

**University of Alabama at
Birmingham
DIETETIC INTERNSHIP
PROGRAM**

**INTERNSHIP PRACTICUM
MANUAL**

NTR 589

2010 - 2011

**Dietetic Internship Program
Department of Nutrition Sciences
School of Health Professions
University of Alabama at Birmingham**

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PART I - GENERAL INFORMATION

(For both full-time and part-time interns)

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Welcome to the UAB Dietetic Internship Program. You have an exciting, challenging, and busy year ahead. You will rotate through many specialized areas during the internship so that you will develop competence in all areas of dietetics. During your rotations you will work side-by-side with a preceptor who will oversee your work. To supplement this experience, you will attend graduate classes, complete assignments, case studies, and projects **(during off-duty hours)**. Gradually, through each rotation you will gain the knowledge, skills and confidence necessary to independently work in that area. By the end of the program, you will be well prepared to obtain an entry-level position in dietetics.

You have been selected for this program because you possess the initiative, self-discipline, and responsibility to excel in this profession. As a professional, you have the responsibility for your own professional development and growth. Seek to achieve more than the minimum required of you.

Remember that, at all times, you are representing your profession, the University of Alabama at Birmingham, the UAB Dietetic Internship, and the Nutrition Sciences Department. The faculty expects prompt attendance at all classes, rotations, and conferences.

UAB DIETETIC INTERNSHIP PROGRAM PHILOSOPHY/MISSION AND GOALS

Program Philosophy/Mission: To provide a Dietetic Internship Program based on current research and technology in nutrition care delivery, food service administration, and community nutrition with a health promotion/disease prevention or nutrition sciences research emphasis. A broad variety of educational methodologies will be used to develop an entry-level dietitian who can function in a variety of settings, recognizes the need for life-long learning, and can contribute to improved health care of individuals and groups in a cost effective manner.

The goals of the dietetic internship are:

- 1) The program will prepare graduates to be competent entry level dietitians.
- 2) The program will recruit, retain, and graduate a diverse and intellectually curious population of students.
- 3) The program will prepare graduates who demonstrated a commitment to continued professional development.
- 4) The program will prepare graduates who demonstrate commitment to community service.
- 5) The program will prepare graduates who demonstrate ability to utilize current research in professional practice.

**AMERICAN DIETETIC ASSOCIATION
Core Competencies for Dietitians**

Upon completion of the DI, graduates are able to:

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice.

DI 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes

DI 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the ADA Evidence Analysis Library, 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 model and other areas of dietetics practice

DI 1.3 Justify programs, products, services and care using appropriate evidence or data

DI 1.4 Evaluate emerging research for application in dietetics practice

DI 1.5 Conduct research projects using appropriate research methods, ethical procedures and statistical analysis

2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

DI 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics

DI 2.2 Demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures)

DI 2.3 Design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience

DI 2.4 Use effective education and counseling skills to facilitate behavior change

DI 2.5 Demonstrate active participation, teamwork and contributions in group settings

DI 2.6 Assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility

DI 2.7 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice

DI 2.8 Demonstrate initiative by proactively developing solutions to problems.

DI 2.9 Apply leadership principles effectively to achieve desired outcomes

DI 2.10 Serve in professional and community organizations

DI 2.11 Establish collaborative relationships with internal and external stakeholders, including patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate individual and organizational goals

DI 2.12 Demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures

DI 2.13 Perform self assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetics Registration

DI 2.14 Demonstrate assertiveness and negotiation skills while respecting life experiences, cultural diversity and educational background

3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

DI 3.1 Perform the Nutrition Care Process (a through d below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings

DI 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

DI 3.1.b Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements

DI 3.1.c Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention

DI 3.1.d Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis

DI 3.2 Develop and demonstrate effective communications skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing

DI 3.3 Demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.

DI 3.4 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions

DI 3.5 Deliver respectful, science-based answers to consumer questions concerning emerging trends

DI 3.6 Coordinate procurement, production, distribution and service of goods and services

DI 3.7 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

4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.

DI 4.1 Use organizational processes and tools to manage human resources

DI 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food

DI 4.3 Apply systems theory and a process approach to make decisions and maximize outcomes

DI 4.4 Participate in public policy activities, including both legislative and regulatory initiatives

DI 4.5 Conduct clinical and customer service quality management activities

DI 4.6 Use current informatics technology to develop, store, retrieve and disseminate information and data

- DI 4.7 Prepare and analyze quality, financial or productivity data and develops a plan for intervention
- DI 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits
- DI 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes
- DI 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies
- DI 4.11 Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
- DI 4.12 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers

Additional competencies for the Health Promotion Disease Prevention emphasis area are:

1. Supervise nutrition assessment of individual patients/clients with complex medical conditions, i.e. more complicated health conditions in select populations, e.g., renal disease, multi-system organ failure, trauma
2. Supervise design through evaluation of nutrition care plan for patients/clients with complex medical conditions, i.e. more complicated health conditions in select populations, e.g., renal disease, multi-system organ failure, trauma
3. Select, monitor, and evaluate complex enteral and parenteral nutrition regimens, i.e., more complicated health conditions in select populations, e.g., renal disease, multi-system organ failure, trauma
4. Conduct counseling and education for patients/clients with complex needs, i.e. more complicated health conditions in select populations, e.g., renal disease, multi-system organ failure, trauma
5. Participate in community based research.
6. Supervise customer satisfaction systems for dietetics services and/or practice

Dietetic Internship Course Schedule

Fall Semester

NTR 612	Research and Tech. Applications in Dietetics	3 hours
NTR 604	Principles and Practice of Nutrition Support	3 hours
NTR 589	Internship Practicum	9 hours

Spring Semester

NTR 611	Advanced Foodservice Systems Management	3 hours
NTR 601	Advanced Medical Nutrition	3 hours
NTR 589	Internship Practicum	10 hours

Summer Semester

NTR 589	Internship Practicum	5 hours
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Birmingham off-campus interns will register for and attend Monday classes with the Birmingham on-campus interns.

Class day for Birmingham On Campus and Birmingham Off Campus interns is scheduled for Mondays from 8:30 am – 4:30 pm each week. Classes will be held on Monday in December even though the graduate classes have ended. These days will be used for field trips, meetings, or projects.

The dress code addressed in the Dietetic Internship Policy and Procedure Manual also applies to class time. You should dress professionally on class days. No lab coat is needed. Remember that you are representing the profession and the medical center when in class or on field trips. Your dress and manner should reflect your professionalism. Actively participate in class, field trips, discussions and seek to learn as much as you can.

Online classes for the Off campus Interns will be delivered via Blackboard Vista. Other classes may be scheduled in your area as needed. There are times you will be required to meet in other cities (usually Birmingham) for special classes and/or seminars.

Scheduling of Rotations (On Campus and Off Campus)

The rotation schedule is developed by the Internship Director. Your work hours and days will depend upon the work schedule of the preceptor with whom you are assigned. Rotations are usually scheduled Tuesday- Friday but may vary for Off-Campus students based upon the preceptor's schedule. Work hours vary from 4:30 a.m. to 8:00 p.m., depending upon the rotation. You may occasionally work weekends during the year. Whenever you work a weekend you will be scheduled 2 days off to compensate, but not on a class day.

Although you are scheduled to work for eight hours, work demands may require you to report early or stay late to complete all tasks. As a professional, you must be willing to put the needs of the patient and employer before your own needs.

Off Campus Interns: You should coordinate your schedule with the preceptor of each rotation. ***Your rotation days and times will be at the discretion of the preceptor.***

Meetings

You are required to attend professional meetings and conferences held within and outside UAB. You will be expected to attend meetings of the local District Dietetic Association, the Alabama Dietetic Association annual meeting, and the UAB Intensive Course in Pediatrics. Other meeting may be scheduled during specific rotations. You are responsible for transportation, lodging and/or fees. You may attend The American Dietetic Association national meeting with permission from the Dietetic Internship Director.

Projects

There will be several major projects to be completed during the internship this year. The interns at each location should plan to present a poster at the Alabama Dietetic

Association state meeting (March), to develop and implement National Nutrition Month activities, and to complete a comprehensive Food Service Management Special Project. Interns will complete other projects as assigned.

During the program, interns are required to participate in at least 16 clock hours of community service in addition to the scheduled supervised practice hours. Completion of community service hours is required for the successful completion of the internship. Evidence of community service must be provided in the work diary and on the student time sheet, initialized by the preceptor. Community Service hours may include:

- Participation in health fairs
- Participation in career fairs
- School Wellness Programs
- Participation in the nutrition related community events such as the District Dietetic Association activities, Public Health programs etc.

**INTERNSHIP PROGRAM
CALENDAR OF EVENTS
On Campus and Off Campus**

<u>August 16– August 20, 2010</u>	Dietetic Internship Orientation
<u>August 23 - December 17, 2010</u>	Core Rotations
<u>November 24 - 28, 2010</u>	Thanksgiving Holiday
<u>December 18, 2010 - January 2, 2011</u>	Winter Break
<u>January 3, 2011– June 15, 2011</u>	Core Rotations
<u>June 16, 2011</u>	Final evaluations/Exit Interview
<u>June 17, 2011</u>	GRADUATION !!

OTHER REQUIREMENTS
(Both On Campus and Off Campus)

Spring Semester 2011

February 20 – February 24, 2011	Intensive Course: Nutrition for Infants, Children and Adolescents Birmingham, Alabama
March 16 – 18, 2011	Alabama Dietetic Association Annual Meeting Montgomery, Alabama (Plan to present a poster)

OPTIONAL EVENTS

Fall Semester 2010

November 6-9, 2010	American Dietetic Association Annual Meeting Boston, MA
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HOLIDAYS/BREAKS

September 6, 2010	Labor Day
October 14 – 17, 2010	Fall Break
November 24 - 28, 2010	Thanksgiving Holiday
December 18, 2010 - January 4, 2010	Winter Break
January 17, 2011	Martin Luther King Holiday
March 13 – March 19, 2011	Spring Break
May 30, 2011	Memorial Day

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Program Directors Contact Information**

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REQUIRED MODULES AND TEXT READINGS FOR ROTATIONS

Rotation	Module(s)	Date Module Submitted	Reading Assignment (Textbook Chapters)	
Clinical Nutrition Rotations:			<u>Handbook of Clinical Nutrition</u> -Heimbürger & Ard,	<u>Modern Nutrition in Health and Disease</u> Shils, Shike, Ross, Caballero, Cousins (suggested readings)
-General	Laboratory		10	38
-GI	GI Medicine		22	70-79
-Rehab	Rehabilitation			84, 85, 86
-Neuro	Neurosurgery and Neurology			88
-Transplant	Transplant			91
-Cardiovascular	Cardiovascular & Arrhythmias		19, 20	66, 67, 68, 69
-Diabetes	Diabetes		18	62, 65
-Pulmonary	Nutrition Support/Pulmonary		24	93
-Oncology	Hematology, Oncology		21	80, 81, 82, 83, 92
-Nutrition Support	Nutrition Support/Pulmonary		9, 11, 13, 14	89, 90, 91, 98, 99, 100, 101
-Burns	Burns and Critical Illness		23	89, 91
-Renal	Renal		25	94
-HIV	HIV		29	90
- SICU/Pediatrics	GI Medicine, Transplant		28	
Pediatrics	Nutr. Assess. of Infants and Child. PKU Cystic Fibrosis Adolescent Nutrition		4, 5, 6, 27	51, 52, 55, 56, 58, 59, 60, 61
Public Health	Community Nutrition Eval. Tools for Nutrition Educ. OB Sports Nutrition		1, 2, 3	49, 50, 103, 106 109
Long Term Care	Geriatrics		7	54, 96
Other:				
-GCRC	Research			104, 105
	Obesity		17	60, 63, 64

Instructions for Supervised Practice Rotations

Each intern will be provided with an Internship Rotation Schedule during Orientation. This schedule will outline all rotations for the entire duration of the internship. Each intern is responsible for following his/her own rotation schedule.

PRIOR to each rotation:

1. One week prior to beginning a new rotation, contact the preceptor of that rotation. (See Rotation Key)
2. Introduce yourself and tell the preceptor that you will be the intern assigned to them on _____ (provide correct date).
3. Ask the preceptor:
 - What time you should report for the rotation?
 - Where you should meet them?
 - Where should you park your car?
 - Any other special information or requirements? (Specific modules to read, other materials to review prior to rotation, should you bring a lunch, what is the dress code?)
4. **Off Campus Interns only:** Due to the fact that your classes are offered on-line, you will need to arrange the days of the week that you will be working with your preceptor. (Always remember that you must coordinate with the preceptors' schedules!)

DURING each rotation:

Interns are required to keep a log of their activities and a time sheet during each rotation. The following forms should be used:

Work Diary form (see p. 16)

-Interns must keep a log of their experiences and observations each day of every rotation. Also record any personal perceptions you had during your experiences.

Rotation Time Sheet (see p. 17)

-Interns must keep this time sheet to document their hours worked during each rotation. You are required to have the preceptor sign the time sheet.

AT THE END of each rotation: EVALUATIONS!

At the end of each rotation, several evaluations must be completed. Two ratings of “Needs Improvement” (a rating of 2 out of 4) on the **Dietetic Intern Evaluation** will result in a conference being held with all parties concerned. Following this conference, the Internship Director will meet with the intern to discuss the plan for improvement and the time frame in which improvement must be shown. Disciplinary Action procedures will be followed. Refer to the Dietetic Internship Policy and Procedure Manual for these procedures.

The following evaluation forms must be turned in to the Dietetic Internship Director at the end of EACH supervised practice rotation:

- Dietetic Intern Evaluation Forms (2)
 - 1 completed by preceptor (signed by preceptor and intern)
 - 1 completed by intern -- "Self-evaluation" (signed by preceptor and intern)
- Evaluation Checklists (if applicable) (2)
 - 1 completed by preceptor (signed by preceptor and intern)
 - 1 completed by intern -- "Self-evaluation" (signed by preceptor and intern)
- Work Diary form
 - completed and signed by intern
- Rotation Time Sheet
 - completed by intern (signed by preceptor and intern)
- Supervised Practice (Rotation) Objectives
 - completed by the preceptor (signed by the preceptor)
- Rotation Evaluation (1) – completed by intern using **Survey Monkey**, (email link provided by program directors). Individual evaluations are NOT shared with preceptors. Scores and comments from Rotation Evaluations are compiled, and provided to preceptors after internship completion. Any information which could possibly link comments to a particular intern are removed from the evaluation.

UAB DIETETIC INTERNSHIP

WORK DIARY

Intern

Rotation

Preceptor

Dates **Observations & Experiences** **Perceptions**

Intern's Signature

Date

Please submit with final evaluation by preceptor

UAB DIETETIC INTERNSHIP
ROTATION TIME SHEET

Intern _____ Rotation _____

Preceptor _____

Time Worked	Initialed by Preceptor
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Intern's Signature _____ Date _____

Please submit with final evaluation by preceptor.

PRESENTATION REQUIREMENTS FOR CASE STUDIES

Each intern is required to formally present two written case studies to the clinical preceptors, and MD Nutrition Fellows, and Internship faculty. These presentations will be scheduled by the Internship Directors and will coincide with the clinical supervised practice rotations. Written case studies should follow the format presented below. The presentation will be evaluated using the "Clinical Case Presentation Evaluation" form. (page 26).

Relate the following information in this order:

1. - Chief Complaint
 - Age, race, sex, occupation
 - History of present illness
 - Past medical history
 - Social history
 - Diet history
2. Date of admission.
3. List the major on-going nutrition problem(s) and any underlying illnesses.
 - a. Give immediate background to present nutrition problem (may begin just prior to or since admission). Include recent weight change, diet history, and pertinent aspects of hospital course.
 - b. Relate underlying or predisposing factors. These may be social, financial, or medical in nature (e.g. alcoholism, feeding problems, GI surgery, burns).
4. Nutrition assessment:
 - a. Physical exam: (statement of general appearance)
 1. Anthropometrics (when applicable)
 - weight/height; % of standard
 - triceps skinfold; % of standard
 - mid-arm muscle circumference; % of standard
 2. Clinical findings
 - hair, skin, nails
 - eyes
 - perioral, oral (taste, smell)
 - glands (parotid, thyroid)
 - musculoskeletal
 - neurologic

- b. Laboratory:
 - 1. Serum albumin, prealbumin, hemoglobin, lymphocyte count, prothrombin time, serum iron/TIBC, BUN, creatinine, nitrogen balance
 - 2. Reactivity to skin tests (if available)
- c. Other:
 - 1. Evidence to suggest delayed wound healing or tissue repair.
- 5. Nutritional Requirements: kcal, protein, fluid, other nutrients as appropriate for patients condition
- 6. Nutrition Diagnosis: list appropriate nutrition diagnoses and category. Include nutrition assessment data to substantiate the nutrition diagnosis(es).
- 7. PES Statements (Problem, Etiology, Signs/Symptoms)
- 8. Nutrition Intervention/Prescription (Planned Approach for Treatment)
 - a. Immediate basis
 - b. Long-term basis
 - c. Parenteral and/or enteral feeding (if oral support fails)
- 9. Nutrition Monitoring and Evaluation
 - a. Immediate basis
 - b. Long-term basis
 - c. Parenteral and/or enteral feeding (if oral support fails)
- 10. Be prepared to discuss relevant aspects of your medical-nutrition evaluation and to defend your plan of action.

Case studies must be supported by a relevant and nutrition related journal article. Interns will present the supporting article along with the case study and be prepared to discuss its significance. (See "Instructions for Article Reviews" page 24). Verbal presentation should be about 15 minutes including article discussion. Bring at least 10 copies of the article and case study for the group to who you will be presenting.

CASE STUDY EXAMPLE

Mr. C is a 49 year-old-black-male, recently unemployed, admitted on June 17, 2007. His problem is one of chronic weight loss of 42 lbs. over the past 4 months (Usual weight 147 lbs.). Background problem has been one of alcoholism and cirrhosis. The gradual weight loss since January has been associated with a poor appetite, no specific food intolerance's, or diarrhea. He lives at home with his wife and 2 teenage children, all of whom encourage him to eat. The wife is available, however, to prepare for him only the supper meal. He tends to have only a small amount of fruits and occasionally a slice of toast for breakfast, canned soup with crackers at lunch, and a supper meal of a 1 to 2 ounce portion of meat, usually prepared with the greens, occasionally eating a small portion of potatoes. Caloric intake is 800-1000 calories per day, with a protein intake of about 25 grams per day. He takes no vitamin supplements or other medications.

Since this admission, his evaluation has revealed continued impaired liver function studies, portal hypertension with an enlarged spleen and esophageal varices.

The patient was placed on a 40 gram protein, 2 gram sodium diet. Dietary intake over the past week of hospitalization has continued to be poor per family report.

NUTRITION ASSESSMENT

Physical examination: Anthropometric evaluation revealed a weight of 94 lbs., a height of 5'7" (70% of standard weight for height). BMI is 14.8. Triceps skinfold was 2.0 millimeters (16% of standard). Mid-arm muscle circumference was calculated to be 15 centimeters (15% of standard).

Clinical findings: Clinical findings reveal easy and painless hair pluckability. Examination of the skin revealed a hyperpigmented, flaky dermatosis over both ankles and feet. The nails are ridged and lack luster. The patient is edentulous (no teeth) and has normal gums. There is no angular stomatitis. Paratoid glands are normal; thyroid gland is normal to palpation. There is notable muscle wasting in the temporal area and his ribs are well delineated and exposed. The abdomen is distended (noted to be ascites by the house staff) and he has deep pitting edema of both legs up to the thighs. He has normal sensation in his feet with normal position sense of his toes. He was unable to stand or walk.

Laboratory evaluation: Serum albumin was 1.8 on admission without repeat. Hemoglobin has been consistently 11.5 with normocytic indices. The absolute lymphocyte count was 300 on admission without repeat. Prothrombin time was delayed 2 seconds over control. This was repeated 2 days after receiving vitamin K and continues to be 2 seconds extended. Serum iron and TIBC were not checked. BUN was slightly low at 6 and creatinine is slightly low at 0.4. Skin tests have not been checked.

Estimated needs: 1290-1500 kcal/day (30-35 kcal/kg for weight gain); 50-63 gm protein/day (1-2-1.5 gm/kg as patient is not encephalopathic). Fluid – 1050-1260cc/day (25-30 cc/kg given ascites)

NUTRITION DIAGNOSIS:

Intake: Inadequate oral food/beverage intake
 Inadequate protein-energy intake
 Evident protein-energy malnutrition

Clinical: Chewing difficulty
 Underweight
 Involuntary weight loss

Behavioral-Environmental:
 Undesirable food choices

Nutrition assessment data that supports the nutrition diagnosis:

Inadequate oral food/beverage intake – Oral intake is only providing 800-1000 calories/day and 25 gm protein/day. Intake consists of small portions of food at each meal and no snacks between meals.

Inadequate protein-energy intake – Oral intake provides 800-1000 calories/day and 25 gm protein/day. His estimated needs are 1290-1500 kcal/day (30-35 kcal/kg for weight gain), 50-63 gm protein (1.2-1.5 gm/kg as patient is not encephalopathic).

Evident protein-energy malnutrition – Patient with fat and muscle wasting as evidenced by decreased skinfold measurements, temporal wasting and exposed ribs.

Chewing difficulty – Patient is edentulous.

Underweight – Patient is 64% of IBW and BMI reflects severe malnutrition.

Involuntary weight loss – Patient with a 42 lb weight loss over the past 4 months. Current weight is 64% of usual body weight

Undesirable food choices – Diet history reveals consumption of some foods high in sodium which should be restricted given liver disease and ascites.

PES STATEMENTS (PROBLEM – ETIOLOGY – SIGNS/SYMPTOMS)

Inadequate protein-energy intake due to poor appetite as evidenced by current food intake only providing 800-1000 calories/day and 25 gm protein/day.

Evident protein-energy malnutrition due to decreased intake and liver disease as evidenced by fat and muscle wasting.

Involuntary weight loss due to po intake providing only 65% of estimated needs as evidenced by weight loss of 42 lbs over the past 4 months.

Comments

The marasmic (calorie) component of his protein-calorie malnutrition is judged strictly by the clinical findings of the starved state. This is reflected in the marked reduction of triceps skinfold, arm muscle circumference and generalized muscle wasting, and reduced weight for height. The Kwashiorkor (protein) component is judged on the basis of ease of hair pluckability, the skin changes of the lower extremities, pitting

edema, the reduction in serum albumin and lymphocyte count. It could be argued that the low serum albumin (and the pitting edema) could be a direct result of liver failure. Nevertheless, a nutrition component can not be ruled out, and the clinical findings of hair pluckability, the skin changes and the reduced lymphocyte count all support the diagnosis of Kwashiorkor.

NUTRITION INTERVENTION/PRESCRIPTION

Nutrition diagnoses with the highest priority:

Evident Protein-Energy Malnutrition
Inadequate Protein-Energy Intake

Patient-focused expected outcomes:

Patient to consume at least 1200 calories/day to prevent further weight loss.

Prescription:

Food and Nutrition Delivery:

Start calorie counts

Change diet to Dental Soft, 2 gm sodium with supplement Ensure Plus bid, snacks between meals.

Nutrition Education/Counseling:

Discuss with patient and family ways to increase the caloric density of foods, small, frequent meals and low sodium food choices.

NUTRITION MONITORING AND EVALUATION

I will monitor the patient's calorie counts and after 3 days if intake is not meeting at least 1200 calories/day will make the recommendation for a short trial of TPN as enteral tube feedings are not possible given esophageal varices.

**UAB Dietetic Internship
Clinical Case Presentation Evaluation**

Criteria	EE	ME	NI	Inadequate
	Written Case			
Organization of Write-up				
Thoroughness of History				
Diagnostic Reasoning				
Nutrition Care Plan/Patient Education/Counseling				
	Oral Presentation			
Language				
Is the language used clear, accurate, varied and vivid?				
Were words pronounced correctly?				
Were unfamiliar term defined?				
Delivery and Voice				
Avoided overuse of verbal extras (um, you know, like)				
Is the presentation natural, communicative, and direct?				
Does the presenter have good eye contact with the audience?				
Is the presenter aware of audience reaction?				
Do gestures match voice and language?				
Is the voice varied in pitch, intensity, volume, rate and quality?				
Is the voice expressive of logical and emotional meanings?				
Does the speaker display passion for what they are speaking about?				

EE Exceeds Expectations **ME** Meets Expectations **NI** Needs Improvement **Inadequate**

**UAB Dietetic Internship
Grading Rubric
Written Clinical Case**

CRITERIA	EE	ME	NI	Inadequate
Organization of Write-up	All information organized in logical sequence; follows acceptable format	Information generally organized in logical sequence; follows acceptable format	Errors in format; information intermittently organized	Errors in format; information disorganized
Thoroughness of History	Thoroughly documents all pertinent history components; includes critical as well as supportive information	Documents most pertinent history components; included critical information	Fails to document most pertinent history components; lacks some critical information or rambling in history	Minimal history; critical information missing
Thoroughness of Physical Exam	Thoroughly documents all pertinent examination components	Documents most pertinent examination components	Documents some pertinent examination components	Physical exam cursory; misses several pertinent exam components
Diagnostic Reasoning	Assessment consistent with prior documentation. Clear justification for diagnosis. Notes all secondary problems.	Assessment consistent with prior documentation. Clear justification for diagnosis. Notes most secondary problems.	Assessment mostly consistent with prior documentation, Fails to clearly justify diagnosis or note secondary problems	Assessment not consistent with prior documentation. Fails to clearly justify diagnosis or note secondary problems or orders.
Nutrition Care Plan/Patient Education/Counseling	Nutrition care plan/ patient education addresses all issues raised by diagnoses; excellent insight into patients needs. Evidence based decisions. Cost effective treatment.	Nutrition care plan and patient education addresses most issues raised by diagnosis	Nutrition care plan and patient education fail to address most issues raised by diagnoses	Minimal treatment plan and/or patient education not addressed

EE Exceeds Expectations **ME** Meets Expectations **NI** Needs Improvement **Inadequate**

Instructions for Article Reviews

Choose an article for review that has relevance to the area in which you are working and/or that has relevance to a particular patient or case study. If possible, the article should come from a current, peer-reviewed journal. Current articles are those that are published within the last 24 months. Articles older than 24 months are acceptable if they have critical relevance to the subject matter.

Journal articles must come from peer-reviewed journals. These journals require that articles submitted for publication must be reviewed and accepted by a panel of experts in the topic area of the manuscript. You can determine if a journal has peer-review by reading the "Guidelines for Authors" that is published either in the January or December issue of the journal in question.

Examples of peer reviewed journals include: Journal of the American Dietetic Association, American Journal of Clinical Nutrition, Journal of the American Medical Association, Journal of Enteral and Parenteral Nutrition.

Your review of the article should consist of the following:

- statement of the relevance of the article the case presentation
- highlights of the main points in the article
 - research question, purpose of research
 - methods used
 - results
 - conclusions/applications
- your response to the article
 - Were the methods used appropriate?
 - Are there any unclear points or questionable interpretations?
 - What are the possible applications to clinical practice?

CHARACTERISTICS OF GOOD RESEARCH ARTICLES

1. Title
 - a. Well related to contents of paper
 - b. Target population is defined
 - c. Relationship between variables is correctly specified
 - d. Includes no non-essential information
 - e. Covers scope of article, brief, concise and coherent
2. Research Question/Purpose
 - a. Narrowed to a specific researchable problem
 - b. Problem is not trivial
 - c. The researchable problem is significant theoretically
 - d. Capable of having a conclusion
 - e. Is clearly stated
 - f. It is significant, can be replicated and stimulate future research

- g. Hypothesis is clearly stated
 - h. Assumptions are clearly stated
 - i. Limitations are stated
3. Introduction
 - a. Adequate and well organized
 - b. Previous studies examined critically
 - d. Source should be noted
 - e. Relationship of problem to previous research. Begin with current research
 4. Methods
 - a. Research design is described fully and appropriate to the solution of the problem
 - b. Population (sample group) is described
 - c. Method of sampling is appropriate
 - d. Relevant variables are recognized
 - e. Appropriate controls are provided
 - f. Sample and procedure could be replicated based on the information and references given
 5. Data collection methods are described and appropriate to the solving of problem
 - a. Data collection methods are used correctly
 - b. Reliability and validity are established
 - c. Data Analysis - appropriate statistical methods are used to analyze the data
 6. Results are presented clearly
 - a. Appropriate use of tables and figures
 - b. Analysis of data relationships is logical, perceptive, and objective
 7. Discussion is clear and concise
 - a. Problem and hypothesis is restated appropriately
 - b. Analysis is objective
 - c. The findings and conclusions are justified by the data presented and analyzed
 - d. Generalizations are appropriate for results as reported
 8. Overall writing of paper
 - a. Clear, concise, and objective
 - b. All parts of paper are properly related to each other

DIETETIC INTERN PERFORMANCE EVALUATION

The evaluation system designed for the dietetic internship program is an effort to promote sharing of expectations, self-assessment, and information on intern performance. During the supervised practice experience, the preceptor can become acquainted with intern's capabilities and limitations and provide teaching, supervision and learning activities accordingly. Evaluation is used to assess how well the intern is progressing toward meeting objectives and to provide feedback to maximize learning.

The process of observation and evaluation should permeate the entire system. The intern should be given the opportunity to improve performance before the final evaluation. The number of times for evaluating the intern's performance, as well as specific performance areas evaluated, vary among the different rotations. Feedback given honestly, sincerely, and often, is a valuable teaching and learning tool. Feedback should be:

1. descriptive, rather than evaluative
2. be specific, rather than general
3. focus on the behavior, rather than personality
4. be given at the earliest opportunity possible

When giving feedback, examples of specific instances of the behavior should be provided so that the intern can learn and make appropriate adjustments in behavior.

Evaluation methods shall include the following:

1. Informal discussion/instruction as deemed necessary by clinical instructors.
2. Formal evaluation forms which are submitted to the Dietetic Internship Directors at the end of each rotation. **Failure to submit evaluations in a timely manner (within 2 weeks following the rotation) may result in disciplinary action.**
 - Dietetic Intern Evaluation Forms (2)
1 evaluation completed by preceptor (signed by preceptor and intern)
1 evaluation completed by intern -- "Self-evaluation" (signed by preceptor and intern)
 - Dietetic Internship Supervised Practice Evaluation (Competencies)
1 completed by preceptor (signed by preceptor and intern)

- Work Diary form
1 completed and signed by intern
- Rotation Time Sheet
1 completed by intern (signed by preceptor and intern)
- Rotation Evaluation
1 completed by intern (online evaluation)

Dietetic Intern Evaluation utilizes a 4-point rating system to evaluate the application of professional and ethical standards and behaviors. This rating system is as follows:

1 = UNSATISFACTORY. Does not meet requirements of the rotation. Needs basic concepts repeated, consistently demonstrates a poor level of retention and comprehension. Overall performance leaves considerable room for improvement. Requires an inordinate amount of supervision and follow-up.

2 = NEEDS IMPROVEMENT. Work is often below quality and quantity standards. Improvement is needed but overall requirements are usually met. Requires additional counseling, training, experience, and/or initiative to meet requirements in selected areas of rotation experience. Requires more than normal supervisory direction and follow-up.

3 = SATISFACTORY. Meets the standard of expected performance. Quality and quantity of work consistent with requirements on most assignments. Competent in knowledge necessary to perform required tasks; able to utilize resources to meet requirements of the rotation. Errors are infrequent. Almost always completes assigned work on schedule. Rarely requires assistance on routine aspects of experience; however, requires help with non-routine assignments. Requires normal amount of supervision and follow-up.

4 = MORE THAN SATISFACTORY. Exceeds standard of entry level performance, even on some of the most complex assignments. Exceptional quality of tasks completed. Extremely accurate; rarely makes errors. Demonstrates initiative in development and implementation of assignments; gathers information above expectations and is able to utilize in a conceptual manner. Requires minimal direction or supervision.

Dietetic Internship Supervised Practice Evaluation utilizes the same four point scale to evaluate the performance of specific learning objectives and competencies.

Interns receiving a score of less than 3 (satisfactory) at the end of the **rotation series** will meet with the internship directors to discuss a plan for performance improvement. The student may be required to repeat the rotation experience or be assigned additional work to meet the educational objectives of the rotation. Students not receiving a score of 3 after remediation, and following the appropriate disciplinary action procedures will be dismissed from the Dietetic Internship.

There are also selected assignments throughout the internship that will be evaluated on a point system. These are to be turned in during the designated week and will be

graded by the preceptor/instructor. These will contribute to the overall evaluation system of the Dietetic Internship.

The intern is required to complete a self-assessment for all evaluation forms. Self Evaluation forms should be completed during the evaluation with the preceptor. The intern should bring his/her self-evaluation to the evaluation conference with the preceptor. The preceptor evaluation and the intern's self-evaluation form must be submitted to the Internship Director by the intern or the preceptor following the rotation.

Additional Performance Evaluations

The following forms are to be completed during the evaluation process, if applicable to the rotation.

- a. **Checksheet Evaluation Forms**: These checksheets are to be used to evaluate specific activities that the intern may complete during a rotation. The intern and preceptor should complete discuss the evaluation after the activity. These evaluations use the 5-point rating scale.
 1. Diet Counseling Evaluation
 2. Parenteral and Enteral Assessment Evaluation
 3. Professional/Group Teaching Evaluation

INTERN EVALUATION OF ROTATIONS

The intern will complete an online "Rotation Evaluation" (page 40) at the conclusion of each rotation. The Rotation Evaluation will be submitted via Survey Monkey at the end of each rotation.

EVALUATION CONFERENCES WITH PRECEPTORS

The final dietetic intern evaluation conference for each rotation should be given the last day of the rotation. The intern and preceptor should review the evaluation together. The intern's self-evaluation should also be reviewed at this time. The intern should sign and date the evaluation. If he/she disagrees with the evaluation, he/she should indicate this on the "Self Evaluation" form and notify the Internship Director. The preceptor, Internship Director, and the intern may meet for further discussion.

FACULTY/ADVISOR EVALUATION CONFERENCE

The Dietetic Internship Directors will hold at least two (2) evaluation conferences with each intern during the internship program. They will be held at mid-year and at the completion of the program. The evaluation time will be scheduled by the Internship Director. Additional evaluation conferences may be scheduled during the year.

RATING CODE

- 4 = More than satisfactory
- 3 = Satisfactory
- 2 = Needs improvement
- 1 = Unsatisfactory
- NA = Does not apply

Intern _____

Rotation _____

Preceptor _____

Date _____

- Preceptor Evaluation
- Self-Evaluation

**UAB Dietetic Internship Program
Dietetic Intern Evaluation**

PURPOSE: The purpose of this evaluation is to ensure that the dietetic intern is making the appropriate progress in integrating his/her skills, abilities, and knowledge to meet the core competency requirements and standards of practice for the profession of dietetics.

INSTRUCTIONS: Please circle the appropriate number that corresponds to the Rating Code above. (See Definition of Rating Codes on Evaluation Forms) Please provide detailed feedback to support your responses. Use Checklist Evaluations for specific task evaluations.

I. Intern was prepared for rotation

- Book chapters and other reading assignments were read prior to rotation as evident by level of knowledge and appropriate questions asked 1 2 3 4 NA
- Self-instructional module specific to rotation was completed prior to beginning of rotation 1 2 3 4 NA
- Comes prepared to work daily 1 2 3 4
- Completes additional assignments as assigned 1 2 3 4 NA

II. Utilizes Effective Oral and Written Skills

A. Oral Skills

- Effective communication with dietitians and other personnel 1 2 3 4
- Effective interactions with patients, colleagues 1 2 3 4
- Actively participates in health care team interactions 1 2 3 4
- Listens actively and effectively 1 2 3 4

B. Written Skills

- Uses appropriate terms and abbreviations 1 2 3 4
- Understands professional, ethical and legal aspects of documentation 1 2 3 4
- Writes clearly, concisely, and logically 1 2 3 4

III. Demonstrates Effective Organizational and Problem Solving Skills

- Demonstrates ability to plan 1 2 3 4
- Schedules effectively and efficiently 1 2 3 4

-Prioritizes to meet deadlines	1	2	3	4
- Problem Solving Approach	1	2	3	4
Seeks out necessary resources				
Uses resources efficiently and effectively				
Asks appropriate questions				
Proposes relevant solutions to problems				

IV. Promotes Effective Professional Relationships in the Practice of Dietetics

-Interacts well with peers, supervisors, and other medical staff members	1	2	3	4	
-Works as an effective team member	1	2	3	4	
-Communicates with respect	1	2	3	4	
-Displays positive attitude for learning	1	2	3	4	
-Demonstrates effective decision making	1	2	3	4	
Processes all necessary information using appropriate resources					
Reaches appropriate decisions					
Makes appropriate professional judgments within limits of current expertise/education					
Demonstrates critical thinking in decision making					
-Demonstrates leadership potential	1	2	3	4	NA
Directs activities of a group when appropriate					
Provides evaluation of coworker when appropriate					

V. Complies with ADA's Code of Ethics

-Uses good judgment concerning when to seek help	1	2	3	4
-Protects confidentiality of patients	1	2	3	4
- Conducts self with integrity and fairness	1	2	3	4

VI. Complies with Program and Facility Policies and Procedures

-Complies with dress code	Yes	No		
-Completes educational objectives specific to rotation	1	2	3	4

Strengths to be Emphasized:

Areas to be Improved or Developed:

Additional Comments:

VII. Overall Rating for Rotation 1 2 3 4

Days absent: _____
Days tardy: _____

Reasons:

Dietetic Intern Signature

Date

Preceptor Signature

Date

UAB Dietetic Internship

Definition of Rating Codes for Dietetic Intern Evaluation and Supervised Practice

1 = UNSATISFACTORY. Does not meet requirements of the rotation. Needs basic concepts repeated, consistently demonstrates a poor level of retention and comprehension. Overall performance leaves considerable room for improvement. Requires an inordinate amount of supervision and follow-up.

2 = NEEDS IMPROVEMENT. Work is often below quality and quantity standards. Improvement is needed but overall requirements are usually met. Requires additional counseling, training, experience, and/or initiative to meet requirements in selected areas of rotation experience. Requires more than normal supervisory direction and follow-up.

3 = SATISFACTORY. Meets the standard of expected performance. Quality and quantity of work consistent with requirements on most assignments. Competent in knowledge necessary to perform required tasks; able to utilize resources to meet requirements of the rotation. Errors are infrequent. Almost always completes assigned work on schedule. Rarely requires assistance on routine aspects of experience; however, requires help with non-routine assignments. Requires normal amount of supervision and follow-up.

4 = MORE THAN SATISFACTORY. Exceeds standard of entry level performance, even on some of the most complex assignments. Exceptional quality of tasks completed. Extremely accurate; rarely makes errors. Demonstrates initiative in development and implementation of assignments; gathers information above expectations and is able to utilize in a conceptual manner. Requires minimal direction or supervision.

N/A = Not applicable or NO = Not observed.

******* *Evaluation should be based on appropriate level of performance for the normal progression of experiences through the internship.***

RATING CODE

- 4 = More than satisfactory
- 3 = Satisfactory
- 2 = Needs improvement
- 1 = Unsatisfactory
- NA = Does not apply

Intern _____

Rotation _____

Preceptor _____

Date _____

Preceptor Evaluation

Self-Evaluation

UAB Dietetic Internship Program

Diet Counseling Evaluation

1. Introduced self appropriately	1	2	3	4	NA
2. Established client's identity	1	2	3	4	NA
3. Established open communication and rapport with client and	1	2	3	4	NA
4. Questions were phrased so that they required more than Yes or No replies	1	2	3	4	NA
5. Addressed the client on his/her level of understanding	1	2	3	4	NA
6. Listened effectively	1	2	3	4	NA
7. Included the following specific criteria:					
a. Discussed the number, time, and location of meals	1	2	3	4	NA
b. Discussed the size of servings	1	2	3	4	NA
c. Discussed likes and dislikes	1	2	3	4	NA
d. Discussed the preparation of food	1	2	3	4	NA
8. Summarized the appropriate information and findings in the proper form	1	2	3	4	NA

- 9. Used the 5 A's of Counseling Strategy (Motivational Interviewing) appropriately
 - a. Addressed the agenda 1 2 3 4 NA
 - b. Assessed the patient 1 2 3 4 NA
 - c. Advised the patient 1 2 3 4 NA
 - d. Assisted the patient 1 2 3 4 NA
 - e. Arranged for follow-up 1 2 3 4 NA

Overall Rating **1 2 3 4**

Strengths:

Areas for Improvement:

Additional Comments:

Dietetic Intern's Signature

Date

Preceptor's Signature

Date

RATING CODE

4 = More than satisfactory
 3 = Satisfactory
 2 = Needs improvement
 1 = Unsatisfactory
 NA = Does not apply

Intern _____

Rotation _____

Preceptor _____

Date _____

 Preceptor Evaluation Self-Evaluation**UAB Dietetic Internship Program****Parenteral/Enteral Assessment Evaluation**

1. Appropriate forms completed with accurate and comprehensive information	1	2	3	4	NA
2. Accurate estimates of oral intakes (if applicable)	1	2	3	4	NA
3. Accurate calculations of energy and protein needs	1	2	3	4	NA
4. Comprehensive and accurate calculations	1	2	3	4	NA
a. Water needs (enteral only)	1	2	3	4	NA
b. Formula composition/needs					
-Enteral (kcal, protein, Na ⁺ , K ⁺ , etc.)	1	2	3	4	NA
-Parenteral (total cc's, non-protein kcals, trace minerals and vitamins)	1	2	3	4	NA
5. Accurate interpretation/assessment of laboratory Values (BUN, creatinine, glucose, albumin, prealbumin, UUN, Na ⁺ , K ⁺ , etc.)	1	2	3	4	NA
6. Comprehensive plan for monitoring for complications	1	2	3	4	NA
7. Developed specific, comprehensive, and realistic plan of care	1	2	3	4	NA

RATING CODE

4 = More than satisfactory
 3 = Satisfactory
 2 = Needs improvement
 1 = Unsatisfactory
 NA = Does not apply

Intern _____

Rotation _____

Preceptor _____

Date _____

 Preceptor Evaluation Self-Evaluation**UAB Dietetic Internship Program****Professional Group Teaching Evaluation**Planning Skills

- | | | | | | |
|--|---|---|---|---|----|
| 1. Received approval of topic and outline | 1 | 2 | 3 | 4 | NA |
| 2. Defined method of instruction in writing
(lecture, discussion group) | 1 | 2 | 3 | 4 | NA |
| 3. Developed objectives for learner which
are measurable | 1 | 2 | 3 | 4 | NA |
| 4. Wrote an organized class plan according to
assigned format | 1 | 2 | 3 | 4 | NA |
| 5. Defined the method of evaluation in writing,
appropriate for the learner | 1 | 2 | 3 | 4 | NA |

Speaking Skills

- | | | | | | |
|--|---|---|---|---|----|
| 6. Greeted and introduced self, established
rapport | 1 | 2 | 3 | 4 | NA |
| 7. Used good eye contact with the audience | 1 | 2 | 3 | 4 | NA |
| 8. Spoke at a pace and volume appropriate for
the learners | 1 | 2 | 3 | 4 | NA |
| 9. Spoke with confidence (i.e., poise, posture,
facial expressions) | 1 | 2 | 3 | 4 | NA |

10. Used appropriate language and terminology (avoids slang and brand names), gave accurate information	1	2	3	4	NA
11. Considered time constraints in presenting the information (began at the appropriate time, and for the appropriate length)	1	2	3	4	NA
12. Demonstrated knowledge of topic (i.e., not unduly dependent on notes)	1	2	3	4	NA

Teaching Skills

13. Prepared environment appropriately (seating, lighting, and equipment)	1	2	3	4	NA
14. Introduced self, as appropriate for the institution	1	2	3	4	NA
15. Stated objectives	1	2	3	4	NA
16. Used current and appropriate professional Sources	1	2	3	4	NA
17. Presented correct information	1	2	3	4	NA
18. Targeted content and level of information appropriate to intended audience	1	2	3	4	NA
19. Presented in an organized and concise manner (i.e., introduction, core of information, summary, and conclusions)	1	2	3	4	NA
20. Encouraged audience participation	1	2	3	4	NA
21. Answered questions completely	1	2	3	4	NA
22. Used visual aids effectively	1	2	3	4	NA

Items Evaluated as Applicable

23. Arranged and/or made suggestions for follow-up	1	2	3	4	NA
24. Conducted learner evaluation	1	2	3	4	NA

NOTE: Rotation Evaluations will completed using on line survey

Intern _____
 Rotation _____
 Preceptor _____
 Date _____

**UAB Dietetic Internship Program
 Rotation Evaluation**

I. Rotation Learning Experiences

1. Orientation to rotation was provided by preceptor. Yes No
2. Time allotted for rotation was: Too long Too short Adequate
3. Best learning experience:
4. Least beneficial learning experience:
5. Comments:

II. Preceptor

1. Was sensitive to and tolerant of intern's personality and learning Yes No
2. Provided an organized rotation with clear goals and objectives Yes No
objectives
3. Provided constructive criticism and feedback throughout rotation Yes No
4. Enhanced the critical thinking and problem-solving skills of the Yes No
intern
5. Modeled professional roles and values Yes No
6. Has satisfactory strategies for dealing with conflict Yes No
7. Written student evaluation was thorough and accurate reflection Yes No
of performance

Preceptor's Strengths:

Preceptor's Areas for Improvement:

Other Comments:

III. Supporting Materials

1. Self-instructional module was helpful in increasing knowledge Yes No
necessary for this rotation (if applicable)
2. Articles and/or other resources (if any) that should be added or deleted:

IV. Overall Rating of the Rotation

Superior Above Average Average Below Average Poor