UTHSC School of Public Health Dietetic Internship
Supervised Practice Rotation Packet: Clinical Rotation

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| UTHSC Faculty Contact Information                          | • Laura S. Moore MEd, RD, LD  
• Laura.s.moore@uth.tmc.edu  
• 713-500-9347                                                                                                                                            |
| Supervised Practice Hours   | Minimum of 407 hours (11 weeks) toward 1271 hour supervised practice total.                                                                                                                                 |
| Supervised Practice Learning Objectives | Clinical Practicum for the Dietetic Internship involves 15 weeks of hospital and community based supervised practice rotations (36-40 hours per week). Post-practicum clinical conferences (PPC) will be held bi-weekly to discuss competencies and patient care experiences, chart notes, projects, etc. In addition, blackboard posting and group discussions will be required including case study examples, patient chart notes (de-identified), inservices conducted, journal club articles, and education materials developed. At the completion of this course the student will have met all requirements of the supervised practice experience including the required hours, assignments, and the post practicum clinical conference requirements in order to attain the competencies defined to enter practice as a registered dietitian. The American Dietetic Association defines the objectives of clinical supervised practice as:  
2.1.1 Supervised practice and didactic learning activities prepare interns for professional practice with patients/clients with various conditions, including but not limited to weight management and obesity, diabetes, cancer; and cardiovascular, gastrointestinal and renal diseases  
2.1.2 Supervised practice and didactic learning activities prepare interns to implement the nutrition care process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly  
2.1.3 Supervised practice and didactic learning activities prepare interns to implement all nutrition interventions defined in the nutrition care process (food and/or nutrient delivery, nutrition education, nutrition counseling and coordination of nutrition care)  
2.1.4 Supervised practice learning activities occur in various settings, including acute care and critical care, outpatient, long-term care, a wellness program, public health/community (schools and WIC or WIC-equivalent supervised-practice settings), and others determined by the program |
| Competencies                  | Commission on Accreditation of Dietetic Education Competencies:                                                                                                                                            |
|                               | • CRD 1.1. Select indicators of program quality and/or customer service and measure achievement of objectives  
• CRD 1.2. Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy’s Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, 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  
• CRD 1.3. Justify programs, products, services and care using appropriate evidence or data  
• CRD 1.4. Evaluate emerging research for application in dietetics practice  
• CRD 2.1. Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice, and Code of Ethics for the Profession of Dietetics                                                                                           |
CRD 2.2. Demonstrate professional writing skills in preparing professional communications
CRD 2.3. Design, implement and evaluate presentations to a target audience
CRD 2.4. Use effective education and counseling skills to facilitate behavior change
CRD 2.5. Demonstrate active participation, teamwork and contributions in group settings
CRD 2.6. Assign appropriate patient care activities to DTRs and/or support personnel as appropriate
CRD 2.7. Refer clients and patients to other professionals and services when needs are beyond individual scope of practice
CRD 2.9. Apply leadership principles to achieve desired outcomes
CRD 2.11. Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services
CRD 2.12. Demonstrate professional attributes within various organizational cultures
CRD 2.13. Demonstrate negotiation skills
CRD 3.1. Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings
CRD 3.1.a Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered
CRD 3.1.b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements
CRD 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
CRD 3.1.d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis
CRD 3.1.e. Complete documentation that follows professional guidelines, guidelines required by Health care systems and guidelines required by the practice setting
CRD 3.2. Demonstrate effective communications skills for clinical and customer service in a variety of formats
CRD 3.4. Deliver respectful, science-based answers to consumer questions concerning emerging trends
CRD 3.6. 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
CRD 4.5. Conduct clinical and customer service quality management activities
CRD 4.6. Use current informatics technology to develop, store, retrieve and disseminate information and data
CRD 4.8. Conduct feasibility studies for products, programs or services with consideration of costs and benefits
CRD 4.11. Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers
CRD 5.1. Apply principles learned in core public health and DI courses to the multidisciplinary application of public health nutrition
CRD 5.2. Evaluate emerging public health research and develop evidence based solutions to current public health issues

Sample Projects

- Create culturally appropriate handout to educate the target population.
- Analyze iron levels of clients for QA report.
- Conduct educational session for target population.
- Attend staff meeting and present projects involved in at facility
- Create brochure on community services available to clients in a diverse population.
- Evaluate limited resources in a community program and discuss issues in program planning.
- Develop updated website material for a community organization.
- Represent community organization at health fairs.
- Participate in program management.
- Conduct culturally appropriate food preparation demonstration for target population.
- Enter quality data for clients in QA system.
- Analyze data collected; Perform program evaluation.
- Develop component for a community program.
- Participate in a Journal Club presentation.
- Provide a current research article to an MD to support care plan.
- Conduct an in-service presentation to RD staff.
- Attend staff meeting and present projects involved in at facility.
- Communicate with Nurse, DTR, MD and other care givers regarding nutrition care plans for patients.
• Communicate patient needs to Social Worker.
• Conduct in-service for medical or nursing employees.
• Attend interdisciplinary patient care rounds or d/c planning meetings.
• Conduct work prioritization during staff relief.
• Demonstrate application of MI techniques.
• Have case studies and clinical charting evaluated by director and preceptors.
• Update or develop patient education material.
• Perform patient education.
• Utilize electronic medical record to chart for patient care.
• Evaluate enteral formula for cost/ kcal, g protein.
• Chart according to Medical Practice guidelines at healthcare facility.
• Record patients seen for productivity measures for budget
• Review patient billing procedures for outpatient care

Course Expectations

Hospital Policies/Patient Privacy
• Completion of all prerequisites according to Supervised Practice facility: current immunizations, criminal background check, volunteer application, orientation, computer training, drug screen, etc.
• Patient charts or medical records are privileged information. Dietetic interns may interpret diet information to the patient, but relaying any other information should be left to the discretion of the patient's physician. Patient charts and all other patient records should be kept out of reach from unauthorized persons. Patient charts cannot be photocopied. (Review HIPAA prior to SP rotations)
• Do not discuss matters pertaining to patients in public places such as elevators, corridors, or lounge areas.
• When placed in a facility, follow any additional facility-specific policies concerning patient/client rights.
• All contact with patients is done only under supervision of a designated UTSPH instructor or the SP preceptor when the intern is placed in SP settings.
• No proprietary materials are to be used or removed from a facility without the consent of the SP preceptor.
• Any documents presented in class or electronically submitted for assignments must have all patient identifiers removed.

Progression Through Rotation
• A progression of Medical Nutrition Therapy supervised practice rotations starting with a general medical floor such as Rehabilitation Unit, Maternity Services or Outpatient Clinic with progression to higher acuity level units depending upon intern performance.
• Patient care with various disease states including but not limited to diabetes, cardiovascular disease, gastrointestinal disorders, overweight and obesity, pregnancy and lactation, renal disease, critical care
• A rotation on an intermediary care unit (ie. CCU, Transplant) and / or intensive care unit (ICU, Trauma or Burn Unit) and practice with Enteral and Parenteral prescription calculations and recommendations is recommended.
• A final culminating Staff Relief rotation is required lasting a minimum of 1 week in which the intern is solely responsible for ½ - 1 patient care unit. The intern is expected to practice as an “entry level RD” with minimum supervision by the preceptor. All notes must be co-signed but the intern is expected to organize all work each day for the patient care unit and
meet the clinical patient care and any other professional requirements as per the facility policies and procedures for all clinical dietitians.

**Evaluation Forms Include:**
- Time Log
- Midterm Evaluation
- Competency Evaluation form
- Rotation Completion Form with Behavioral Evaluation (see separate link)
- Intern Evaluation of Rotation
- Preceptor Evaluation of Rotation (to be emailed to preceptor once intern completes rotation)