University of Central Oklahoma Dietetic Internship
Clinical Rotation Schedule – Summary

Level 1 – Medicine/Surgery:
Week 1:
Day 1: Hospital Orientation (Review Policies & Procedures, charting method, MNT Manual & supplement formulary; Provide immunization records, background check, liability insurance certificate, and other documentation to Human Resources as required.)
Day 2: Assign student to 1 RD; clinical orientation and observation by student
Day 3: Student begins to interact, perform simple tasks
Days 4 & 5: Student assumes more responsibility while receiving constant feedback from RD; intern begins working on the following assignments:
  o  Patient Care Worksheets – minimum of 2
  o  Review facility’s policy and procedures for conducting patient education
  o  Patient Interview opportunities
  o  Medical Charting opportunities
  o  Minimum of 1 patient interaction (MNT, nutrition education or nutrition counseling) each day

Week 2: Student to continue rotating in Level 1 rotation, improving clinical skills in this area; intern completes the following assignments:
  o  Minimum of 2 patient interactions (MNT, nutrition education or nutrition counseling) each day
  o  Inpatient Counseling opportunities
  o  Medical Charting opportunities
  o  Clinical Skills opportunities
  o  Evaluation of Patient Interview (by the end of Level 1)
  o  Evaluation of Counseling Skills (by the end of Level 1)
  o  Evaluation of Behavioral Performance (at end of Level 1)

Level 2 – Preceptor Directed Specialty: Intern to rotate in minimum of 2 specialty areas (i.e. Cardiac, Renal, Oncology, Pediatrics, etc.)
Week 3:
Day 1: Assign student to 1 RD; clinical orientation and observation by student
Day 2: Student begins to interact, perform simple tasks
Day 3, 4, & 5: Student assumes more responsibility while receiving constant feedback from RD; intern completes the following assignments:
  o  Minimum of 3 patient interactions (MNT, nutrition education or nutrition counseling) each day
  o  Attend multidisciplinary discharge planning meeting
  o  Review Guidelines for Case Study
  o  Select patient for Case Study (can be from any unit in the hospital)

Week 4: Student to continue rotating in Level 2 rotation, improving clinical skills in this area; must move to another specialty area during week 2 or week 3; intern completes the following assignments:
  o  Minimum of 4 patient interactions (MNT, nutrition education or nutrition counseling) each day
  o  Participate in multidisciplinary discharge planning meeting
  o  Healthcare provider referral (at least once during rotation)
  o  Collect appropriate data for Case Study
Level 2 – Preceptor Directed Specialty: (continued)
Week 5: Student to continue rotating in Level 2 rotation, improving clinical skills in this area; must move to another specialty area during week 2 or week 3; intern completes the following:
  o Minimum of 5 patient interactions (MNT, nutrition education or nutrition counseling) each day
  o Healthcare provider referral (if not already completed)
  o Participate in multidisciplinary discharge planning meeting
  o Collect appropriate data for Case Study
  o Evaluation of Clinical Skills (by the end of Level 2)

Level 3 – ICU/CCU:
Week 6:
  Day 1: Assign student to 1 RD; clinical orientation and observation by student
  Day 2: Student begins to interact, perform simple tasks
  Day 3, 4, & 5: Student assumes more responsibility while receiving constant feedback from RD; intern completes the following assignments:
    o Minimum of 6 patient interactions (MNT, nutrition education or nutrition counseling) each day
    o Healthcare provider referral (if not already completed)
    o Participate in multidisciplinary discharge planning meeting
    o Primary Care Provider session (week 6 or 7)

Week 7: Student to continue rotating in Level 3 rotation, improving clinical skills in this area; intern completes the following assignments:
  o Minimum of 7 patient interactions (MNT, nutrition education or nutrition counseling) each day
  o Primary Care Provider session (week 6 or 7)
  o Participate in multidisciplinary discharge planning meeting if conducted in ICU/CCU
  o Healthcare provider referral (if not already completed)
  o Presentation of Case Study to preceptors and hospital staff
  o Submit Written Case Study and Oral Cast Study presentation power point to preceptor and DI Director (via email attachment)
    ▪ Evaluation of Oral Case Study (when presented)
    ▪ Evaluation of Written Case Study (by DI Director)
  o Evaluation of Clinical Skills (by the end of Level 3)
  o Evaluation of Behavioral Performance (at end of Level 3)

Level 4 – Staff Relief:
Weeks 8-10: Preceptor to assign intern patient units, orientation to units provided as needed; intern to take full responsibility for nutrition care of all patients in assigned units; intern communicates closely with RD responsible for patient units and has RD review and cosign chart notes
  o Assume all RD responsibilities for area you are assigned
  o Participate in multidisciplinary discharge planning meeting and attend any other department meetings or in-services for the area to which you have been assigned
  o Healthcare provider referral (in not already completed)
  o Evaluation of Staff Relief (by the end of Level 4)
University of Central Oklahoma Dietetic Internship
Level 1: Medicine/Surgery Rotation
Objectives, assignments, and resources needed for successful completion

Rotation Objectives:
1. Review the basic nutritional needs for the medical/surgical patient.
2. Obtain pertinent information from the medical chart, patient and/or family, and healthcare providers in order to develop a nutrition care plan.
3. Conduct patient and/or family interview.
4. Conduct nutrition assessments and chart appropriately in medical records.
5. Provide MNT, nutrition education, and nutrition counseling to patient and/or family members as needed.
6. Utilize the ADA Nutrition Care Process to document nutrition service, including assessment, nutrition diagnosis, intervention, monitoring and evaluation.
7. Demonstrate ability to organize and prioritize daily activities.
8. Interact appropriately and effectively with health care team members.
9. Ensure all work is reviewed and cosigned by RD.

Readings:
All readings must be completed prior to beginning Level 1 rotation
Krause’s Food & Nutrition Therapy (12 Edition)
   Chapter 1 – Digestion, Absorption, Transport, and Excretion of Nutrients
   Chapter 10 – Nutrition in Aging
   Chapter 14 – Assessment: Dietary and Clinical Data
   Chapter 17 – Nutrition Diagnosis and Intervention
   Chapter 20 – Intervention: Enteral and Parenteral Nutrition Support
   Chapter 26 – Medical Nutrition Therapy for Upper GI Disorders
   Chapter 27 – Medical Nutrition Therapy for Lower GI Disorders
   Chapter 30 – Medical Nutrition Therapy for Diabetes Mellitus and Hypoglycemia for Non-diabetic Origin
   Chapter 31 – Medical Nutrition Therapy for Anemia
   Chapter 33 – Medical Nutrition Therapy for Hypertension

Please familiarize yourself with the following web-based resources before beginning your rotation:
American Dietetic Association, Evidence Analysis Library
   Visit website www.eatright.org
   Log in with member identification and password
   Link to Evidence Analysis Library

Cochrane Database of Systematic Reviews
   Visit website www.cochrane.gov

U.S. Department of Health and Human Services
   Visit website www.hhs.gov

Agency for Healthcare Research and Quality
   Visit website www.ahrq.gov

National Guideline Clearinghouse
   Visit website www.guideline.gov
Level 1: Medicine/Surgery Rotation
Activities & Assignments

Patient Care Worksheets/NCP Form:
The patient care worksheet (PCW)/NCP form is provided to assist the intern early in the clinical rotation to gather and organize pertinent patient data, and to develop and evaluate nutrition care plans. Using the PCW/NCP form provided, gather the required information and complete the Assessment and Plan sections for a minimum of 2 patients; then review the form with the RD. This assignment should take place the first week of Level 1, Medical/Surgical rotation. The ADA Nutrition Care Process (NCP) is part of the PCW. The intern will be expected to use the NCP resources required for the program to help develop an assessment, nutrition diagnosis, plan for intervention, and monitoring and evaluation plan. As the intern becomes more confident in gathering patient data, organizing the data, and developing the nutrition care plan using the NCP, the PCW can be replaced with methods for sorting patient information as directed by the RD or clinical setting.
Resources: PCW/NCP form
Evaluation: PCWs & Assessment will be reviewed with RD for accuracy

CADE DI Competencies related to this activity: DI 3.1, 3.1.a-d

Patient Interview
Patient interaction and interviewing skills take time and practice to develop a level of proficiency. It is important that the intern practice this task often to develop an appropriate skill level. Interviewing patients and/or their families provides the intern with an opportunity to gather critical information concerning the nutrition status of the patient. In order to begin the learning process, the intern will observe the RD conducting a patient interview. Utilizing the resources included, information provided by the RD, and criteria on the Evaluation of Patient Interview (see below), the intern will interview a patient while the RD observes. Ongoing feedback from the RD will be provided to the intern to enhance learning.
Resources: Patient Interviews in the Clinical Setting “Tips sheet”
Patient Interview Topics
Evaluation: Evaluation of Patient Interview (once by the end of Level 1)

CADE DI Competencies related to this activity: DI 2.12, 3.2, 3.5

Inpatient Counseling Skills
Counseling in the inpatient setting differs from counseling in the outpatient setting. During Level 1 & 2, the intern will practice the art of inpatient counseling and develop an appreciation for the different needs of the inpatient versus outpatient nutrition counseling, and will understand the difference between nutrition education and nutrition counseling. The intern will review patient education materials available at the facility and observe the RD providing inpatient and/or family counseling. Once the intern has reviewed policy and procedures for conducting inpatient nutrition education & counseling, they will conduct nutrition counseling while the RD is able to observe. By the end of Level 2, the RD will evaluate your ability to conduct nutrition counseling on the “Evaluation of Counseling Skills” form.
Resources: Guidelines for Patient Counseling
Evaluation: Evaluation of Counseling Skills (once by the end of Level 1)

CADE DI Competencies related to this activity: DI 2.4, 2.7, 2.14, 3.2, 3.5
**Medical Charting**

The RD will work with you to help you understand the medical record charting format for the facility. Take detailed notes to assure that you understand the charting method and procedure for your rotation site. By the end of the first week of rotation, you should have a good grasp of charting methods. Be sure to include all data required for charting; subjective, objective, assessment, diagnosis, intervention, monitoring and evaluation. The RD you are rotating with will assess your medical charting on an ongoing basis.

**Resources:**
- Guidelines for Professional & Efficient Charting
- Charting - ADIME Format
- Charting - SOAP Format

**Evaluation:** (This will be evaluated on the Clinical Skills Evaluation)

CADE DI Competencies related to this activity: DI 3.1.a-c, 4.11

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**Clinical Skills**

Clinical skills are important to develop as you progress through your internship experience and include all those skills used to provide nutrition care to patients. The intern will use the Nutrition Care Process to assess patients and provide Medical Nutrition Therapy. Each week the RD preceptor will provide verbal and written feedback to the intern to enhance the learning process. These skills will be evaluated at the end of Levels 2 & 3.

**Resources:** See the above activities

**Evaluation:** Evaluation of Clinical Skills (once by the end of Level 2 and again by the end of Level 3)

CADE DI Competencies related to this assignment: DI 1.1, 1.2, 1.3, 1.4, 2.5, 2.7, 2.8, 2.11, 2.12, 3.1, 3.1.a-d, 4.3, 4.6, 4.11, 4.12


**Evaluation of Professional Behavior**

Self-evaluation and evaluation by your peers is an important part of the learning process. Interns are encouraged to be open and discuss their progress with their preceptors on an ongoing basis. An Evaluation of Professional Behavior is required at mid-rotation to determine strengths and/or areas needing improvements during the remaining time of the rotation. This evaluation is also required at the end of the rotation to determine successful completion of the rotation. Weekly evaluations/comments/concerns may be noted by the preceptors on the weekly Log of Activities.

For the Evaluation of Professional Behavior:

A. The intern is to give a blank evaluation form to their preceptor at least one week before the mid-rotation and final evaluations are to be conducted. Mid-point evaluations are done in week 5 and final evaluations are done on the last day or so of the clinical rotation.

B. A joint conference between the DI Director, the intern and the site preceptor will be held at the rotation site or over the phone for the mid-rotation evaluation to discuss the intern’s progress. The DI Director will schedule a time with the preceptor for this conference.

C. The intern should schedule an appointment with the preceptor to discuss the final evaluation.

D. The intern will prepare a self-evaluation of their performance (using the Evaluation of Behavioral Performance) for both the mid-rotation and final evaluations.

E. After evaluations are completed, the intern and preceptor will discuss the results. Then, both the intern and the preceptor will sign and date the evaluation forms. The intern is responsible for providing the signed originals to the DI Director. It is recommended that both the intern and preceptor retain copies for their own records.

F. If evaluations indicate that the intern is performing below the expected level of performance, the DI Director and/or preceptor may recommend a change in rotation site, repeating levels or the entire rotation, or other disciplinary action, including termination of entire rotation.

**Evaluation:** Evaluation of Behavioral Performance (Completed at the end of Level 1 and Level 3)

**CADE DI Competencies related to this evaluation:** DI 2.1, 2.5, 2.9, 2.12, 2.13

**Preparation for Level 2:**

- The intern should begin looking over the guidelines for completing the Case Study. Begin discussing possible ideas for selecting a patient for your Case Study with your preceptor.

- Making referrals to other healthcare professionals is an important function of quality patient care. Observe other healthcare professionals as they make those referrals on a daily basis, take notes and begin to think about when and how you will make referrals when appropriate.

- Discharge planning actually begins on the day the patient is admitted. Discharge planning meetings (sometimes called multidisciplinary care meetings) are conducted so various disciplines can participate in the discharge process. Find out who the discharge planners are for your area and introduce yourself to them. You will first just attend the discharge planning meetings, then, later in your rotation you will take an active part in these meetings.
University of Central Oklahoma Dietetic Internship
Level 2: Preceptor Directed Specialty Rotation
(Cardiac, Renal, Oncology, Pediatrics, etc.)
Intern must rotate in a minimum of two preceptor directed specialty areas.

Rotation Objectives:
1. Review the basic nutritional needs for the “specialty” patient (i.e. review needs for oncology patient if rotating in this area).
2. Obtain pertinent information from the medical chart, patient and/or family, and healthcare providers in order to develop a nutrition care plan.
3. Conduct patient and/or family interview.
4. Conduct nutrition assessments and chart appropriately in medical records.
5. Provide MNT, nutrition education, and nutrition counseling to patient and/or family members as needed.
6. Utilize the ADA Nutrition Care Process to document nutrition service including assessment, nutrition diagnosis, intervention, monitoring and evaluation.
7. Demonstrate ability to organize and prioritize daily activities.
8. Interact appropriately and effectively with health care team members.
9. Ensure all work is reviewed and cosigned by RD.

Readings:
All readings must be completed prior to beginning Level 2

Krause’s Food & Nutrition Therapy (12 Edition) – Readings will be based on areas where rotations occur. For example, if you are rotating on the renal unit, you will need to read the renal chapter in your Krause book prior to starting the rotation.
   Chapter 28 – Medical Nutrition Therapy for Liver, Biliary System, and Exocrine Pancreas
   Chapter 32 – Medical Nutrition Therapy for Cardiovascular Disease
   Chapter 34 – Medical Nutrition Therapy for Heart Failure
   Chapter 36 – Medical Nutrition Therapy for Renal Disorders
   Chapter 37 – Medical Nutrition Therapy for Cancer

Please familiarize yourself with the following web-based resources before beginning your rotation:
American Dietetic Association, Evidence Analysis Library
   Visit website www.eatright.org
   Log in with member identification and password
   Link to Evidence Analysis Library

Cochrane Database of Systematic Reviews
   Visit website www.cochrane.gov

U.S. Department of Health and Human Services
   Visit website www.hhs.gov

Agency for Healthcare Research and Quality
   Visit website www.ahrq.gov

National Guideline Clearinghouse
   Visit website www.guideline.gov
Level 2: Preceptor Directed Specialty Rotation
Activities & Assignments

General
1. Meet requirements for the number of patient interactions weekly.
2. Select a patient, obtain approval, and begin gathering data for Case Study

Multidisciplinary Discharge Planning Meeting
The intern is to attend discharge planning meetings (multidisciplinary patient care meeting) with the RD. At the initial meeting that you attend, you will observe and take notes of the meeting. Make note of all the healthcare providers’ roles in the meeting, particularly the RD. During subsequent meetings, you will take an active role by providing information concerning patients’ nutritional status, educational needs prior to discharge, educational needs after discharge, nutrition support needs both while at the hospital and when discharged, and all other nutrition specific information relevant to the case being discussed. The intern and RD will discuss the outcomes of the meeting using the questions included in the Multidisciplinary Discharge Planning Meeting additional materials. The RD will evaluate your ability to perform in an interdisciplinary meeting on the Evaluation of Multidisciplinary Discharge Planning Meeting.

Resources: Multidisciplinary Discharge Planning Meeting questions to discuss
Evaluation: (This will be evaluated on the Clinical Skills Evaluation)

CADE DI Competencies related to this activity: DI 1.2, 1.3, 2.5, 2.7, 2.12

Healthcare Provider Referral
Referral of patients to other health care professionals when the patients’ needs are beyond the RDs scope of practice is part of the process of providing quality patient care. Opportunities for such referrals occur quite often in the clinical setting. Referrals often are made to speech language pathologists, physical or occupational therapists, pharmacists, nurses, physicians and others. The intern is to identify at least one patient who would benefit from such a referral, make the referral, and then discuss the event and outcomes of the event with the RD. Questions to discuss are included in the Healthcare Provider Referral additional materials. A referral can be made at any time during the clinical rotation. At least one referral must be made prior to completion of the clinical rotation.

Resources: Healthcare Provider Referral questions to discuss
Evaluation: (This will be evaluated on the Clinical Skills Evaluation)

CADE DI Competencies related to this activity: DI 1.2, 1.3, 2.5, 2.7, 2.12, 3.2

Clinical Skills
Clinical skills are important to develop as you progress through your internship experience and include all those skills used to provide nutrition care to patients. The intern will use the Nutrition Care Process to assess patients and provide Medical Nutrition Therapy. Each week the RD preceptor will provide verbal and written feedback to the intern to enhance the learning process. Using the criteria on the “Evaluation of Clinical Skills” form, a formal evaluation of the intern’s clinical skills will be conducted by the RD by the end of Levels 2 & 3 of the clinical rotation.

Resources: See the above activities
Evaluation: Evaluation of Clinical Skills (once by the end of Level 2 and again by the end of Level 3)

CADE DI Competencies related to this assignment: DI 1.1, 1.2, 1.3, 1.4, 2.5, 2.7, 2.8, 2.11, 2.12, 3.1, 3.1.a-d, 4.3, 4.6, 4.11, 4.12
Preparation for Level 3:
- The intern should be following a patient and collecting required information for their Case Study.
- Begin preparation for the Case Study presentation for the hospital staff and preceptors.
- If a referral has not been made to another healthcare professional you will need to think about when and how you will make referrals when appropriate.
University of Central Oklahoma Dietetic Internship  
Level 3: ICU/CCU Rotation

Rotation Objectives:
1. Review the basic nutritional needs for the ICU/CCU patient.
2. Obtain pertinent information from the medical chart, patient and/or family, and healthcare providers in order to develop a nutrition care plan.
3. Conduct patient and/or family interview, as appropriate.
4. Conduct nutrition assessments and chart appropriately in medical records.
5. Provide MNT, nutrition education, and nutrition counseling as appropriate to patient and family members.
6. Utilize the ADA Nutrition Care Process to document nutrition service; including assessment, nutrition diagnosis, intervention, monitoring and evaluation.
7. Demonstrate ability to organize and prioritize daily activities.
8. Interact appropriately and effectively with health care team members.
9. Ensure all work is reviewed and cosigned by RD.

Readings:
All readings must be completed prior to beginning Level 3
Krause’s Food & Nutrition Therapy (12 Edition)
   Chapter 34 – Medical Nutrition Therapy for Heart Failure and Transplant
   Chapter 35 – Medical Nutrition Therapy for Pulmonary Disease
   Chapter 39 – Medical Nutrition Therapy for Metabolic Stress: Sepsis, Trauma, Burns, and Surgery
   Chapter 41 – Medical Nutrition Therapy for Neurologic Disorders

Please familiarize yourself with the following web-based resources before beginning your rotation:

American Dietetic Association, Evidence Analysis Library
   Visit website www.eatright.org
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   Link to Evidence Analysis Library

Cochrane Database of Systematic Reviews
   Visit website www.cochrane.gov

U.S. Department of Health and Human Services
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National Guideline Clearinghouse
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Level 3: ICU/CCU Rotation
Activities & Assignments

General
1. Meet requirements for the number of patient interactions weekly
2. Perform a referral to a healthcare provider if you have not already done so
3. Continue to attend multidisciplinary discharge planning meetings

Primary Care Provider Session
Communication between dietitians and a patient’s primary care provider (Physician, Physician Assistant, Nurse Practitioner, or Resident) is critical to patient care. The intern will learn how to communicate clearly, concisely, and appropriately with primary care providers while performing in the clinical rotations. During the Level 3 ICU/CCU rotation, the intern will interact with the primary care provider of at least one patient. In the presence of the RD, the intern will find an opportunity to discuss patient care with the patient’s primary care provider. Interns should refer to the criteria listed on the “Primary Care Provider Session” checklist. The RD will evaluate the intern’s ability to discuss patient care with the patient’s primary care provider on the Evaluation of Primary Care Provider Session.

Resources:   Primary Care Provider Session Checklist
Evaluation:  (This will be evaluated on the Clinical Skills Evaluation)

CADE DI Competencies related to this activity:  DI 1.2, 1.3, 2.5, 2.12, 3.2

Case Study
The intern will complete one case study as described in the “Guidelines for Case Study.” The intern will prepare a written case study report and provide an oral presentation of their case study to the hospital clinical staff, following the case study guidelines presented. The intern will submit both the written case study and power point presentation to the preceptor and to the DI Director. The oral presentation will be evaluated by all clinical staff in attendance. The DI director will evaluate the written case study.

Resources:   Guidelines for Case Study
Evaluation:  Evaluation of Oral Case Study (when presented)
             Evaluation of Written Case Study (by DI Director)

CADE DI Competencies related to this activity:  DI 1.2, 1.3, 1.4, 2.2, 2.3, 2.11, 2.12, 3.1 a-d, 3.2

Evaluation of Professional Behavior – (See Level 1; completed at the end of Levels 1 & 3)
Provide a blank evaluation to your preceptor; prepare self-evaluation. Make an appointment for final evaluation to be conducted with preceptor.
Clinical Skills
Clinical skills are important to develop as you progress through your internship experience and include all those skills used to provide nutrition care to patients. The intern will use the Nutrition Care Process to assess patients and provide Medical Nutrition Therapy. Each week the RD preceptor will provide verbal and written feedback to the intern to enhance the learning process. Using the criteria on the “Evaluation of Clinical Skills” form, a formal evaluation of the intern’s clinical skills will be conducted by the RD by the end of Levels 2 & 3 of the clinical rotation.

Resources: See the above activities
Evaluation: Evaluation of Clinical Skills (by the end of Level 3)

CADE DI Competencies related to this assignment: DI 1.1, 1.2, 1.3, 1.4, 2.5, 2.7, 2.8, 2.11, 2.12, 3.1, 3.1.a-d, 4.3, 4.6, 4.11, 4.12

Preparation for Level 4:
- Continue discussing your progress with your preceptor. Use any feedback you receive to enhance your learning experience.
- Make sure you are up to date on all assignments, evaluations, activity logs, and projects before beginning staff relief.
University of Central Oklahoma Dietetic Internship
Level 4: Staff Relief Rotation

Rotation Objectives:
1. Function as an entry level dietitian as patient units are assigned by preceptor.
2. Obtain pertinent information from the medical chart, patient and/or family, and health providers in order to develop a nutrition care plan.
3. Conduct patient and/or family interview.
4. Conduct nutrition assessments and chart appropriately in medical records.
5. Provide MNT, nutrition education, and nutrition counseling as appropriate to patient and family members.
6. Utilize the ADA Nutrition Care Process to document nutrition service; including assessment, nutrition diagnosis, intervention, monitoring and evaluation.
7. Demonstrate ability to organize and prioritize daily activities.
8. Interact appropriately and effectively with health care team members.
9. Ensure all work is reviewed and cosigned by RD.

Level 4: Staff Relief Rotation
Activities & Assignments

Staff Relief
1. Assume responsibility for all patient care for area assigned to you by RD
2. Attend any department meetings, in-services or discharge planning meetings for the area you have been assigned.

Resources: Staff Relief Guidelines
Evaluations: Evaluation of Staff Relief (at the end of Level 4)

CADE DI Competencies related to this assignment: DI 2.1, 2.6, 2.7, 2.9, 2.11, 3.1, 3.1 a-d, 4.11, 4.12

Evaluation requirements:
By the final week of the rotation, a minimum score of “3” (Meets competencies independently) should be attained for each of the competencies on all evaluation forms. If the intern is not able to meet competencies independently by the end of Level 4 rotation then the intern has not successfully passed the clinical rotation and additional time in the clinical rotation will be required.
Community supervised practice rotations will be planned by the DI director working closely with each individual intern to provide desired experiences as much as possible.

<table>
<thead>
<tr>
<th>Each intern must complete rotations in the following areas</th>
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</thead>
<tbody>
<tr>
<td>WIC</td>
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<tr>
<td>School Lunch/Child Nutrition</td>
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<tr>
<td>Long-term care providing nutrition services to the elderly</td>
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<td>Out-patient clinic</td>
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<tr>
<td>Wellness Program</td>
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<tr>
<td>Weight management (with overweight/obese clients)</td>
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</table>

**ACTIVITY LOGS:** When completing activity logs for community rotations, interns must include the ages, population groups and/or conditions of the clients with which they interact each day. Activity logs must also include specific information about activities completed.

**PROJECTS:** Interns must complete Community Rotation projects to demonstrate achievement of required competencies. Community preceptors will evaluate intern competency achievement by completing the evaluation form for each project.

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<thead>
<tr>
<th>Required Community Rotation Projects</th>
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<tbody>
<tr>
<td>Client Education Material</td>
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<tr>
<td>Group Nutrition Education</td>
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<tr>
<td>Public Policy</td>
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<tr>
<td>Professional Development Portfolio</td>
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<tr>
<th>The following activities must be completed by all interns (No evaluation is required for these activities)</th>
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<tbody>
<tr>
<td>Long Term Care Review</td>
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<tr>
<td>WIC State Office Day</td>
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<tr>
<td>ODA Fall Symposium and/or</td>
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<tr>
<td>ODA Spring Convention (volunteer activities)</td>
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**EVALUATIONS:** Community preceptors will complete the evaluation forms corresponding to each project. Additionally, for any rotation where the intern is scheduled for 5 days or more, both the community preceptor and the dietetic intern will complete an “Evaluation of Behavioral Performance.”
<table>
<thead>
<tr>
<th>Weeks 1 &amp; 2</th>
<th>Projects*:</th>
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<tbody>
<tr>
<td>Orientation</td>
<td><strong>Sanitation &amp; Safety Inspection</strong></td>
</tr>
<tr>
<td>Department Tour</td>
<td>(complete by end of week 4)</td>
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<tr>
<td>Work with various positions</td>
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<tr>
<td>(cooks, salad, foodservice workers)</td>
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<tr>
<td>Production</td>
<td></td>
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<tr>
<td>Trayline</td>
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<tr>
<td>Catering</td>
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<thead>
<tr>
<th>Weeks 3, 4 &amp; 5</th>
<th>Projects*:</th>
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</thead>
<tbody>
<tr>
<td>Diet Office</td>
<td><strong>Begin Planning Special Event/Business Plan</strong></td>
</tr>
<tr>
<td>Meal rounds</td>
<td>(complete by end of week 9)</td>
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<tr>
<td>Nourishments</td>
<td><strong>Recipe Development</strong></td>
</tr>
<tr>
<td>Equipment Purchasing/Bids/Specifications</td>
<td>(complete by end of week 5)</td>
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<tr>
<td>Supervisor</td>
<td><strong>In-service</strong></td>
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<tr>
<td>Mid-rotation Evaluation (in week 5)</td>
<td>(complete by end of week 5)</td>
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<thead>
<tr>
<th>Weeks 6, 7, &amp; 8</th>
<th>Projects*:</th>
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<tbody>
<tr>
<td>Ordering/Purchasing</td>
<td><strong>PI Project</strong></td>
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<tr>
<td>Receiving/Deliveries</td>
<td>(complete by end of rotation)</td>
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<tr>
<td>Inventory</td>
<td><strong>Productivity Study</strong></td>
</tr>
<tr>
<td>Productivity (Clinical and/or Foodservice)</td>
<td>(complete by end of rotation)</td>
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<tr>
<td>Clinical Manager</td>
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<tr>
<th>Weeks 9 &amp; 10</th>
<th>Projects*:</th>
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<tbody>
<tr>
<td>Human Resources</td>
<td><strong>Business Plan/Special Event</strong></td>
</tr>
<tr>
<td>(Hiring, orientation &amp; development)</td>
<td>(complete by end of rotation)</td>
</tr>
<tr>
<td>Hiring Process</td>
<td><strong>Management Review</strong></td>
</tr>
<tr>
<td>New Employee Orientation (Oversee)</td>
<td>(complete by end of rotation)</td>
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<tr>
<td>Employee Interviews/Counseling/Evaluations</td>
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<tr>
<td>(participate)</td>
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<tr>
<td>Staff Relief</td>
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<tr>
<td><strong>Final Evaluation</strong></td>
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