

2014-2015 Mid-Clinical Rotation's Evaluation of Intern
Missouri Department of Health and Senior Services' Program for Dietetic Interns
Evaluation Completed by Preceptor

Intern's Name: _____ **Preceptor's Name:** _____

Rotation Site: _____ **City:** _____

Rating: Should be reflective of expectations of intern at current state in program.

CPWFR = Can Perform Without Further Review

UPAS = Usually Performs Activity Satisfactory

NRS = Needs Review of Skills

Directions: Give a rating for each item.

Professional Skills	CPWFR	UPAS	NRS	Comments
Punctual and dependable				
Accepts responsibility				
Resourceful/Shows initiative/Is industrious				
Demonstrates maturity				
Adapts well to change (flexible)				
Displays problem-solving skills				
Conducts self in professional manner and in compliance with the Code of Ethics and Standards of Practice for Dietitians				
Time Management				
Able to plan, organize, prioritize, and reprioritize				
Works independently				
Efficiently uses time				
Adequate quantity and quality of work is completed				
Interpersonal Skills				
Assertive				
Tactful and considerate				
Appropriate interpersonal relationship with clients, team, RDs				
Professional Attitude				
Self-confident				
Displays a positive attitude				
Uses constructive feedback for improvement				
Knowledge of Subject				
Demonstrates understanding of normal nutrition and metabolism				
Expresses familiarity of Pathophysiology of disease and treatment				
Exhibits knowledge of nutrition management of diseases				
Uses medical record to evaluate appropriateness of diet order, objective information, and diet history/intake history				
Counseling and Education				
Communicates with patient well to obtain data and provide education				
Individualizes education to patient needs/concerns				
Evaluates patients' responses to nutrition education plan				
Provides drug-nutrient interrelationship information to patient to assure client receives maximum benefit from medications and diet				
Documents appropriate information concerning nutritional care of patient				
Documentation of nutritional problems, goals, and plans which are realistic and measurable				

Areas of concern where intern needs to improve in performance: _____

Dietetic Intern's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____