## CURRICULUM FOR SUPERVISED PRACTICE<sup>1</sup>: For DI Missouri Department of Health and Senior Services Program for Dietetic Interns

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Name(s) of Facility(ies)/Affiliation(s)		Type of Experience/Ro	otation	Page 1 of 10 Clinical 2014-2015	
Weeks of Supervised Practice	12	Practice Hours	450	Didactic Hours	40

Competency/ Objectives	Planned Experiences (Didactic and Practice)	Evaluation Strategy	Activity that met the competency	Rating, Date Completed and Signature of Preceptor
CRD 1.2: Apply evidence- based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence	Review nutrition support products, current technologies and research supporting product development.	Preceptor evaluation of product selection and recommendations made by intern in practice.		4- 3- 2- 1-
Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and	Read journal articles on current trends for the nutritional therapy of at least one patient with a complicated medical condition and summarize. Review text and module information on the pathophysiology of disease process and integrate into medical nutrition therapy recommendations.	Preceptor evaluation of written and/or verbal presentation. Preceptor evaluation of intern's interpretation and application of pathophysiology in MNT in patient care.		40 30 20 10
model and other areas of dietetics practice  CRD 1.4: Evaluate emerging research for	Collect information on current research in clinical nutrition from professional journal articles and present to other professional staff.	Preceptor evaluation of written and/or verbal presentation.		40 30 20 10
application in dietetics practice	Incorporate current research information into practice as appropriate.	Preceptor evaluation of intern's interpretation and application of pathophysiology in MNT in patient care.		4- 3- 2- 1-

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CRD 2.2: Demonstrate professional writing skills in preparing professional communications	Written materials, e.g., project proposals, education materials, policies and procedures, chart notes, are communicated professionally.	Preceptor evaluation of project or written items.		40 30 20 10
CRD 2.4: Use effective education and counseling skills to facilitate behavior change	Develop nutrition plan of care, set objective goals, counsel patients and provide follow-up recommendations.	Preceptor evaluation of knowledge of diet and disease relationship, counseling skills, and appropriateness of education and resources provided.		
CRD 2.5: Demonstrate active participation, teamwork and contributions in group settings	Present nutrition care plan and make discharge recommendations to health care team for patients with various medical conditions.  Follow-up with appropriate agency.	Preceptor observation and evaluation.		40 30 20 10
	Participate in patient care conferences.	Preceptor observation and evaluation (e.g. preparedness and communication with the team).		4- 3- 2- 1-
CRD 2.6: Assign patient care activities to DTRs and/or support personnel as	Examine the facility's policies and procedures for screening.	Preceptor evaluation of discussion with intern.		40 30 20 10
appropriate.	Identify patient acuity based on diagnosis/diet prescription and determine who is responsible for screening patients (e.g., RD or Diet Technician) to confirm acuity.	Preceptor evaluation of discussion with intern.		40 30 20 10

<sup>4:</sup> Met Competency Independently; 3: Met Competency with Occasional Support; 2\*: Required Frequent Support; 1\*: Did Not Meet Competency Note\*: A score of 1 or 2 means that the intern will not get any credit for this competency.

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CRD 2.7: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice	Identify and document issues that impact nutritional status which are beyond the RD's scope of practice. Consult appropriate specialist and be aware of when a referral requires a medical order.	Preceptor evaluation of performance in this process.		4- 3- 2- 1-
<b>CRD 2.8:</b> Apply leadership skills to achieve desired outcomes	Provide staff coverage for nutritional care services. (Acute Care specifically)	Preceptor observation and documentation by intern in journal.		4- 3- 2- 1-
CRD 2.10: Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services	<ul> <li>Document active participation with staff that work in occupational therapy, speech pathology, physical therapy, respiratory therapy or other allied health professionals in facility to discuss or address patient care issues. Explain your role in the program.</li> <li>Attend and participate in interdisciplinary meetings/ patient care conferences/rounds/discharge planning activities.</li> </ul>	Preceptor observation and evaluation. Internship Coordinator review of intern documentation in journal.  Preceptor observation and evaluation. (e.g., preparedness and communication with the team).		4- 3- 2- 1-
CRD 2.11: Demonstrate professional attributes within various organizational cultures	Counsel patients, develop care plans, set objective goals and provide follow-up recommendations, being sensitive to cultural food/nutrition beliefs/customs and incorporate cultural foods into nutrition education.	Preceptor evaluation of knowledge of diet and disease relationship, counseling skills, and appropriateness of education and resources provided.		4- 3- 2- 1-

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CRD 2.13: Demonstrate negotiation skills	Communicate with physician to clarify order or to report progress.	Preceptor observation and evaluation.		40 30 20 10
	Determine appropriateness of diet order. Discuss with physician/team during patient conference.	Preceptor observation and evaluation.		4- 3- 2- 1-
	Make appropriate nutrition recommendations in medical record with follow-up.	Preceptor observation and evaluation.		40 30 20 10

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CRD 3.1: Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings  CRD 3.1.a: Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered	<ul> <li>Collect relevant data, perform nutrition assessment, and develop a nutrition care plan for each patient screened and assessed as needing nutrition care.</li> <li>Review medical records of patients with common and complex medical conditions within different levels of care, e.g., critical care, ICU, stepdown, etc. Extract relevant anthropometric, biochemical, clinical, dietary and psychosocial information for use in nutrition assessment.</li> <li>Overweight &amp; Obesity</li> <li>Cardiovascular Disease</li> <li>Gastrointestinal Disorders</li> <li>Diabetes Mellitus</li> <li>Renal</li> <li>Cancer</li> <li>General Nutrition/Wellness Counseling</li> <li>Other</li> <li>Other</li> </ul>	Preceptor evaluation of knowledge of diet and disease relationship, counseling skills, and appropriateness of education and resources provided.  Preceptor evaluation of assessments for accuracy and relevance to patient medical condition and nutritional status.		4

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CRD 3.1.a: Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered	Collect 24-hour food recall/food frequency/diet history from patient. Evaluate for nutrient composition manually or using computer-based tool. Evaluate for adequacy based on estimated needs. Evaluate diet for appropriateness to diagnosis and condition.	Preceptor observation and evaluation of performance in interview, diet calculations and nutrition care recommendations.		4- 3- 2- 1-
	Obtain other relevant information as needed (e.g., meal rounds, calorie counts, team rounds or care conferences).	Preceptor observation and evaluation.		40 30 20 10
	Review current enteral product information/guides.	Prœeptor evaluation of discussion with intern.		3 2 1
	Review facility's policies and procedures for nutrition support.	Preceptor evaluation of discussion with intern.		40 30 20 10
CRD 3.1.b.: Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements	Identify patients requiring enteral/parenteral support, review formulas and guidelines for initiation of nutrition support with preceptor.	Preceptor evaluation of discussion with intern.		40 30 20 10
	Evaluate nutritional needs, recommend route of delivery or plan accordingly if already determined, calculate and document initiation and goal rates.	Preceptor evaluation of calculations, care plan, monitoring and follow-up.		4- 3- 2- 1-

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cracket implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription,	Develop nutrition plan of care, set objective goals, counsel patients and provide follow-up recommendations.	Preceptor evaluation of assessments for accuracy and relevance to patient medical condition and nutritional status.		4- 3- 2- 1-
establishing goals and selecting and managing intervention	Evaluate nutritional needs, recommend route of delivery or plan accordingly if already determined, calculate and document initiation and goal rates.	Preceptor evaluation of calculations, care plan, monitoring and follow-up.		4- 3- 2- 1-
	Develop a transition-feeding plan. Follow procedure for implementing change (e.g., diet order, swallow assessment). Document and implement care plan.	Preceptor evaluation of feeding plan, monitoring and follow-up.		4- 3- 2- 1-
	Educate patients with common medical conditions. Assess patient needs and readiness to learn and clinically relevant data. Provide appropriate resources based on assessment.	Preceptor evaluation of knowledge of diet and disease relationship, counseling skills, and appropriateness of education and resources provided.		4- 3- 2- 1-

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CRD 3.1.d: Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis	Develop nutrition plan of care, set objective goals, counsel patients and provide follow-up recommendations.	Preceptor evaluation of assessments for accuracy and relevance to patient medical condition and nutritional status.		40 30 20 10
	Monitor for patient tolerance and ability to meet nutritional goals.  Document and follow up as needed.	Preceptor evaluation of feeding plan, monitoring and follow-up.		40 30 20 10
	Identify patient readiness to transition feedings.	Preceptor evaluation of discussion with intern.		40 30 20 10
	Educate patients with common medical conditions. Assess patient needs and readiness to learn and clinically relevant data. Provide appropriate resources based on assessment.	Preceptor evaluation of knowledge of diet and disease relationship, counseling skills, and appropriateness of education and resources provided.		4- 3- 2- 1-
CRD 3.1.e: Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting	Complete documentation of nutrition care process in patient's medical record in accordance with standard procedure for the facility. Include pertinent information (assessment data, education provided, barriers to learning and resources provided) and eliminate unnecessary information.	Preceptor evaluation of medical chart documentation for appropriateness, completeness and succinctness.		40 30 20 10

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cRD 3.2: Demonstrate effective communications skills for clinical and customer services in a variety of formats  CRD 3.4: Deliver respectful, science-based answers to consumer questions concerning emerging trends	Conduct needs assessment of target population, determine objectives and methods, implement effective patient education counseling, education and/or class, and evaluate.	Preceptor observation and evaluation of training outline, presentation and evaluation.		40 30 20 10
evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals	<ul> <li>Plan a menu for modified diets following developed regular cycle menu.</li> <li>Assist patient/family in menu planning as indicated by the patient's health status.</li> </ul>	Preceptor evaluation of at least one day of modified diets.  Preceptor observation and evaluation.		40 30 20 10

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CRD 4.4: Conduct clinical and customer service quality management activities	• Review current Joint Commission guidelines related to nutrition care.	Preceptor evaluation of discussion with intern.		40 30 20 10
	<ul> <li>Participate in quality improvement monitors by collecting the following data elements:</li> </ul>	Preceptor observation and evaluation of findings.		40 30 20 10
	<ul> <li>accuracy of diet order received vs. diet order written in chart</li> <li>patient outcome goals met</li> <li>medical record audit for RD competency per facility criteria</li> <li>audit to determine if enteral feeding goals met</li> <li>compile and analyze data, present in appropriate format, interpret findings and make suggestions for improvement.</li> </ul>			40 30 20 10
CRD 4.5: Use current informatics technology to develop, store, retrieve and disseminate information and data	• Learn how to use different equipment for presentations, e.g., computer, LCD projector, and TV/VCR. Be responsible for checking out unit equipment, setting up, and returning equipment used for presentation(s).	Evaluation of demonstration during presentations and public health seminar.		4- 3- 2- 1-
	• Utilize computer for accessing patient information and conducting nutrient intake analysis.	Preceptor observation and evaluation.		40 30 20 10
CRD 4.11: Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers.	<ul> <li>Participate in the coding and billing of dietetic and/or nutrition services for reimbursement of a public or private payer.</li> </ul>	Preceptor evaluation of assignment.		40 30 20 10