees in Nursing.

*Designated colors as noted above will not be permitted to be worn by employees unless they are assigned and working to that area.

10. Hats may only be worn when it is part of the uniform specified by the department policy.
11. Body piercings and tattoos – no visible body or tongue piercing is allowed other than ear piercing. A maximum of two (2) earrings per ear lobe may be worn. Earrings must be professional in appearance. Visible tattoos are not part of the WVU Hospitals overall professional appearance. If hired with visible tattoos, employees will be required to cover them as much as is possible unless such covering of the tattoo creates a safety or infection control issue. Such exceptions must be approved by the department management and the Vice President of Human

Resources. All materials used to cover tattoos or piercings must be approved in advance by department management. Any covering of tattoos or piercings that does not support the effort of the Hospital to create a favorable impression to our patients will not be permitted.

12. Seasonal clothing (tops, socks, ties) must be consistent with overall appearance standards. Seasonal clothing may be worn only on the holiday itself, with the exception of Thanksgiving and Christmas. Thanksgiving clothing may be worn on Thanksgiving day and the Friday after Thanksgiving. The Vice President of Human Resources will designate the time period in which Christmas clothing may be worn each year.
13. Appropriate West Virginia University T-Shirts or Polo shirts may be worn on home football game days within the Hospital by employees. Shirts that are worn must be appropriate and be colored either Gold or Blue.
14. Where uniforms are not required, clothing must be business appropriate.
15. Employees rendering direct patient care must also comply with the following guidelines concerning fingernails: (Reference the Fingernail Policy V.252)
 - Cannot wear artificial nails.
 - Should keep their natural nails no longer than a quarter inch past the end of their fingers.
 - Should ensure that nail polish, if worn, is free of chips and cracks.
16. Specific guidelines may be developed by department directors to address job assignment; special circumstances, safety and/or patient care issues. Any department guidelines should be consistent with Hospital policy. When required by Hospital operations, some departmental guidelines may be stricter than Hospital policy. At no time should a departmental policy be more lenient than the Hospital policy. All department policies should be reviewed by the VP of Human Resources if such requirements are more stringent than the Hospital policy. Off-site locations policies may be more lenient if approved as noted above.
17. Employees are not permitted to use any electronic or battery devices in any public area that may be seen by our patients unless such device is required for them to perform the work assigned to

their position. Examples of prohibited devices include, ear buds, blue tooth's, iPods, headsets etc.

18. The employee is required to be familiar with specific dress code requirements for their individual department.
19. Dress at off-site events is also of importance. An employee is to consult with management prior to attending any off site event to ensure their dress and appearance is appropriate.
20. The Vice President of Human Resources will have the authority to grant exceptions to this policy if such request supports the overall mission of the Hospital.

Behavior Standards

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

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

B. VIOLATIONS

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

1. Willful intent to falsify information or to withhold information on an internship application, health assessment, or any act of dishonesty regarding hospital business.
2. Unauthorized use or disclosure of the confidential or proprietary information of the hospital or any use or disclosure of patient information which violates hospital policy.

3. Reporting for internship in a condition not fit for duty due to the use or abuse of alcohol, drugs, prescription medicines or other controlled substance.
4. Possession of alcohol or illegal drugs or drug paraphernalia while on duty or on Hospital premises.
5. Theft of Hospital property or the property of another employee, intern or patient.
6. Refusal to follow appropriate directives or instructions from supervisory personnel; intentional failure to perform assigned work; sleeping while on duty.
7. Possession of firearms, explosives or concealed weapons on the Hospital's premises.
8. Willfully misusing, destroying, or damaging Hospital property or the property of a patient, visitor or other employee.
9. Fighting, threats of bodily injury, the use of abusive or threatening language (which may include profanity or gestures) or intimidating or unwelcome verbal or physical behavior involving or directed toward a patient, visitor or other employee, including physical or verbal harassment in violation of anti-discrimination laws.
10. Refusal to cooperate with any hospital investigation or audit involving a security, legal, compliance or other business or operational matter affecting the hospital.
11. Intimidating behaviors such as verbal outbursts, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Such behaviors include the reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation, impatience with questions.
12. Any retaliatory action against person reporting behaviors that undermine a culture of safety.
13. Any other willful act or conduct detrimental to patient care or Hospital operation.

Background check

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

All dietetic interns 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 interns entrance based on results of the background check.

TB test, MMR, Varivax/Chicken Pox verification

All employees, volunteers, residents and interns must provide proof of recent TB test (within the past 30 days), MMR vaccine and either Varivax vaccine or proof of Chicken pox documentation to employee health. If recent test results are not available, employee health will provide either a titer for MMR or the vaccine. TB tests and Varivax vaccine are also available through employee health.

Healthcare workers are also given the opportunity to receive the Hepatitis B vaccine series and the Flu vaccine. (decline of flu vaccine requires written documentation to be kept by employee health)

Standard Precautions Training/HIPAA Training/CAPR training

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

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

Policies Specific to Dietetic Internship

Academy Membership Requirement

Interns 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 interns change their affiliation to West Virginia during their time in the internship.

Dietetic internship Application/Statement of EOE

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

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

Academic Dishonesty

POLICY

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

PROCEDURE

Academic Dishonesty is defined to include any of the following:

1. Plagiarism: Submitting for credit, without proper acknowledgment, written or oral material that has been knowingly obtained or copied in whole or in part from another individual's academic composition, compilation, or commercially- prepared papers.
2. Fraudulent and dishonest practices in connection with evaluation mechanisms including but not limited to:
 - a. Obtaining unauthorized assistance, materials or knowingly giving unauthorized assistance to another student during clinical case study preparation, homework, or any other applicable projects.
3. Forgery, misrepresentation or fraud:
 - a. Forging or altering any official educational record or document.
 - b. Forging or altering any official medical record or document.
 - c. The use of programmatic or institutional documents or data with the intent to defraud.
 - d. Presenting false data or intentionally misrepresenting one's records for admission, registration or withdrawal from the program.

Program Officials / Faculty Responsibility:

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

Disciplinary Action / Due Process

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

Please see Termination/Discipline Policy for specifics.

Dietetic Intern Appointment

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

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

Assessment of Prior Learning

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

Attendance at Professional Activities

The interns will attend the following activities.

A. State Dietetic Association Meeting

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

B. WVU Medicine Expo/Kid's Fair

WVU Medicine hosts a yearly Health Expo at the Morgantown Mall, usually one day only (Friday) in the fall. Interns will be required to create a display/handout and man the booth.

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

C. Grand Rounds

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

Cell Phone Use by Interns

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

Complaint Procedure

POLICY

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

PROCEDURE

- A. A Dietetic Intern/group of Interns or preceptor having a complaint with respect to the Internship Program should first discuss the complaint with the Internship Director.
 - 1. The Internship Director will make arrangements to meet with all parties involved regarding the complaint.
 - 2. The Internship Director will make a decision in regards to the complaint.
 - 3. If the situation can be resolved at this step, it will be complete and the information will be kept on file for 1 year.

- B. The decision regarding the complaint may be appealed by submitting in writing information specific to the complaint to the Director of Nutrition Services within five working days.
 - 1. The Internship Director will submit a copy of the decision above within five working days after the complaint has been submitted to the Director of Nutrition Services.
 - 2. A decision by the Director of Nutrition Services will be made in five working days upon receipt of all information. Documentation of this step will be kept on file for 1 year.

- C. The decision may be appealed by the intern/preceptor by submitting the complaint to the Hospital Administration (Vice-President over Support Services) in five working days after the decision of the Director of Nutrition Services.
 - 1. The Director of Nutrition Services will submit all information regarding the complaint within five days.
 - 2. The complaint will be reviewed and decision made within five working days upon receipt of all information.
 - 3. This decision will be considered final. Documentation will be kept on record for 1 year.

Confidentiality of Intern Records

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

DI Evaluations Policy

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

Educational Purpose of the Dietetic Internship

Policy

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

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

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

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

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

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

PROCEDURE

During the program interns will gain experiences in 24 different rotations. During some rotations interns will be required to perform work similar to that of an employee for educational purposes only. At no time are interns considered employees or "relief" employees to take the place of paid employees during their time in the program. Any instances of an intern 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

Interns will be evaluated regularly throughout the course of the internship including formal and informal evaluations with each rotation/planned experience. They are expected to complete all assignment/objectives in a satisfactory

manner. If an intern does not perform in a satisfactory manner either on assignments or overall performance and professionalism, appropriate disciplinary steps will be taken including but not limited to probation and termination.

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

Intern Probation:

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

- a. The intern will be notified in writing of the probationary status.
- b. During the period of probation, the intern will be given every opportunity to correct the deficiencies. The intern 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 intern cannot graduate from the program during a period of probation.
- d. The intern cannot participate in an affiliation during a period of probation
- e. The intern will be terminated from the program if they receive any additional "Unsatisfactory" or "Needs Improvement" rating during this probationary period.

Graduate Credit and Outside Employment

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

Grievance Procedure

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

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

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

Each intern is allotted one personal day (any personal reason) and two emergent days (sick, interview, funeral) during the year. Additional emergency Leave Time, if necessary, is provided. Timeliness in the internship is expected at all times but there will be time allotted for incidentals.

Interns will be given the week of Christmas and the week of Easter as vacation time off. In addition, they will have off all of the major holidays including: New Year's day, Memorial day, Thanksgiving day and the day after.

For the personal day or interview/funeral day(s), interns are required to notify the internship director at least 24 hours in advance 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 two emergent days are needed due to extenuating circumstances, the intern may be required to make up the time if it is determined by the preceptor and Internship Director that competencies are not able to be met for that rotation due to the extended absence. If there is a special circumstance (i.e. the intern is injured or hospitalized), the Internship Director may make an exception with appropriate documentation. This is only for emergent situations and the missed work must be made up.

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

An extended absence due to illness or other extenuating circumstances will be handled on an individual basis involving the intern, preceptor and Program

Director. These experiences may be rescheduled based on availability of personnel within the preceptor units.

Inclement Weather

Dietetic Interns will be expected to report to the Dietetic Internship Director in the event of severe inclement weather or weather-related emergencies for further instruction.

Intern Clinical Relief Reports

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

Length of Internship Policy

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

Liability of Safety in Travel to or from Assigned Areas

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

Malpractice/Health Insurance

Dietetic Interns 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.

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

Program Completion Requirements

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

For successful completion of the internship:

- Intern must have satisfactorily completed all rotations or repeat of rotations by receiving an average score of “3” out of “5” on all evaluations.
- Intern must have earned at least an 80% on all homework assignments, either initially or through repeat/additional work.
- Intern must have demonstrated satisfactory written and oral communication skills as well as an appropriate degree of professionalism throughout the program as evidenced by satisfactory unit scores of “3” out of “5” in the above areas, by mid-year and end-year evaluation by the Dietetic Internship Director in conjunction with informal observations throughout the internship.
- Intern must have an average score of 90% on the Clinical Case Study, and an average score of “3 out of “5” on the Administrative Project, Journal article critique, Counseling, Advocacy, Fairmont State Class presentation, Mentoring, MNT billing and coding, Professional development portfolio and National Nutrition Month project evaluations.
- Intern must have made up any time missed in excess of the 1 personal day and 2 emergent day leave unless there is documentation of extenuating circumstances.

- Intern must have demonstrated entry-level competence in the performance of Clinical Staff Relief near the end of the internship.
2. If the above criteria are not met at any time during the program, the intern cannot graduate and therefore will lose eligibility for any further financial aid if applicable.

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

Program Evaluation

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

Registration Policy

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

The first day of orientation, the intern is required to submit verification of MMR (measles, mumps and rubella) immunization, recent TB test, proof of chicken pox or Varivax vaccine, along with the registration fee of four thousand five hundred dollars (\$4,500.00). Interns 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 interns at West Virginia University Hospital. Time will be arranged in the Dietetic Intern's schedule to allow for appointments. The Internship Director will be notified of appointment times to arrange intern's unit schedule. Interns will be required to make up time in assignments.

Students with Disabilities

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

Supervised Practice Sites outside of WVU Medicine

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

Termination/Discipline Policy

Disciplinary / Corrective Action

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

A. Progressive Disciplinary Steps

I. Documented Counseling

Documented counseling can be utilized when the nature of the infraction warrants notification but not a written warning letter. Counseling documents are considered instructional /educational as opposed to disciplinary and do not become a permanent addition to the student's file unless subsequent disciplinary action occurs. Advisory Committee (AC) approval is not required prior to counseling.

II. Written Warning Letter(s)

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

III. Final Warning & Suspension/Probation

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

IV. Dismissal

B. Progressive Disciplinary Exemption

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

Mistreatment of patients, guests, employees, or students.

Breaches of confidentiality.

Disclosure of personal computer security codes to others.

Criminal behavior.

Being under the influence of alcohol or drugs while on Hospital premises

Gross violation of safety rules.

Fighting or violent behavior.

Malicious destruction or theft of patient, visitor, employee, student or Institutional property.

Falsification of records or documentation.

Accessing or discussing protected health information (PHI) for personal gain or with malicious intent.

Possession or distribution of illegal drugs or controlled substances.

Possession of firearms, explosives, or concealed weapons while on Institutional grounds.

Academic or clinical dishonesty.

Insubordination.

Deliberate disregard of programmatic or institutional policies. Dismissal from the Dietetic Internship may occur under any of the following conditions:

- A. Intern'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 intern receives any additional "Needs Improvement or Unsatisfactory" ratings during a probationary period.

- C. If the intern fails to report to a rotation or leaves without permission on more than 2 occurrences.
- D. Intern fails to attend counseling sessions if recommended by the Internship Director or the intern fails to correct the behavior after recommended counseling sessions.
- E. Unprofessional behavior as outlined in the AND code of Professional Practice.
- F. Violation of Automatic Termination Policies as indicated by WVU Medicine. Employee Handbook, Standards of Behavior and Academic Dishonesty policy.
- G. Intern fails to fulfill requirements outlined in the Intern contract.

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

Withdraw or Refund of Tuition and responsibility for Financial Aid

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

2. Intern must relinquish their locker assignment/lock, their hospital I.D. badge, blue debit card and parking permit the day they leave the program.

Refund of Tuition

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

Return of Financial Aid

WVU Medicine Dietetic Interns 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 interns 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 interns will be given a practice RD exam and two hours in which to complete it.
2. Responses will be graded and discussion of questions and various response options will be guided by the DI Director.
3. DI Directory and Advisory committee will review examination scores and identify domain areas in which the students should seek improvement.
4. On the second to last class day before graduation, interns will be given an exit practice examination and will be provided two hours to complete it.
5. The examination will be graded and interns must score 50% or higher in order to complete the program and receive a verification statement.
6. If interns 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

FUNDAMENTAL PRINCIPLES

1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.
2. The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting perceived violations of the Code through the processes established by the Academy and its credentialing agency, The Commission on Dietetic Registration (CDR).

RESPONSIBILITIES TO THE PUBLIC

3. The dietetics practitioner considers the health, safety, and welfare of the public at all times. The dietetics practitioner will report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.
4. The dietetics practitioner complies with all laws and regulations applicable or related to the profession or to the practitioner's ethical obligations as described in this Code.
 - a. The dietetics practitioner must not be convicted of a crime under the laws of the United States, whether a felony or a misdemeanor, an essential element of which is dishonesty.
 - b. The dietetics practitioner must not be disciplined by a state for conduct that would violate one or more of these principles.
 - c. The dietetics practitioner must not commit an act of misfeasance or malfeasance that is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
5. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
 - a. The dietetics practitioner does not, in professional practice, discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, gender identity, sexual orientation, national origin, economic status, or any other legally protected category.
 - b. The dietetics practitioner provides services in a manner that is sensitive to cultural differences.

- c. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
6. The dietetics practitioner does not engage in false or misleading practices or communications.
- a. The dietetics practitioner does not engage in false or deceptive advertising of his or her services.
 - b. The dietetics practitioner promotes or endorses specific goods or products only in a manner that is not false and misleading.
 - c. The dietetics practitioner provides accurate and truthful information in communicating with the public.
7. The dietetics practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others.
- a. The dietetics practitioner withdraws from practice when he/she has engaged in abuse of a substance such that it could affect his or her practice.
 - b. The dietetics practitioner ceases practice when he or she has been adjudged by a court to be mentally incompetent.
 - c. The dietetics practitioner will not engage in practice when he or she has a condition that substantially impairs his or her ability to provide effective service to others.

RESPONSIBILITIES TO CLIENTS

8. The dietetics practitioner recognizes and exercises professional judgment within the limits of his or her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.
9. The dietetics practitioner treats clients and patients with respect and consideration.
- a. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
 - b. The dietetics practitioner respects the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.
10. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.

11. The dietetics practitioner, in dealing with and providing services to clients and others, complies with the same principles set forth in “Responsibilities to the Public” (Principles #3-7).

RESPONSIBILITIES TO THE PROFESSION

12. The dietetics practitioner practices dietetics based on evidence-based principles and current information.

13. The dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.

14. The dietetics practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.

15. The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.

a. The dietetics practitioner makes full disclosure of any real or perceived conflict of interest.

b. When a conflict of interest cannot be resolved by disclosure, the dietetics practitioner takes such other action as may be necessary to eliminate the conflict, including recusal from an office, position, or practice situation.

16. The dietetics practitioner permits the use of his or her name for the purpose of certifying that dietetics services have been rendered only if he or she has provided or supervised the provision of those services.

17. The dietetics practitioner accurately presents professional qualifications and credentials.

a. The dietetics practitioner, in seeking, maintaining, and using credentials provided by CDR, provides accurate information and complies with all requirements imposed by CDR. The dietetics practitioner uses CDR-awarded credentials (“RD” or “Registered Dietitian”; “DTR” or “Dietetic Technician, Registered”; “CS” or “Certified Specialist”; and “FAND” or “Fellow of the Academy of Nutrition and Dietetics”) only when the credential is current and authorized by CDR.

b. The dietetics practitioner does not aid any other person in violating any CDR requirements, or in representing himself or herself as CDR-credentialed when he or she is not.

18. The dietetics practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgment.

Clarification of Principle:

a. Whether a gift, incentive, or other item of consideration shall be viewed to affect, or give the appearance

professional evaluation of others. The dietetics practitioner withdraws from professional practice under the following circumstances:

The dietetics practitioner has engaged in any substance abuse that could affect his/her practice;

The dietetics practitioner has been adjudged by a court to be mentally incompetent;

The dietetics practitioner has an emotional or mental disability that affects his/her practice in a manner that could harm the client or others.

The dietetics practitioner complies with all applicable laws and regulations concerning the profession and is subject to disciplinary action under the following circumstances:

The dietetics practitioner has been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, an essential element of which is dishonesty, and which is related to the practice of the profession.

The dietetics practitioner has been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to these principles.

The dietetics practitioner has committed an act of misfeasance or malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.

The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting alleged violations of the Code through the defined review process of The Academy of Nutrition and Dietetics and its credentialing agency, the Commission on Dietetic Registration.

Standards of Professional Practice for Dietetics Professionals

Interns are expected to adhere to the Standards for Professional Practice as published in the January 1998 *Journal of The Academy of Nutrition and Dietetics* (1998; 98:83-87). Interns will receive a copy of the article in its entirety, which will be reviewed during orientation.

WVU MEDICINE PRECEPTOR CONTACT INFORMATION

CONTACT 1 WEEK (7 DAYS) PRIOR TO ROTATION

Administrative Project	Jill Johnston, MS, RD, LD jill.johnston@wvumedicine.org	73339
Bariatrics	Rachel Allio- RD, LD rachel.allio@hsc.wvu.edu	Beeper 1388 (11-0613)
	Michelle Garcia, RD, LD michelle.garcia@hsc.wvu.edu	Beeper 2565 (11-1271)
	Lauren Shull, RD, LD leshull@hsc.wvu.edu	Beeper 0852 (11-1728)
Cardiology (CVICU, CCU/CTU)	Emily Russell, MS, RD, LD emily.russell@wvumedicine.org	Beeper 0860 (73625)
Cardiology (9SE) (week of choice)	Tiffany Mihaliak, RD, LD tiffany.mihaliak@wvumedicine.org	Beeper 1596 (72369)
Clinical Staff Relief	Rotation preceptor	
Critical Care	Chris Ferencak, RD, LD, CNSC ferencakc@wvumedicine.org	Beeper 0933 (73645)
Cystic Fibrosis	Jennifer Lowry, RD, LD jennifer.lowry@wvumedicine.org	Beeper 1121 304-581-1956
Pediatric Adol/Pulm clinic	Helenia Sedoski, MS, RD, LD sedoskihe@wvumedicine.org	Beeper 2468 Ext. 78103
Diabetes Center	Justine Haney, RD, LD justine.haney@wvumedicine.org	Ext. 74391
	Juliana Royse, RD, LD juliana.royse@wvumedicine.org	Ext. 74391

Fairmont State	Pam Hamilton, RD, LD pamela.hamilton@pierpont.edu	(304) 367-4297
Family Medicine	Judy Siebart, MS, RD, LD, CDE siebartj@wvumedicine.org	45779
Medicine/Nephrology	Chelsea Wilson, RD, LD Chelsea.Wilson@wvumedicine.org	Beeper 0950 (77014)
Mountainview Rehab	Anna Davis, RD, LD Anna.Davis@healthsouth.com	304-285-1054
Neurology (week of choice)	Emily Farina, RD, LD emily.farina@wvumedicine.org	Beeper 0089 (71291)
NICU	Debbie Vangieson, RD, LD vangiesond@wvumedicine.org Kelly Loomis, MS, RD, LD, CDE loomisk@wvumedicine.org	Beeper 0469 (73512) Beeper 0471 (72909)
Oncology/BMTU	Kasey Cook, RD, LD Kasey.Cook@wvumedicine.org	Beeper 0054 (73578)
Inpt Orthopedics/Medicine/ Outpt Med/Endocrine (week of choice)	Gina Kontur, RD, LD gina.kontur@wvumedicine.org	Beeper 0467 (73089)
Outpatient Cancer Center	Mary Anne Yanosik, RD, LD yanosikm@wvumedicine.org	Beeper 0340 (74549)
Outpatient Peds Clinic	Leah Woodburn, MS, RD, LD, CDE woodburnl@wvumedicine.org	Beeper 1422 (73340)
Patient Services	Alex Baccho alexander.bacho@wvumedicine.org Ken Phares pharesk@wvumedicine.org Kevin Currey curreyk@wvumedicine.org	73341 76014 76015
Inpt Pediatrics/Outpt Peds Cardio/NICU clinics	Karen Higginbotham, MS, RD, LD higginbothamk@wvumedicine.org	Beeper 0470
PICU/Heme Onc	Kelsey Markham, RD, LD markhamk@wvuhealthcare.com	Beeper 0993 (77717)
Public Health (WIC)	Brenda Fisher, RD, LD Brenda.L.Fisher@wv.gov	304-598-5184
Relief RD (week of choice)	Rebecca Dattola, MS, RD, LD dattolare@wvumedicine.org	Beeper 1766 (73334)
Retail-Catering	Stephanie Juristy juristys@wvumedicine.org	74158

Surgery	Darby McDowell, RD, LD, CNSC darby.mcdowell@wvumedicine.org	Beeper 0730 (73606)
Trauma	Danielle Keech, RD, LD danielle.keech@wvumedicine.org	Beeper 2960 (72369)
New staff (non-preceptors): Misc. Medicine/Cardio (6E, 6N, 8SE)	Matthew Breit, RDE matthew.breit@wvumedicine.org	Beeper
Malnutrition (MICC + screening)	Caitlin Thomas, RDE caitlin.thomas@wvumedicine.org	Beeper
Staff		
Administrative Asst.	Tina Martin martinti@wvumedicine.org	73337
Administrative Asst.	Stefanie Davis daviss@wvumedicine.org	73345
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Core Competencies for the RD

Upon completion of the program, graduates are able to:

Scientific and Evidence Base of Practice: integration of scientific information and research into practice	
1.1	Select appropriate indicators of program quality and/or customer service and measure achievement of objectives.
1.2	Apply evidence-based guidelines, systematic reviews and scientific literature.
1.3	Justify programs, products, services and care using appropriate evidence or data.
1.4	Evaluate emerging research for application in dietetics practice.
1.5	Conduct research projects using appropriate research methods, ethical procedures and statistical analysis.
1.6	Incorporate critical-thinking skills in overall practice.
Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.	
2.1	Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.
2.2	Demonstrate professional writing skills in preparing professional communications
2.3	Demonstrate active participation, teamwork and contributions in group settings.
2.4	Function as a member of inter-professional teams.
2.5	Assign duties to NDTRs and/or support personnel as appropriate.
2.6	Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
2.7	Apply leadership skills to achieve desired outcomes.
2.8	Demonstrate negotiation skills.
2.9	Participate in professional and community organizations.
2.10	Demonstrate professional attributes in all areas of practice.
2.11	Show cultural competence/sensitivity in interactions with clients, colleagues and staff.
2.12	Perform self-assessment and develop goals for self-improvement throughout the program.
2.13	Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.
2.14	Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.
2.15	Practice and/or role play mentoring and precepting others.
Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations	
3.1	Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.

	<ul style="list-style-type: none"> a) Assess the nutritional status of individuals, groups and populations in a variety of setting where nutrition care is or can be delivered. b) Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements c) Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention. d) Monitor and evaluate problems etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis e) Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by practice setting.
3.2	Conduct nutrition focused physical exams.
3.3	Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
3.4	Design, implement and evaluate presentations to a target audience.
3.5	Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
3.6	Use effective education and counseling skills to facilitate behavior change.
3.7	Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
3.8	Deliver respectful, science-based answers to client questions concerning emerging trends.
3.9	Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
3.10	Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.
Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations	
4.1	Participate in management of human resources.
4.2	Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.
4.3	Conduct clinical and customer service quality management activities.
4.4	Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.
4.5	Analyze quality, financial and productivity data for use in planning.
4.6	Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
4.7	Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
4.8	Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
4.9	Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.
4.10	Analyze risk in nutrition and dietetics practice.

Sample experiences for clinical rotations:

Cardiology-

- For assigned patients, intern 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 intern 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 intern 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, intern 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 intern will integrate pathophysiology of CAD, HTN, CABG, Hyperlipidemia and Metabolic syndrome into medical nutrition therapy recommendations and be able to discuss with RD.
- Intern will become familiar with EPIC to obtain data such as: labs, weight, medications, PMH and to record medical nutrition therapy data. Intern will also be able to demonstrate documenting diet education, removing consults/HRN from these systems.
- Intern 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).
- Intern 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.
- Intern 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.
- Intern 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
- Intern will come to rotation on time and prepared each day and conduct his/her self in a professional manner. Intern will know and follow HIPPA regulations to maintain patient confidentiality at all times.
- The intern will participate in interdisciplinary rounds in CCU/CTU daily. By the second week the intern will participate in rounds by making recommendations directly to the Physician and/or Nurse Practitioner as appropriate.

Critical Care-

- 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
 - O₂ Consumption
 - Metabolic cart assessment & understanding respiratory quotient & the macronutrient utilization.
 - Grams protein/Kg
 - N₂ balance
 - For assigned MICU patient complete assessment, analyze significant data in relation to disease state and diet order.
- Intern will follow patient during rotation and be responsible for complete care plan including reassessment, diet order or TF/TPN recommendations and discharge needs.
- Intern will coordinate care with other healthcare providers as needed. Discuss complete plan with RD.
- For assigned patients, the intern 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.
- Intern 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 intern 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 intern will be prepared to discuss patients nutritional care in multidisciplinary rounds
- Intern 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.

MEDICINE/NEPHROLOGY-

- Intern will discuss pathophysiology of renal disease and incorporate it into the recommendations for MNT in relation to stage of renal disease based on the KDOQI recommendations.
- Intern will come to rotation on time and prepared each day, and conduct him/herself in a professional manner.
- Intern will provide education for assigned patients.
- The intern will instruct patient on a renal diet. If a patient is not available on the assigned floor, another patient will be assigned or the intern will instruct an RD.
- Attend and participate in R.D. meetings, journal clubs and/or care plan meetings or team meetings.
- For assigned patients, the intern will establish short and long term goals from nutrition assessment.
- 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.
- For assigned patients, obtain laboratory data from medical record and computer hospital information system and record relevant nutrition data in EPIC and on assessment sheet.
- Use information from past hospitalizations, obtained from EPIC computer system, to assess patients.
- The intern will use standardized language in communicating via documentation (electronic or written) and effectively and appropriately assess adult patients of differing backgrounds and diagnoses.
- The intern will be assigned a patient and take responsibility for documenting assessment, nutritional care plan and follow-ups.
- For assigned patients, interview patient for diet history and analyze for adequacy.
- Intern will assess calorie/protein needs in relation to lab values, stage of renal disease, etc.

- The intern will write logical and concise notes that clearly communicate and document the appropriate information, and formulate a nutrition diagnosis based on available information.
- Intern will determine energy and protein needs of assigned patients with Pancreatitis or CF and discuss w/ RD.
- The intern will be assigned a patient with renal disease and take responsibility for assessing the patient and implementing appropriate nutrition interventions and establishing goals for the patient.
- For a patient with CKD, the intern will establish short and long term goals from patient data collected.
- Determine treatment modalities and education necessary for assigned patients and discuss with dietitian.
- Evaluate, calculate and monitor transition from TF to po intake, TPN to oral or TPN to TF and discuss with RD.
- Discuss transition care plans with case management or home health agency as needed.
- Educate patient and/or family on transitioning to home.
- Initiate and tally calorie counts for appropriate patients, evaluating the impact of nutrition intervention in relation to the results of the calorie count.
- For assigned patients, monitor the following and discuss with RD:
 - Diet order and/or supplemental feedings
 - Menu selections, making adjustments as needed to meet diet prescription
 - Patient progress by visitation with patient.
 - Enteral / parenteral feeding
 - Changes in patient data significant to nutritional status or diet (ie: effects of dialysis).

MOUNTAINVIEW 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
- Intern will observe diet clerk position and participate in correction of menus.
- Intern will modify menus for target populations to meet cultural/ethnic food preferences.

- Intern will design a cardiac, renal, diabetic, or low carbohydrate menu for a patient.
- Intern will participate in preparing a modified consistency dysphagia diet with a lead cook and evaluating it for taste, temperature, palatability, etc.
- Intern will participate one day with assistant director in inventory, forecasting, ordering, and stocking of food items. Intern will order the food for the week on the computer
- Intern will attend and participate in program-specific meetings.
- .Intern will conduct sanitation rounds with director daily.
- Intern will observe a barium swallow.
- Intern will observe and participate in Eating Intervention Program
- Intern will be involved in the nutritional care plan of patients requiring adaptive feeding devices.
- Intern will observe a wound assessment with a registered nurse and be able to relate this to the physical assessment.
- Intern will assess assigned patient(s), calculate a TPN regimen and monitor the progress on one or more patients.
- For assigned patients, intern will review nutritional screening and then screen a patient on their own reviewing information with the RD.
- Intern will be assigned to conduct a nutritional assessment of an uncomplicated orthopedic patient. The intern will complete the assessment/evaluation on their own and then review with the RD.
- Intern will assess a cardiac patient and document this assessment in the medical record.
- Intern will assess a trauma patient and review with the RD.
- Intern 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.
- Intern will assess and make recommendations/adjustments of tube feedings (enteral/parental) including calorie and protein needs.
- Intern 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, intern will identify short and long-term nutritional goals and formulate/implement appropriate nutrition care plans.
- Intern will document on patient care plan goals and integrate them with other therapies.
- Intern will convert continuous tube feeding schedules over to bolus feeding schedules on one or more patients.
- Intern will complete diet competencies on 3 food service aides.
- For assigned patients, intern will develop and provide group nutritional instructions.

Optional Activity #2:

- Intern 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.
 - Intern will counsel a renal patient on dialysis.
- Intern will review performance improvement minutes and demonstrate understanding of the PI process.
 - Intern will participate in the daily billing of patient care.

NICU-

- Intern 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.
- Intern will observe feeding tube placement, participate in the determination of formula/TF and monitor tolerance and need for changes. Discuss with the dietitian.
- Intern 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.
- Intern 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-

- Intern will come to rotation on time and prepared each day, and conduct his/her self in a professional manner
- Intern will complete worksheets as assigned:
 - strengths & weaknesses
 - terminology
 - general questions

- Intern will explain to dietitian the stages of dying after reading Death and Dying by Elizabeth Kubler-Ross.
- Intern 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
 - Intern 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 intern will document nutritional care plan and follow-up for assigned patients and discuss with dietitian.
- Intern will calculate, monitor and evaluate transitional feeding plans on assigned patient(s) and discuss with RD.
- Intern will visit patient/client to review intake
- Intern will calculate calorie count if available
- For assigned patients, the intern 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.

- Intern will observe placement of a feeding tube, monitor and evaluate tolerance of feeding plan
- Intern will spend time with Speech therapy/OT therapy evaluating feeding device needs and coordinate with the nutrition care plan
- Intern 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.
- Intern will participate in Palliative Care meeting and report patient progress during 2nd week of the rotation.
- Intern 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-

- Intern will come to rotation on time and prepared each day, and conduct his/her self in a professional manner. Intern will dress appropriately and show initiative and responsibility.
- Obtain pertinent information from medical records and record on PIF sheets (including: lab values, medications, anthropometrical data, and medical history) for assigned patients, including a full-term infant, a child, and an adolescent. Will complete assessments on patients as specified. Appropriately plot on growth charts and make appropriate assessments using catch up growth when needed. Also be able to rec appropriate formula for disease state.
- Determine plan of action for assigned patients and discuss with dietitian.
- For assigned patients, monitor the TF, TPN, diet order, and menu selection, if indicated, to ensure appropriate nutrition as ordered (is provided). Alter nutrition plan as necessary based on changes in patient data.
- For each assigned patient, evaluate care plan (determined by pt tolerance, weight and lab trends) and determine if goals are being met.
- For each patient receiving enteral and parenteral feeding, calculate energy & protein needs & determine adequacy of feeding and transitional feeding plan. Discuss with RD before charting or discussing plans with MD. Intern 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.
- Intern will correctly calculate tube feedings and mixing instructions for concentrating baby formulas as needed after being educated by the RD.

- Intern will discuss with RD before providing information to families, MD, etc...
- Intern 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.
- Intern will provide formula mixing education for assigned patients after discussing with RD.
- The intern will write logical and concise PES statements that clearly communicate and document the appropriate information, including course of action, problems, etc.
- Intern will demonstrate the ability to prioritize patients by degree of nutritional risk and begin nutritional intervention within appropriate time period.
- The intern 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.
- Intern will understand the pathophysiology of a chylous effusion and the nutritional effects of the effusion. Intern will be able to verbally convey this information to the RD.
- Intern 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.
- Intern will demonstrate ability to develop a good working relationship with other medical professionals. Intern will be knowledgeable of appropriate community services and be able to recommend in care plan.
- Intern will contact physician directly when necessary.
- Attend and participate in:
 - Pediatric Rounds (by the 2nd week the intern will participate in rounds by making recs directly to physicians/ nurse practitioners).
 - Pediatric Discharge Planning Rounds as assigned.

- Intern will demonstrate the ability to work with care management/social services and patient's family to set up a tube feeding plan for the home setting. Must work with parents to determine schedule of feeds and whether will be continuous feeds, bolus, or both. Discuss with RD.

PICU

- Obtain pertinent information from medical records and record on PIF sheets (including: lab values, medications, anthropometrical data, and medical history) for assigned patients, including a full-term infant, a child, and an adolescent. Will complete assessments on patients as specified. Appropriately plot on growth charts and make appropriate assessments using catch up growth when needed. Also be able to rec appropriate formula, goal feeding regimen for disease state and clinical status
- Determine plan of action for assigned patients and discuss with dietitian.
- For assigned patients, monitor the TF, TPN, diet order, and menu selection, if indicated, to ensure appropriate nutrition as ordered (is provided). Alter nutrition plan as necessary based on changes in patient data.
- For each assigned patient, evaluate care plan (determined by pt tolerance, weight and lab trends) and determine if goals are being met
- For each patient receiving enteral and parenteral feeding, calculate energy & protein needs & determine adequacy of feeding and transitional feeding plan. Discuss with RD before charting or discussing plans with MD. Intern 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 intern will write logical and concise PES statements that clearly communicate and document the appropriate information, including course of action, problems, etc.
- Intern will demonstrate the ability to prioritize patients by degree of nutritional risk and begin nutritional intervention within appropriate time period.
- Use computerized hospital information system in obtaining patient information and documentation. Be resourceful and look for education materials via Internet or manuals/books, etc...Create handout if none available to meet specific education needs of your patient.
- Intern will participate on daily rounds and be able to discuss plan of care with RD and medical team
- Intern will be able to discuss differing energy requirements based on level of respiratory support
- Intern 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.

- Intern 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.
- Intern will demonstrate ability to develop a good working relationship with other medical professionals. Intern will be knowledgeable of appropriate community services and be able to recommend in care plan.
- Intern will contact physician directly when necessary.
- Attend and participate in: -PICU Rounds (by the 2nd week the intern will participate in rounds by making recs directly to physicians/ nurse practitioners).
- Intern 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.
- Intern will correctly calculate tube feedings and mixing instructions for concentrating baby formulas as needed after being educated by the RD. Intern will discuss with RD before providing information to families, MD, etc...

SURGERY-

- Intern 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.
- Intern 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.
- Intern will accurately calculate enteral or parenteral nutrition based on nutrient and fluid requirements and discuss with RD.
- Intern 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.
- Intern will read assigned journal articles and be able to answer questions concerning article content.
- Intern will become knowledgeable of appropriate education materials and will be able to provide education to assigned patients with uncomplicated & complicated conditions that

need diet education, i.e., diverticular disease, high protein/calories, high fiber, low residue, IMF, home tube feeding, Nissen, gastric bypass, lap bands, gastrectomy.

- Intern will observe feeding tube placement and/or a surgery.
- The intern will participate in utilization of a metabolic cart by assessing and understanding respiratory quotient and macronutrient utilization.

Diabetes Center-

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

FAIRMONT STATE UNIVERSITY-

- Work with a nutrition educator in Higher Education and/or Elementary-Secondary Education.
- Evaluate educational materials currently available for consumers on an assigned topic.

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

WIC-

- Prior to arriving at the affiliation site, the intern 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.
- Intern 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 intern will review the state WIC policy and procedures manual, local agency nutrition education and outreach plan and will discuss with the Nutritionist.
- The intern will observe 1 WIC nutrition education class
- The intern will teach a Nutrition Education class with the Nutritionist observing.
- -The intern will be prepared to discuss their impressions of the class with the nutritionist during the rotation.
- The intern 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 intern. The intern 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 intern 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 intern will be familiar with making referrals to both internal and external services as deemed necessary (i.e., RFTS, MD referral, breastfeeding).
- The intern will complete the Community Nutrition worksheet and will have the nutritionist review it.

OUTPATIENT – PEDIATRICS-

- Become familiar with and follow the procedures for the operation of the Pediatric clinic.
- Interact with physicians, nurses and other health professionals to provide accurate nutrition information.
- Become familiar with EPIC; use to review labs and notes and to document.
- Use the Internet as resource for food record analysis and to review new products.
- Interview and counsel pediatric patients (CF, DM, GI, or Lipid) and their families on their current eating behaviors and suggest modifications
- Document nutrition counseling in patient's medical record using appropriate format and guidelines for charting.
- Intern will complete dietary assessment and patient interview; will determine education needs and choose appropriate education materials; will educate the patient and establish goals.
- Discuss strengths and weaknesses of session with clinical instructor. Determine possible ways to improve meeting goals of session.
- Become familiar with educational material used in the Pediatric clinic and obtain copies for own professional file.
- Develop a new educational material and then evaluate through discussion with dietitian, for clarity, visual acuity, accuracy, usefulness and content.
- Plan preliminary goals for counseling session after reviewing the chart and discussion with physician and /or nurse.
- Use information gained from patient and family to adjust preliminary nutrition education plan to meet needs of patient.
- Assess learning experience of patient and discuss with clinical instructor
- Intern will demonstrate ability to develop good working relationships with other medical professionals.

- Intern will discuss and manage nutrition recommendations/plan with nurses, social workers, and physicians.
- Observe blood glucose monitoring in the Endocrine clinic and then explain the relevance to patient's care plan.

OUT PATIENT – CANCER CENTER-

- Intern will come to rotation on time and prepared each day and conduct his/her self in a professional manner.
- Intern 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.
- Intern 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.
- Intern will recognize the rationale for dietary modification for disease condition and symptoms. Information will be shared with dietitian.
- Assist in the development and implementation of a nutritional care plan to help pt cope with side effects from therapies i.e. wt loss, loss of appetite, taste changes, mouth sores, wt gain.
- Follow-up with pt (if possible) or share plan with dietitian in order to provide continuity of care.

Outpatient Family Medicine-

- Become familiar with and follow the procedures for the operation of the family medicine clinic.
- Interact with physicians, nurses and other health professionals to provide accurate nutrition information.
- Become familiar with Merlin; use to review labs and notes and to document.
- Use the Internet as resource for food record analysis and to review new products.

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

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

- Throughout rotation maintains a professional appearance and demeanor.
- Is productive and accountable for all time.
- While supervising, solves problems in a professional and ethical manner.
- Listens effectively to demonstrate understanding of the ideas and opinions of others.
- Provides and receive constructive feedback to peers and supervisors.

- Shows a sincere interest in others and their concerns, initiates and develops relationships with others.
- While supervising, communicates clearly with employees.
- Patient special instructions communicated.
- In-service material delivered clear and concise. Written materials contain clear, concise, correct grammar.
- Employee meeting topics are clearly presented; minutes recorded.
- Review the performance review information.
- Observe an interview.
- Assist in completing a performance review.
- Review job outlines.
- Assist in completing a schedule.
- Ensure that assigned employees complete duties.
- Produce an employee schedule with complex problems.
- Review sales material from the previous day to calculate and forecast. Must be done daily.
- Review and type 2 job outlines. (Patient services/retail/production)
- Assess timeliness of tray delivery.
- Analysis-follow different meal periods, B/L/D.
- Complete 3 cashier audits.
- Participate in the collection and processing of financial data.
- Actively participates in the coordination of services including financial, secretarial and catering.
- Assist with completion of weekly financial reports
- Assist in completion of weekly inventory.
- Receive products for the department.
 - Verify an invoice to purchase order.
 - Obtain price quotes.
 - Place an order.
- Complete a Department Food Safety Audit and assign corrective action.
- Complete a Food Safety Walk Through.
- Complete a HACCP Taste Temperature Panel Sheet.

- Complete a HACCP Refrigerator Temperature Log.
- Complete a Nutrition Center Inspection on Nursing Units.
- Complete a hospital bi-monthly safety inspection.
- Complete dish machine log
- Use test strips on sanitizing solutions and pot and pan sink.
- Develop a theme for your special and order decorations. (\$75.00 limit)
- Organize a decorating team. It is your responsibility to have the staff decorate. Your goal is to manage the process.
- Complete a meeting with the staff stating what the special is and if they may wear different clothing to meet your theme at least one week prior to special.
- Develop a customer survey to rate your food from your special.
- Build and excel document that rates the food you served at your special. Please provide management with a copy.
- Summarize the special cost/meal%/sales/customer satisfaction rate.
- Supervise development and/or modification of Recipes/formulas.
- Supervise production of food that meets nutrition guidelines, cost parameters and consumer acceptance
- Send out an email stating your cafeteria special and post the menu on Ruby on line.
- Complete Test tray evaluations for each meal period.
- Conduct Taste panels before each meal.
- Complete analysis of test trays-1 week, different meal periods.
- Create or redesign a PI monitor, complete the analysis and present the findings to the managers.
- Work with an NCA:
 - Order Nourishments.
 - Write infant formula instructions.
 - Complete NCA training guide.
 - Supervise patient tray line.
 - Ensure that all meals are being delivered on time and documented.
 - Ensure that all HACCP temperatures are taken before service to patients.
- Develop a theme menu for Ruby cafeteria.
 - Your theme meal must have a Dean Ornish compliant entrée, dessert and side.
 - Your theme must be practical.
 - Your theme meal must have 2 entrees, 2 vegetables, 2 starches, 1 soup, 1 grill item + a pizza, or 2 grill items and 2 desserts.
 - Modify each recipe's yield for retail cafeteria special.

- Patient Special
 - Menu adequate for all patients
 - Projections
 - Purchasing
 - Costing
 - Directions instituted to all participating areas.
 - Self / Team Analysis of Special.
 - Modify each recipe's yield for retail cafeteria special.
 - Develop a theme for the cafeteria special.
- Redesign a specific area of the cafeteria retail site. Specific area to be assigned by manager. Provide a drawing of what the "new" area would look like.
- Using online services as well as catalogues in the office, cost all new equipment we will need for the redesign of an area.
- Do a utility comparison 1 piece of equipment. List the watt/amps needed for each and the type of wiring-single or three phases.

CLINICAL STAFF EXPERIENCE-

- The intern 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 intern will perform in a professional manner in all dealings with the healthcare team and patients.
- Intern will be responsible for nutritional assessments of patients in the assigned unit, using appropriate formulas and hospital standards.
- Intern will provide accurate, current, and appropriate nutrition education to patients in assigned units upon receipt of diet instruction consult.
- The intern 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 intern will be able to accurately design education materials specific to patient's educational background while respecting cultural needs.
- Intern will identify patient care related problems and develop plans of action for problem solving.
- The intern will be responsible for prioritizing daily work load making sure all work meets minimum completion time frames.
- Interns will complete meal rounds and tray assessments and reporting any issues to management taking into account any cultural or religious needs of the patients.

- Interns are expected to work 8.5 hour days during staff relief. Any time missed must be made up.
- Intern will develop appropriate nutritional care plan(s) for each patient and coordinate activities to accomplish goals for each patient.
- The intern will integrate pathophysiology into medical nutrition therapy recommendations.
- The intern 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.
- Intern 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.
- Intern 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. Interns will refer patients as needed to outpatient RD or other disciplines as needed.
- The intern will provide quality care to patients in assigned unit through continuous patient monitoring, nutrition intervention, and documentation.
- Intern 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 Interns will be required to critique and present journal articles during class days. Each intern will be scheduled alphabetically by last name to specific class days. This schedule will be given to the interns in the syllabus during orientation. Article presentations will not begin until October and will continue every class day through March.

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

Clinical Case Study

This case study is a major component of the internship program. A substantial amount of time should be dedicated to create an in-depth written and oral

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

Clinical Case Study Guidelines

1. Select a patient who has a definite nutrition component to his/her illness/condition. Look for a condition that is not imminently terminal and something that will be educational for all.
2. The patient should be chosen early in the rotation (1st 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 intern 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 intern should obtain an update on the patient's condition between the time that the written case study is turned in and the oral presentation. The update should be included in the oral presentation.
4. It is mandatory to make an appointment with Susan Arnold, MS, MLIS, RD in researching and preparing your written report. If you do not meet with her there will be a 5% reduction in your grade.
5. The preceptor should be provided with rough drafts or sections of the written case study to review a minimum of twice before the final written copy is due. This case study is a major component of the internship program and a significant amount of time needs to be designated for the

written and oral presentation. (minimum of 30-40 page typed paper and minimum of 1 hour power point presentation)

Case Study Format

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

SECTION A

General Information

Name of intern

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.
2. Determine IBW, %IBW, usual weight, % usual weight, BMI and adjusted weight, if applicable. Remember to re-state height and weight in both traditional and metric units of measure.

3. Determine energy and protein requirements and state method of determination. Show formulas used in making determinations, including adjusted weight if necessary.
4. Provide a comparison of nutrient analysis to appropriate RDI's. If the patient is receiving tube feeding or hyperalimentation, indicate how well current intake is meeting assessed needs. Comment on any major deficiencies or excesses of any nutrients found.
5. Determine nutrient or dietary needs for specific disorder.
6. If it is a pediatric patient, include growth charts for weight and height percentiles as well as weight at 50th 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.

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 intern within a week with corrections to be made. "Rough drafts" will not be accepted on the date that the written case study is due. We expect the report to be complete in all areas. The oral presentation will usually be scheduled 4 weeks after the written case study due date. The written case study (with corrections) is to be turned in on the date the oral presentation is given.

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

Written Clinical Case Study Evaluation

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

4-Good-All important details present

3-Fair-Some details missing

2-Poor-Multiple details missing

1-Unsatisfactory-Large amounts or all details missing

N/A-Not applicable to case study patient

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

Areas to be considered in the Written Case Study:

Patient Information: Areas are covered thoroughly

General information about the patient

Social background is reviewed

Past medical status/socio-economic status

Family history

Present medical status

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

Laboratory values-skewed values and relevance

Hospital progress

Medical tests are explained/reviewed

Discharge plan/needs

Nutrition Intervention

Correct calculations/anthropometrics used

Typical diet recall/diet history analyzed

Nutrition care plan
Principles of prescribed diet
Informative-reflects relevant research into background
References are varied, current, relevant, properly documented and minimum of 15 used
Material is organized and follows comprehensible sequence
Sentences and paragraphs are well composed
Subject matter is interesting and accurate
Graphs, charts, pictures and tables as appropriate are included
Important information is emphasized
Assignment is neatly done
Proper grammar is used
Spelling is correct
Expression of ideas and explanation are comprehensible
Assignment was turned in on time
(10% deduction if late)

Review of Literature

Pathophysiology of disease/disorder
Stage/phase (if applicable)
How it is diagnosed
How it is treated
Other body systems affected
Nutritional component
Patient's prognosis
Glossary of terms
Summary

Oral Clinical Case Study Evaluation

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

5 Excellent-Very detailed

4-Good-All important details present

3-Fair-Some details missing

2-Poor-Multiple details missing

1-Unsatisfactory-Large amount or all details missing

N/A -to case study patient

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

Content: Areas are covered thoroughly

General information about the patient
Social background is reviewed
Past medical status/socio-economic status
Family history

Present medical status
Medications-reason for use and drug/nutrient interactions
Laboratory values-skewed values and relevance
Hospital progress-day to day analysis
Medical tests are explained/reviewed
Discharge plan/needs discussed

Nutritional Intervention

Nutrition assessment
Correct calculations/anthropometrics used
Typical diet recall/diet hx analyzed
Nutrition care plan
Principles of prescribed diet

Review of Literature

Pathophysiology of disease/disorder
Stage/phase (if applicable)
How it is diagnosed
How it is treated
Other body systems affected
Nutritional component
Patient's prognosis
Reflects research-up to date information/interpretation
Summary of what intern learned

Clinical Mini-Case Studies

The intern will be responsible for completing mini-case studies during the clinical rotations of the internship. The patient chosen must be approved by the clinical preceptor. The interns 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

Interns 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 interns 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. Interns should also carry their standards of care with them as a reference to each rotation.

Cardiac Recipe Sampling

The intern 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 intern will then be required to prepare this item, explain the modifications, supply both the regular and modified recipe and serve it to the interns, Dietetic Internship Director and Cardiology Preceptor. This will occur during class at the end of the Cardiology rotation.

Preceptor Evaluation

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

Sources:

- MH Oermann, *A Study of Preceptor Roles in Clinical Teaching, Nursing Connections 1996 Winter; 9(4):57-64.*

- An extended summary of Association for Medical Education in Europe Medical Education Guide No 20 R M Harden and J R Crosby Published in Medical Teacher (2000) 22, 4, pp 334-347 Tay Park House, 484 Perth Road, Dundee, DD2 1LR (www.amee.org)
- Irby, David M. Clinical Teacher Effectiveness in Medicine. Journal of Medication Education 53:(October 1978):18-24
-

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

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

Is Organized and Focused

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

Values Student-Preceptor Interactions

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

Is Dynamic and Enthusiastic

Enthusiastic about their professional responsibilities, including precepting

Relates Well to Students

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

Uses an Analytical Approach

Discussed recent developments in the field
 Discussed points of view other than their own
 Shared the origins of their ideas and concepts
 Provided references for interesting and involved points
 Explained why the student's work was correct or incorrect

Had student apply concepts to demonstrate understanding
 Provided constructive and timely feedback on areas of strength in addition to areas for improvement

Is Competent and Confident

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

Models Professional Behavior

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

Additional Questions

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

DIETETIC INTERN PROGRESS REPORT

Name: _____

The dietetic intern will be responsible for making sure all of the following experiences are completed and checked off by a preceptor during their first two clinical rotations at WVU Hospital. This sheet must be turned in to the Dietetic Internship Director after their second clinical rotation.

	Preceptor initials
Look up nutrition related data in EPIC: lab values, meds, wt/prev. wt, edema, wounds, meal intake, I/O, TF/residuals, head to toe asst.	
Fill out PIF sheets in detail on all patients seen	
Has all chart notes reviewed by preceptor prior to placing them in the medical record	
Locate the nurse/MD/CA (pager/phone #) caring for a particular patient	
Is able to correctly calculate a TPN, TF or infant formula	
All notes include kcal/kg, g/kg on all TF/TPN recommendations and % kcal and protein on all calorie count notes	
Is able to locate TPN list and HRN list and complete consults in EPIC	

Is able to document assessments, follow-ups, screens, NPO notes, calorie counts/tally and diet instructions in the care plan.	
Demonstrates the ability to page a physician to communicate issues or care plan recommendations utilizing appropriate chain of command	
Is able to understand how to add supplements or food preferences and how this crosses to VST	
Knows how to contact the correct NCA or the kitchen for requests or patient issues	
Appropriate PES statement chosen	

Intern Performance Appraisal

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

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

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

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

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

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

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

Professionalism:

Professional Attributes

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

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

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

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

Dependability & Attendance

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

Attitude

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

Intepersonal 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 interns. These written guidelines will be given to the intern during orientation and they must sign and acknowledge they have received them and understand the responsibilities that come with the internship. This form was adopted from the AND “Preceptor Training” course.

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

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

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

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

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

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

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

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

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

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

It is the student's responsibility to look for connections

- between theory and practice**
- to what is already known and understood**
- between and among the new things being learned**
- between the training environment and future roles**

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

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

They should:

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

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

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

Weeks of Choice Guidelines

The intern 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 intern rotates through, the experiences planned for the week of choice must be different from those assigned during the normal rotation.

The intern'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 intern is doing a rotation within our facility or an outside facility that has a current affiliation agreement with us then an additional one is not needed. (if the facility does not have any sample affiliation agreements one can be provided to them from WVU Medicine)
- Discuss the unit experience with the Internship Director and Clinical Instructor responsible for this week at this time also.
- Write the unit experience, following the competencies of the program. This must be done **THREE WEEKS** before the week of choice. Use the attached week of choice form and competencies found in the syllabus.
- Meet with the Internship Director and the Instructor to finalize the experience **TWO WEEKS** before the week of choice.
- If there are any problems with scheduling your week of choice rotations you must immediately contact the Internship Director to inform her of the problems. It is **unacceptable** to wait until one to two weeks prior to the rotation to begin making arrangements.

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

Morgantown:

Heather Dyson, MS, RD, LD-Cheat Lake ext. 44186
dysonh@wvumedicine.org

Jennie Wilkins-Metabolic dietitian 304-293-7334
jwilkins@hsc.wvu.edu

Amanda Pratt, RD, LD-Pain clinic dietitian Ext. 70995
amanda.pratt@wvumedicine.org

Alyssa Paglia, RD, LD-Heart and Vascular Institute outpatient dietitian (73428)
alyssa.paglia@wvumedicine.org

Tiffany Mihaliak, RD, LD-Inpatient Cardiology Beeper 1596 (72369)
tiffany.mihaliak@wvumedicine.org

Gina Kontur, RD, LD-POC dietitian Beeper 0467 (73089)
gina.kontur@wvumedicine.org

Emily Farina, RD, LD-Neurology dietitian Beeper 0089 (71291)
emily.farina@wvumedicine.org

Administrative and Foodservice Rotations Guidelines and Evaluations

Administrative project

The Administrative Project must be a problem, issue or need in the Department. The intern 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 intern must submit a detailed outline of the project plan for approval to the Internship Director. The project will be evaluated by the appropriate Managers and Dietetic Internship Director. The written paper and oral presentation will be scheduled one week after the rotation is completed.

Suggested Report Format

- I. Statement of the Problem and Objective of the project.
 - A. What is the problem?
 1. What is the basic cause?
 2. What are the contributing factors?
 - B. Why is this a problem? (i.e. regulations, safety, patient satisfaction)
 - C. History of the problem.
 1. How long has this been a problem?
 2. Other attempts to rectify the problem?
 - D. Who is directly involved in the problem?
 - E. Side effects of the problem?
- II. Identification of alternatives (a listing of possible ways to resolve the problem) Research-journals, textbooks, other hospitals, etc.

- III. Analysis of alternatives (analysis should be in terms of the factors identified in section I and should project what will result if alternative is put into action)
- IV. Recommended Alternative and Why
- V. Evaluation (if possible)
 - A. Did alternative solve the problem satisfactorily?
 - B. Any unanticipated problems with implementation?
 - C. Future recommendations?

Sample Intern Retail Special-Ruby

#1 Theme:_____

Due Day 1

Approved By_____

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

Marketing and Decoration Plan

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

#2 Menu

Due Day 4

Approved by:_____

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

#3 Patient Menu

Due Day 5

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

- #4 Recipes**
- #5 Sales Projections**
- #6 Portions to Prepare**

Due Day 6

Approved by: _____

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

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

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

#7 Recipes exploded & Testing Plan

Due Day 7

Approved: _____

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

#8 Costing and Selling Price

Due Day 9

Approved: _____

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

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

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

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

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

#9 Recipe testing

Days 9 and 10

#10 Purchasing List

Due by Day 11

Approved by: _____

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

#11 Prep & Production Sheets

Due by Day 11

Approved by: _____

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

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

#12 Production Staff Meetings

Due by Day 12

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

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

#13 Check in Purchasing Order

primarily Day 13

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

#14 Final Preparations

due Day 15

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

THURSDAY (day of Special):

- Meet with retail staff, review recipes (cover any allergy information).
- Double Check Ruby-on-line; make any changes necessary

- Supervise Production – check that items are being made as planned and are on time. If we have call-offs, may need to help.
- Taste test with retail staff
- Supervise in the Cafeteria from approx 11 AM – 1 PM.

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

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

What were customer comments?

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

Were there any problems? How did you resolve?

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

Retail Services: Cafeteria & Catering Assignments

Work Time: 7:10-3:40pm

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

A general outline of tasks are as follows:

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

7:30 Meet with Stephanie

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

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

10:30 Quality check (allow ½ hour)

11:00 Your Lunch

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

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

Monday is a planning day.

Wednesday is the Catering Day

The projects required this rotation include:

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

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

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

Arrange for recipe testing & evaluate tested product.

Standardize the tested recipe.

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

Utilize current labor cost.

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

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

Suggest selling price.

Supervise preparation of product.

Determine acceptance of item through survey of customers.

Report results of recipe development using oral and written guidelines.

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

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

Develop a menu or promotion suitable for a catered event using new items.

Please keep in mind food trends, variety of tastes, textures, and colors.

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

Online Ordering.

Suggest selling price.

Supervise preparation of product.

In-service and Teaching Aides

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

Nutrition Education Display & WV AND newsletter

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

by WV AND). Check with manager to see what has already been displayed in current year.

Supervision of Cafeteria

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

Other miscellaneous forms

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

Community Rotation Guidelines and Evaluations

National Nutrition Month Projects

- A. Interns 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.
(Fridays between 11 am and 1 pm) A budget is available to order materials from the AND NNM catalog. Also many vendors supply free samples for display, handout.
- B. Interns will be responsible for community activities on Fridays during NNM. Interns are required to complete at least 2 community activities each Friday in addition to the booth at WVU Hospital. You must create lesson plans, games, activities, posters, handouts, etc. This should be different than the display/handouts, etc above. Community activities will include, but are not limited to if a request arises:
 - Local Elementary schools (Mylan Park, Skyview, North, Suncrest, etc)
 - Ruby Daycare
 - Active for Life
 - WVU Recreation Center
 - WVAQ radio spot (intern 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 Interns
- C. Interns 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 intern topics relate to each other. Interns 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	Sherri Restauri	293-5055
WVAQ	Kevin Connelly	296-0029
Ronald McDonald House	Staff member	598-0050

Clinical Staff Relief Guidelines

1. In addition to sending notes for co-signature in the EMR the intern 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 intern charts on a patient who is to be discharged imminently, he/she should contact the preceptor or Internship Director at extension 73339 or if unavailable, one of the clinical preceptors as soon as the note is written. Leave a message on phone mail if necessary. This will usually only happen with diet instructions.
3. Interns will record daily activities on productivity sheets used by the clinical dietitians. Any current quality monitors will also need to be recorded on sheets used by the RD for whom the intern is covering.
4. The intern 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.
5. The intern must work the same hours as the dietitian for whom they are doing staff relief.
6. Interns will chart on the unit so they are visible at all times and available for any staff needs.
7. Interns will not be allowed to do Clinical Staff Relief in MICU, SICU, PICU, NICU or CCU/CTU. The purpose of staff relief is for the intern to demonstrate that they are competent to assume an entry-level position in Dietetics. If the preceptor and internship director agree, the intern may attend rounds in any of these units but only on an observational and educational capacity. The intern will still be

- expected to carry and complete the same work load as interns not observing rounds.
8. Interns will be expected to do meal rounds weekly (5-7 patients) and at least one tray assessment while assigned to Clinical Staff Relief.
 9. Interns must make up any sick days taken during staff relief due to this time being crucial in determining readiness to be in an entry-level position. This time may be made up by staying over on other days and having this documented by the Internship Director.
 10. Interns are expected to write at least 7 chart notes of substance/day. One-line follow-ups or brief screening/rounding notes do not count.
 11. If the assigned floors are not busy (i.e the intern is done before the end of their shift), the intern 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.
 12. At the end of the staff relief period, the preceptor and Internship director will evaluate the intern to determine if competencies have been met. If they have not, the intern 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 come in to the department on Saturday and Sunday to review Merlin for consults, patient assessments, high-risk notifications from nursing, new TF/TPN calculations, diet education including Coumadin. You will carry the on-call phone and be available to answer questions from other healthcare team members.
3. Make sure to check on who the manager is prior to your weekend and let them know you will be on-call.
4. You will have backup call from an RD. Check with them prior to your weekend to determine if they want you to call them at home or use their cell phone and document the number. Make sure to forward information to them on any notes needing co-signature or orders needing 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 in the on-call bag for any specific questions including the other dietitians home and cell phone numbers.

Please call your backup RD prior to calling any other RD's listed. If the backup RD cannot answer your question or help you, they will direct you who to contact next.

5. You will be on call from 8:00 am –4:30 pm on Saturday and Sunday. Make sure to check the phone messages on Saturday and Sunday morning. The directions for checking the phone mail and password are in the handbook inside the on-call bag. 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 bag 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

Intern: _____

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

Time spent in each of the following rotations has been beneficial:
(1-least, 5- best)

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

Orientation
Administrative project
Bariatric Clinic
Cardiology
Cancer Center
Clinical Relief
Critical Care
Cystic Fibrosis
Diabetes Center
Fairmont State
Medicine/Nephrology
Mountainview
Nutrition Month
NICU
Oncology/BMTU/Ortho
Outpatient peds
Patient Services
Pediatrics
PICU
Portofolio
Retail Services—HSC
Surgery
Trauma
Weeks of Choice
WIC

Comments specific to internship rotations:

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

Policies and procedures for the internship were adequate:

Methods used to evaluate your accomplishments/problem areas were adequate:

Overall preparation for entry-level Dietetics has been:

Library facilities and assistance have been:

Classes have been instructional:

Program length has been:

Professional meetings were beneficial:

Program's greatest strengths:

Constructive criticisms or suggestions to make the experience more valuable:

Overall rating:

Graduate and Employer Surveys

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

DIETETIC INTERNSHIP PROGRAM PROGRAM FOLLOW-UP SURVEY

Name:

Date:

Current Address:

Permanent Address:

Work Address:

Post –Graduate Education:

Name & Address of Program

Major

Degree

Date

Work Experience Since Graduation:

Name & Location of Institution

Position/Title

Dates of Employment

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

A. Employed

- _____a. Part-time
- _____b. Full-time

B. Unemployed

- _____a. Seeking Employment
- _____b. Not seeking employment
- _____c. Continuing formal education
- _____d. Caring for home/family

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

- _____a. Director of Department
- _____b. Department Assistant Director
- _____c. Clinical Dietitian
- _____d. Educator
- _____e. Sales Representative
- _____f. Specialist
- _____g. Supervisor
- _____h. Consultant
- _____i. Other(Specify)_____

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

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

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

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

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

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

6. How long after completing the internship did you take your RD exam?
 - a. 1-2 month
 - b. 3-4 months
 - c. 5-6 months
 - d .7-8 months
 - e .9-10 months
 - f. 11-12 months
 - g. greater than 12 months

7. How long did it take for you to submit a learning plan to CDR after becoming registered?
 - a. 1-2 month
 - b. 3-4 months
 - c. 5-6 months
 - d .7-8 months
 - e .9-10 months
 - f. 11-12 months
 - g. greater than 12 months

8. Are you a member of The Academy of Nutrition and Dietetics?

9. Do you plan on furthering your education? If yes, in what field?

10. What experiences during the Dietetic Internship did you consider of most value to your current position.

Can I share these comments by posting them on the website? Yes___ No___

11. Based on your position or positions. What additional experiences would have been valuable to you to have been included in the Dietetic Internship Program?

12. What topics/classes would have been beneficial to your knowledge base when taking the RD exam?

**DIETETIC INTERNSHIP
EMPLOYER SURVEY FORM**

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

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

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

Comparative Rank

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

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

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

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

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

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

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

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

Dietetic Intern Performance Appraisal-Administrative Project

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

Competency Levels:

Level 5: Excellent met all criteria

Level 4: Good-met most criteria

Level 3: Good met some criteria

Level 2: Needs Improvement- missing more than half of criteria

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

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

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

Dietetic Intern Performance Appraisal-Advocacy

CRDN 2.14--Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.

Competency Levels:

Level 5: Excellent-can explain all criteria

Level 4: Good-can explain most criteria

Level 3: Good-can explain some criteria

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

Level 1: Poor-cannot explain the majority of the criteria

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

Area:	Criteria	Score	Comments specific to each area
Getting start in advocacy	Support for nutrition is not only good public policy, it is good politics. Members of the Academy of Nutrition and Dietetics have the ability and responsibility to urge consumers and lawmakers to learn about the positive role nutrition plays in healthy lifestyles. Nutrition also plays an effective role in disease management and treatment. For both individuals and society, the benefits of eating right and exercising include improved qualities of life and lower health care costs.		
Local advocacy	Food, nutrition and health policy is an issue not only for the federal government. In fact, state governments play a vital role in creating and implementing policies that serve and protect the public. States may inspect or certify some food and food products; administer programs that provide food assistance and nutrition education to individuals and families; establish educational standards for schools; administer public health programs; regulate nursing homes; and oversee insurance programs and help provide coverage for many. Additionally, states license health care and other service providers, including dietetics professionals, to assure the public that individuals providing health and personal services have met education, experience and examination requirements.		
Bills and Laws	The following public policy areas are identified: Disease Prevention and Treatment Lifecycle Nutrition Healthy Food Systems and Access Quality Health Care		
Rules and Regulations	Through the federal regulatory process, the Academy leverages the expertise of members and various Academy units to substantially influence public policy for the benefit of the public and the profession.		
Completing Public Policy Action Alerts	Use the Academy's Grassroots Manager program to email a letter to your member of Congress. The Academy will often post pre-written letters for you to send to your representatives asking for their support in legislation dealing with food, nutrition and health.		

Dietetic Intern Performance Appraisal-Fairmont State Class Presentation

CRDN 3.3--Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
 CRDN 3.4--Design, implement and evaluate presentations to a target audience.

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

Competency	Presentation: Communication/Presentation skills	Score	Comments specific to each area	
CRDN 3.3, 3.4	Little use of notes/slides			
	Able to discuss and answer questions			
	Material is organized and follows a comprehensible sequence			
	Professional dress/appearance			
	Uses correct grammar			
	Audible			
	Enthusiastic			
	Makes eye contact with audience			
	Appropriate pronunciation of terms			
	Kept audience engaged			
	Audio-visuals: Presentation development			
	Relevant to content			
	Creative-includes charts/graphs/pictures			
	Neatly prepared			
	Creative approach to total presentation			
	Appropriate amount of information on each slide			

Dietetic Intern Performance Appraisal-Journal Article Review

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

Competency Levels:

Level 5: Excellent met all criteria

Level 4: Good-met most criteria

Level 3: Good met some criteria

Level 2: Needs Improvement- missing more than half of criteria

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

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

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

Dietetic Intern Performance Appraisal-Mentoring

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

Competency Levels:

Level 5: Excellent Meets all criteria

Level 4: Good-Meets most criteria

Level 3: Good Meets some criteria

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

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

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

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

Dietetic Intern Performance Appraisal-MNT Billing and Coding

CRDN 2.1--Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.

CRDN 4.9--Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.

Competency Levels:

Level 5: Excellent can explain all criteria

Level 4: Good-can explain most criteria

Level 3: Good can explain some criteria

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

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

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

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

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

Dietetic Intern Performance Appraisal-Professional Development Portfolio

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

Competency Levels:

Level 5: Excellent can explain all criteria

Level 4: Good-can explain most criteria

Level 3: Good can explain some criteria

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

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

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

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