



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Nutrition

MPH-RD

Clinical Nutrition Experience

Summer 2020-2021

(2019 Cohort: FEM Standards)

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OVERVIEW OF THE CLINICAL NUTRITION EXPERIENCE

The Clinical Nutrition Experience (CNE) is one of four distinct supervised practice experiences in the MPH/RD program. It includes 400 hours of unpaid, RD-supervised practice within a hospital. The CNE is scheduled after preparatory coursework including one semester of medical nutrition therapy, medical nutrition therapy modules covering chronic and acute conditions, nutrition counseling and communication skills, patient-focused simulations, and other relevant clinical training. The role of the student in the CNE is to fully and enthusiastically participate in order to acquire a solid foundation in clinical skills. This handbook will provide both students and preceptors with guidance to navigate the Experience.

COVID-19 Program Modifications

Per [ACEND®](#), students are increasingly unable to complete their rotations at various practice sites due to COVID-19. It is estimated that the impact of the COVID-19 situation will be prolonged, resulting in the loss of practice sites and suspension of practicums for the current and incoming classes of students/interns. Programs such as UNC's are authorized to make decisions to provide coursework or supervised practice experiences differently than what was originally advertised when you applied to the program, as long as the program ultimately provides the necessary coursework to meet ACEND®'s curriculum requirements. Programs must ensure that students demonstrate they met all competencies before receiving a verification statement.

Due to the pandemic, ACEND® has expanded the requirements for field experiences so programs can offer additional supervised practice hours using simulations, case studies, role play and/or other practice activities. Authentic activities in real-world professional settings do not need to be in-person, but they must include real clients/patients and/or entail real-life situations.

Purpose of the Clinical Nutrition Experience

In both disease prevention and health promotion, the practice of clinical dietetics is expanding and changing with rapid gains in nutrition science and knowledge. The purpose of the clinical nutrition experience is to enhance the knowledge and skills of the student through a supervised work experience while also exposing the student to many different aspects of a career in clinical dietetics. This exposure will provide:

1. the skills and confidence necessary to perform at entry level in a clinical setting;
2. the perspective to choose areas of interest and expertise for those interested in clinical dietetics careers;
3. the opportunity to achieve competency measures established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND®); and
4. 400 supervised practice hours toward eligibility to sit for the registration examination given by the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics.

Goals of the Clinical Nutrition Experience

The goals of the clinical nutrition experience are:

1. To provide an opportunity for the student to observe the unique features of the field of clinical dietetics and the role of the clinical dietitian on the healthcare team;

2. To provide an opportunity for the student to practice the skills necessary to contribute to patient care, recovery, and continued improved health. These skills include:
 - a. Interviewing, counseling, and teaching techniques as well as professional communication with other members of the health-care team;
 - b. Assessment of physiological function and the development of appropriate, coordinated nutrition care plans;
 - c. Decision-making ability in applying the principles of nutrition to a real-life situation in order to modify a patient's intake in compliance with a physician's orders while at the same time recognizing each patient's unique circumstances.
3. To guide and support the student in his or her ability to accept increasing responsibility for patient care over time.

Core Knowledge and Competencies

The following competencies meet ACEND® (Accreditation Council for Education in Nutrition and Dietetics) Future Education Model (FEM) and CEPH (Council on Education for Public Health) standards. They are mapped to the Clinical Nutrition Experience through field assignments and final preceptor evaluations.

Each preceptor will evaluate the student on the following ACEND and CEPH competencies approximately 6 weeks into the experience and again at the end of the experience. Evaluations will be done either in person or by phone with the practicum coordinator from UNC. Students will be evaluated on a 5 point scale with each score indicating the level at which the student is able to perform (knows what to do, knows how to do it, can demonstrate ability to do under supervision, can do independently, etc. (see [Appendix G](#)). Students who do not achieve the required level of practice for each competency will be provided with remedial experiences until they demonstrate professional competence.

Food Environment Assessment (preceptor assessment of student and CEPH evaluation)

- CEPH Competency MPH07: Assess population needs, assets, and capacities that affect communities' health.
- CEPH Competency MPH19: Communicate audience-appropriate public health content, both in writing and through oral presentation
- CEPH Competency MPH22: Apply systems thinking tools to a public health issue.
- CEPH Competency NUTR03: Evaluate how social, cultural, environmental and community factors impact dietary intake and nutrition related outcomes in individuals, families, and communities.

Nutrition Education Evaluation ([preceptor assessment of student](#) and [ACEND final evaluation](#))

- Performance Indicator 1.11.1: Interprets and communicates medical terminology to non-health professional audiences.

Electronic Medical Record Note Evaluation ([preceptor assessment of student](#) and [ACEND final evaluation](#))

- Competency 1.8: Applies knowledge of pharmacology to recommend, prescribe, and administer medical nutrition therapy.
- Competency 1.11: Applies knowledge of medical terminology when communicating with individuals, groups, and other health professionals.

- Performance Indicator 1.11.2: Uses acceptable medical abbreviations and appropriate medical terminology in all forms of communication.
- Performance Indicator 1.13.1: Analyzes appropriate data in electronic format to make best decisions related to nutrition and diet.
- Performance Indicator 1.13.2: Evaluates accuracy and reliability when accessing and evaluating nutrition information in electronic format.
- Performance Indicator 1.13.3: Operates nutrition informatics systems in practice.
- Performance Indicator 1.13.5: Proficiently uses technology and informatics skills to aggregate data, enhance practice and client/patient care.

Quality Improvement Project ([preceptor assessment of student](#) and [ACEND/CEPH final evaluations](#))

- CEPH Competency NUTR04: Independently plan, develop and evaluate nutrition related health promotion/disease prevention services, products, programs, or interventions (including policy analysis) using appropriate evidence or data.
 - Performance Indicator 2.1.4: Conducts an evaluation of a product, program or service by analyzing reasons for variance from expected outcomes and implements new strategies as appropriate.
- Competency 5.4: Leads quality and performance improvement activities to measure, evaluate, and improve programs, services, products, and initiatives.
 - Performance Indicator 5.4.1: Identifies and communicates quality and/or performance improvement indicators and benchmarks using evidence-informed practice.
 - Performance Indicator 5.4.2: Develops quality and/or performance improvement measurement tools and analyzes data to inform baselines and to identify root causes and potential solutions.
 - Performance Indicator 5.4.3: Develops, implements, and communicates a quality and/or performance improvement action plan for further improvement and monitors impact.
 - Performance Indicator 5.4.4: Develops, implements, and communicates an ongoing measuring and monitoring system to ensure ongoing quality and performance improvement.
 - Performance Indicator 5.4.5: Applies change management theories and principles to effectively implement change.

Case Study Evaluation ([preceptor assessment of student](#) and [ACEND final evaluation](#))

- Competency 1.1: Applies understanding of environmental, molecular factors (e.g. genes, proteins, metabolites), and food in the development and management of disease.
- Competency 1.2: Applies understanding of anatomy, physiology, biochemistry.
- Competency 1.5: Applies knowledge of pathophysiology and nutritional biochemistry to physiology, health, and disease.

Overall Performance ([preceptor ACEND final evaluation](#))

- Competency 1.13: Demonstrates computer skills and uses nutrition informatics in the decision making process.
 - Performance Indicator 2.2.4: Prioritizes care based on results of screening considering complexity of care needs.
- Competency 2.3: Utilizes the nutrition care process with individuals, groups, or populations in a variety of practice settings.

- Competency 2.4: Implements or coordinates nutritional interventions for individuals, groups, or populations.
 - Performance Indicator 2.4.3: Applies foundational science knowledge and medical nutrition therapy principles to establish, order, manage, and evaluate the need for nutrition support when prescribing and administering nutritional oral, enteral, and parenteral diets.
 - Performance Indicator 2.4.4: Considers and applies all relevant factors when recommending the use of oral nutritional supplements.
 - Performance Indicator 2.4.9: Develops and provides evidence-informed nutritional wellness and therapeutic diet education to a variety of audiences.
- Competency 2.5: Prescribes, recommends, and administers nutrition-related pharmacotherapy.
 - Performance Indicator 2.5.5: Critically analyzes the potential negative effects of the nutrition therapy or supplement and determines the required knowledge, skill and judgment required to manage negative outcomes.
 - Performance Indicator 2.5.9: Monitors the response and the effects of the nutrition related drugs on the individual and takes the required action to make modifications or adjustments.
- Competency 6.1: Incorporates critical thinking skills in practice.
- Competency 6.3: Applies current research and evidence-informed practice to services.
- Competency 7.1: Assumes professional responsibilities to provide safe, ethical, and effective nutrition services.
 - Performance Indicator 7.1.3: Adheres to nutrition related legislation, regulations, and standards of practice.
 - Performance Indicator 7.1.4: Applies client/patient-centered principles to all activities and services.
 - Performance Indicator 7.1.6: Practices in a manner that respects diversity and avoids prejudicial treatment.
 - Performance Indicator 7.1.8: Maintains confidentiality and security in the sharing, transmission, storage, and management of protected health information.

CLINICAL NUTRITION EXPERIENCE MANAGEMENT

Planning and Scheduling

The Clinical Nutrition Experience is scheduled after students have completed preparatory course work. The following list summarizes the events that occur as the placements are made. Every effort is made to assign student placements five to six months prior to the start of clinical experience.

1. The practicum coordinator meets with students to discuss the experience, including time commitment, fees, sites used in the past, experience requirements, etc.
2. The practicum coordinator contacts the sites to verify continued placement opportunities for the students. Written agreements are negotiated between the facility and the University.
3. Students identify facility preferences.
4. The facility coordinator finalizes placements.
5. Students requiring housing submit applications through [Area Health Education Centers \(AHEC\)](#) (for North Carolina housing) or secure alternate housing.

6. Immunizations, background checks, and other onboarding documents/activities **required by individual sites** are completed by students. **These requirements are set by host facilities, NOT by the University, and are non-negotiable. Students who are not in compliance will not be permitted to complete their supervised practice hours.**

Time Commitment

The experience is a full-time, unpaid, supervised practice of approximately 400 hours (some work days/weeks might be a bit longer than others, based on the needs of the site). During each week, time is spent on site at the assigned clinical facility working under a registered dietitian. Hourly schedules may vary according to the dietitians' schedules. Students should plan to work holidays and some weekend hours if their hospital departments work these days; this will be determined by the site manager/preceptor.

In addition to 400 hours completed on site, time will be spent outside work hours completing the experience requirements. Time is not always available during the day to attend to these assignments and preceptors are not required to make time available. Instead, students should expect to complete these assignments at night and on the weekends. **With this time commitment in mind, working in addition to participation in the Experience is not recommended.**

Clinical Nutrition Experience Deliverables

Students will work in a variety of clinical nutrition settings within a hospital and will complete the following activities and assignments (deliverables) that introduce them to various staff and management functions. **All deliverables and their rubrics will be viewed and completed in [PRISM](#); detailed instructions can be found in PRISM under both the “Resources” and “Deliverables” tabs for the Clinical rotation. Copies of assessments can be found below in the Appendices, but please use the latest versions found in both PRISM Resources and PRISM Deliverables.**

- **MPH Practicum Learning Agreement:** Students will complete and submit this agreement during NUTR701. They will talk with their preceptors to develop this outline of their experience and required practicum products (Food Environment Assessment and Quality Improvement Project). Download the document [here](#) or from PRISM Resources (UNC Activities and Assignments).
- **Food Environment Assessment:** Students will explore demographic and socioeconomic disparities and challenges in their site's food environment by a) using photographs, mapping, and in-store assessments to understand and illustrate the county or community food environment, and b) utilizing systems thinking concepts and tools in the complex assessment of the community. Students will present this “snapshot” of the food environment to dietitians (and other staff as desired by the site) and will provide their data to the site for future use. Data will be used again in NUTR 723. See PRISM Resources for an example. Preceptors will complete an [assessment](#) to provide students with feedback on their performance; they will also complete an MPH Qualtrics evaluation to assess CEPH competencies.
- **Nutrition Education:** Students will provide nutrition education to patients, either in group classes (diabetes, cardiac care, etc.) or individually. Preceptors will complete an [assessment](#) to determine students' competency at providing nutrition education in lay terms (interpreting medical terminology), putting the patient at ease, providing appropriate patient handouts and resources, stimulating patient interest and engagement, correctly calculating patients' needs (as appropriate), making adjustments to recommendations based on client need, asking questions

of patients to ensure understanding, planning for follow-up and referring to other professionals as needed, charting accurately regarding the interaction, etc.

- **Electronic Medical Record Note:** Students will practice documentation skills in the electronic health record. Preceptors will complete an [assessment](#) to determine students' competency at writing nutrition notes, including their proficiency with formatting (ADIME, if used by facility), medical terminology and abbreviations, interpretation of lab values, assessing nutritional status, prioritization of problems, accurate diagnosis, writing a PES statement, recommending appropriate interventions and determining needs for monitoring and evaluation, etc. Preceptors will also answer final evaluation questions related to the associated ACEND performance indicator.
- **Quality Improvement Project:** Students will work with preceptors to identify and address a quality or performance improvement project that would benefit their site/staff. Students will develop or utilize tools to collect and analyze baseline data, to identify potential causes, and to recommend potential solutions to the problem. Students will then develop an action plan for improvement and will apply change management theories to address potential challenges to implementation. If possible, students may also implement, monitor, and/or measure changes. Preceptors will complete an [assessment](#) to determine students' competency in developing a QI initiative. They will also complete a final evaluation that assesses ACEND competencies regarding students' understanding of quality/performance initiatives in health care. See Foodservice Module 6 (Sakai and PRISM Resources) for information and tools for completing a QI project.
- **Case Study:** Students will prepare and present a patient case study to illustrate their understanding of the environmental, biological, and nutritional bases for disease as well as their ability to assess and recommend current evidence-based nutritional therapies for the disease. Preceptors will complete an [assessment](#) of the case study presentation and will complete CNE final evaluation questions pertaining to this. This assignment is generally the culminating experience for students—it is considered a “right of passage” for nearly all dietetics students!
- **Student Evaluation of Preceptor(s) and of Site (PRISM):** Students will complete an online evaluation of one or more of their site preceptors and of the site itself.

Students are responsible for preparing these assignments outside of clinical hours unless otherwise instructed by site preceptors. Site preceptors are responsible for assessing student performance on these assignments in addition to completing a final formal evaluation based on ACEND FEM Competencies and a separate evaluation based on Council on Education for Public Health (CEPH) Competencies.

Policies and Procedures

Site Selection

Clinical sites are primarily located throughout North Carolina; these vary annually depending upon the facilities' ability to work with students. Students are encouraged to make an appointment with the practicum coordinator to discuss preferences and special circumstances. Students may request an out-of-state placement. Every effort will be made to develop such a placement and to accommodate student requests; however, students may have to be placed in an alternate site. **All students should be prepared for possible placement outside of the Raleigh, Durham, Chapel Hill area.**

Onboarding Requirements

Liability Insurance

Liability insurance is provided through the department. Each site is given a Certificate of Insurance as evidence that students are covered.

Criminal Background Checks & Drug Screening

Facilities request criminal background checks and drug screening on students as they do for potential employees. Drug screens are performed by LabCorp; test results are reported to Castle Branch. Background checks are performed by Castle Branch, Inc. All results are kept in PRISM for verification by the site preceptor.

Immunizations, Health Care, and Insurance

All facilities require specific immunizations prior to the start of the experience that are the student's responsibility to obtain. Student health services can assist with this. Standard immunizations for all facilities include the following;

- Varicella (chickenpox) – 2 vaccines or positive titer test
- MMR (measles, mumps and rubella) – 2 vaccines or positive titer test
- DTaP (diphtheria, tetanus and pertussis/whooping cough) – 5 doses of the DTaP vaccine before age 7 or titer test
- Tdap (tetanus, diphtheria, and pertussis/whooping cough) – 1 booster vaccine every 10 years
- Hepatitis B – 3 vaccines or positive titer test
- Seasonal flu vaccination (annually)
- TB/PPD (tuberculosis skin screening) - 2-Step

Others that may be required by some facilities include, but are not limited to, hepatitis A, polio, and a physical exam. As noted in the MPH-RD Handbook, all students must maintain and provide proof of health insurance; all health care expenses are the responsibility of the student.

Attendance Policy

The length of the Clinical Nutrition Experience is based on the number of supervised practice hours required for licensure by the [North Carolina Board of Dietetics/Nutrition \(NCBDN\)](#). All students will track their time and submit timesheets provided in [PRISM](#). All missed time will need to be made up; this will be scheduled directly with and approved by the site preceptor. Failure to complete hours will lead to an incomplete supervised practice experience.

If a student is unable to work, she or he must notify the Practicum Coordinator and the Site Preceptor prior to the scheduled start time.

Dress Code

All students enrolled in the Clinical Nutrition Experience are expected to dress in a professional manner during duty hours at all facilities. The Department of Nutrition dress code is as follows:

1. Skirts, dresses or dress pants. (Skirt hemlines no more than 2” above the knee; pants to the ankle or longer.)
2. Short sleeved or long sleeved blouses or shirts. Tank tops, low-cut tops, t-shirts, and shirts with words/text/pictures are not permitted.
3. Hose, tights, or socks.
4. Closed toe and closed heel, non-slip shoes.
5. A clean and pressed lab coat (if the site uses lab coats).
6. Hair in a style that is out of the face and neatly groomed. Neatly trimmed sideburns, beard or moustache.

Students should talk with their preceptors regarding additional dress requirements (e.g. piercings, tattoos, jewelry, etc.). This dress code should be adhered to until the student learns the specific requirements for his or her site; if site requirements are different, the student may dress accordingly.

Roles and Responsibilities

The successful completion of the Clinical Nutrition Experience involves the active commitment of all involved: the practicum coordinators, the clinical site coordinators, the site preceptors, and the students. All parties involved should periodically review their responsibilities, below, and bring any concerns to the attention of the practicum coordinator. Should any concerns arise while onsite, please bring these to the attention of the practicum coordinator in a timely fashion.

Responsibilities of the Practicum Coordinator

The practicum coordinator is employed by the University and is responsible for the organization of the Clinical Nutrition Experience. Responsibilities include:

1. Developing and maintaining relationships with sites;
2. Assigning students to clinical sites that are felt to best meet the needs of both students and sites;
3. Providing the knowledge base for the field work through the didactic and interactive experiences in the classroom as well as through learning modules related to each clinical specialty;
4. Orienting preceptors and students to the purposes and objectives of the Experience;
5. Maintaining contact by telephone or personal visit to each field site (once per summer; more often upon request) to identify and resolve problems and assess the students’ performance and learning;
6. Providing support to students throughout their Experience;
7. Ensuring that all students have met site-specific onboarding requirements;
8. Ensuring that each student is covered by professional liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 aggregate;
9. Ensuring that students understand their responsibility for their own transportation, including parking at some sites, while involved in the learning experiences associated with the site;
10. Terminating an individual student's experience if his/her performance is shown to be detrimental to client welfare.

Responsibilities of the Clinical Site Coordinator

Clinical site coordinators are the main contact person at each facility. This is frequently the Clinical Nutrition Manager. Site coordinators are responsible for:

1. Obtaining administrative approval to supervise student(s) in the agency and communicating this in writing to practicum coordinator. Please contact practicum coordinators if an affiliation agreement or memorandum of understanding is required by the clinical site or agency. It can take two or more months to complete this process.
2. Reviewing Clinical Nutrition Experience orientation materials and participating in preceptor training, which will include an overview of all student assignments and evaluations.
3. Serving as a clinical nutrition role model for students: being an example to students in the areas of professionalism, confidentiality, and the role of the dietitian by following the Code of Ethics for the Profession of Dietetics.
4. Providing a 10-week clinical experience including
 - a. exposing the student to as many different clinical situations as possible;
 - b. offering opportunities to build student skill development in interviewing, assessment, counseling, teaching, and professional communication; and
 - c. helping the student to develop confidence by giving the student as much independence as he/she is capable of handling.
5. Providing notices of lectures, grand rounds meetings and conferences taking place at the facility that the student can attend; allowing students to attend these events if they do not conflict with the completion of daily responsibilities and are deemed educational experiences that will contribute to the student's growth.
6. Aiding the practicum coordinator with the establishment of the clinical experience and module objectives regarding feasibility, timeliness, and current relevance.
7. Addressing problems with the student as they arise; notifying the practicum coordinator if help is needed with problem resolution.
8. Providing feedback to the practicum coordinator both informally throughout the experience and formally at the site visit and final phone call regarding overall performance of the student and the student's ability to meet competencies by the end of the rotation.

Responsibilities of the Site Preceptor

Site preceptors are the individual dietitians who are responsible for covering a particular service, specialty, or area in the facility. In small facilities, this may be the same as the clinical site coordinator. Preceptors are responsible for:

1. Being an example to the student in the area of professionalism, confidentiality, and the role of the dietitian in the team approach to patient care by following the Code of Ethics for the Profession of Dietetics.
2. Introducing the student to the healthcare professionals on the team.
3. Reviewing with the student the modules completed for specialty areas and/or any site-specific training materials for specialty areas (renal, GI, etc.) to prepare the student for each rotation within the Experience.
4. Introducing and demonstrating skills and supervising the day-to-day activities of the student within their specialty area.

5. Providing the student with resources particular to each specialty to enrich the learning experience.
6. Progressively involving the student in their duties with the eventual transference of some responsibilities.
7. Providing ongoing informal feedback in a timely manner.
8. Meeting periodically with the clinical coordinator to review the progress of the student.

Responsibilities of the Student

Student responsibilities include:

1. Working with the practicum coordinator throughout the placement process, being responsive to coordinator communications and recommendations.
2. Applying for AHEC housing, as needed, AFTER being matched.
3. Maintaining appropriate health insurance throughout the experience.
4. Receiving the appropriate immunizations required by the facility prior to the start of the experience and being able to provide documentation that such has been received.
5. Conducting him/herself as a responsible and mature professional during the Clinical Nutrition Experience and complying with the site's code of conduct and standards for professionalism. The principles contained in the Code of Ethics for the Profession of Dietetics pertain to the student as well as the credentialed RD.
6. Arriving at his/her workstation in sufficient time to be prepared to start working at the assigned hour, and being considerate of others' space in shared workstations.
7. Complying with agency policies and procedures, including dressing appropriately to maintain a professional image while working in the hospital.
8. Participating in the day-to-day schedules of the preceptor including such things as days off, scheduled rounds, conferences and meetings—both within the department and outside the department if appropriate.
9. Participating in as many patient/dietitian/professional interactions as possible.
10. Welcoming and integrating feedback on student performance of patient-related experiences; accepting responsibility for time management, resource-finding, and quality performance.
11. Completing routine patient-related activities in a timely fashion, checking with the preceptor prior to documenting activities in the chart.
12. Planning for scheduled conferences with the dietitians during and/or at the end of each clinical specialty. Students may tactfully share their observations, impressions and concerns about the experience **as it progresses**.
13. Completing assignments made by the clinical site at appropriate times during the experience, and communicating to the preceptor any problems or situations that may interfere with completing any assigned work.
14. Referring to the MPH-RD handbook and orientation materials in [PRISM](#) for the Clinical Nutrition Experience to make sure that requirements are being met throughout.
15. Working with the dietitians on the selection of manageable case studies. Any information obtained from medical records during the course of work is confidential and may not be

disclosed to anyone not directly involved in the care of that patient. **For assignments, all patients are identified by initials only.**

16. Working with the site on the preparation of a quality improvement project so that the end result is of value to the site and the student.
17. Using time in an appropriate manner. Once the day-to-day activities are completed and special requests have been attended to, patient-related work may be addressed. Chart reading and data gathering for case studies should be done during the day when this material is available. **The gathering of book knowledge and working on modules should be done during off hours if there is no time in the working day for this.** Students should inform their preceptor about where they are going to be if they plan to be gone for an extended period of time to work on projects (example: a trip to the library to read or watch videotapes).
18. Phoning the preceptor before the expected arrival time on any morning when illness, bad weather or any emergency prevents the student from participating in the Clinical Nutrition Experience, as well as communicating this to the UNC Practicum Coordinator.

APPENDIX A: AHEC Housing

During the Public Health and Clinical Nutrition Experiences, students are responsible for the cost of their own travel, housing, and meals. The North Carolina Area Health Education Centers Program (AHEC) will provide some financial support to assist students with lodging expenses. NC AHEC student housing--short-term lodging in 50 towns/cities across the state--is available for health science students who are completing community-based rotations in NC. **Students wishing to use AHEC housing are encouraged to apply for AHEC housing as soon as they receive their practice site assignment. AHEC housing is not guaranteed and is assigned on a first-come, first-served basis.** Students are not required to use AHEC housing, and it is not meant to replace or serve as a permanent residence while students complete community rotations.

Students must apply for AHEC housing through <http://my.ncahec.net/>. Students will create a MyAHEC account and complete the housing application process online. Once the application is submitted, the local AHEC will contact students with further instructions. Most AHECs require a signed housing agreement and some may ask for a refundable housing deposit. When a student application is approved, the school will be billed for the use of AHEC housing (current rate of \$7.00 night). Please make sure the school is aware of any request for housing.

AHEC Cancellation Policy: The housing application must be cancelled at least 5 days prior to arrival date in order for the school not to be billed (cancellations can be made online). For cancellations that are less than 5 days out, students must contact the local AHEC directly (phone or email). Contact information for the local AHEC will be included in the initial housing confirmation or can be found on the MyAHEC site, student housing section, "Request Housing" page.

Complete details on NC AHEC Travel Guidelines for UNC-Chapel Hill Faculty, Staff, and Students can be found at <http://www.ncahec.net/about-nc-ahec/travel-guidelines/>.

APPENDIX B: Food Environment Assessment

Food Environment Presentation Assessment					
Student Name:					
County/Hospital:	<i>Poor</i>		<i>Avg</i>	<i>Excellent</i>	
	1	2	3	4	5
Presentation skills:					
Greeted and introduced self.					
Established group rapport.					
Used appropriate verbal communications (gestures, tone of voice, placement in front of group, etc.).					
Identified purpose of teaching session.					
Gave accurate information.					
Determined groups' understanding of information throughout the session.					
Elicited questions from group throughout the session.					
Evaluated group's overall understanding of information.					
Used appropriate visual aids: photographs and maps that illustrated issues of food access, availability, quality, type, etc.					
Made presentation within allotted time.					
Created presentation appropriate to target audience: tied food environment to challenges of home and hospital nutrition support.					
Presented information that was relevant to hospital.					
Offered call to action: what can hospital do to support community food environment?					
Content:					
Met CEPH Competency MPH07: Assess population needs, assets, and capacities that affect communities' health.					
Met CEPH Competency MPH19: Communicate audience-appropriate public health content, both in writing and through oral presentation					
Met CEPH Competency MPH22: Apply systems thinking tools to a public health issue.					
Met CEPH Nutrition Concentration Competency NUTR03: Evaluate how social, cultural, environmental and community factors impact dietary intake and nutrition related outcomes in individuals, families, and communities.					

Comments:

APPENDIX C: Nutrition Education Assessment

Nutrition Education Assessment					
Diet type:					
	<i>Poor</i>		<i>Avg</i>	<i>Excellent</i>	
	1	2	3	4	5
Has a clear understanding of the rationale for the diet order.					
Performed calculations accurately.					
Selected appropriate educational tools/materials.					
Put the patient at ease.					
Ensured appropriate counseling environment.					
Attempted to minimize distractions.					
Obtained missing data from patient.					
Stimulated patient interest in education.					
Encouraged patient questions.					
Used printed materials effectively.					
Used illustrations effectively.					
Adapted instruction to meet patient needs.					
Used appropriate language level. (<i>Performance Indicator 1.11.1: Interprets and communicates medical terminology to non-health professional audiences.</i>)					
Elicited patient feedback to determine comprehension.					
Corrected errors or misinterpretations.					
Emphasized most pertinent points accurately.					
Presented accurate information.					
Demonstrated initiative by proactively problem-solving with patient.					
Provided contact information for dietitian assistance/support.					
Referred patient to other professionals as appropriate when patient needs were outside scope of practice.					
Visited with patient following instruction.					
Recorded impressions and interventions in electronic health record.					
Overall evaluation of diet instruction:					

Comments:

APPENDIX D: Electronic Medical Record Note Assessment

Nutrition Note Assessment: Using the Electronic Medical Record					
Medical diagnosis:					
<i>Please leave blank only if not relevant to situation.</i>	<i>Poor</i>		<i>Avg</i>	<i>Excellent</i>	
	1	2	3	4	5
Note is clear, easy to understand.					
Note includes date, signature, credentials.					
Note is written in proper place in medical record.					
Note is written in ADIME format or format of facility.					
Note includes pertinent comments from patient, family, caregivers, etc.					
Note includes pertinent lab values, caloric intake, and other objective data.					
Note includes logical, individualized assessment of the patient's nutritional status.					
Note includes appropriate nutrition diagnosis with PES (problem, etiology, signs/symptoms) statement.					
Note includes intervention that prioritizes nutrition diagnosis, includes a nutrition prescription, and provides practical, individualized goals for the patient.					
Note includes method of patient and/or family education and feedback.					
Note includes recommended monitoring and follow-up evaluation.					
Note follows professional guidelines, guidelines required by healthcare system, and guidelines required by practice setting.					
Overall recording of nutrition care process with standardized nutrition language.					
Competencies Met:					
Competency 1.8: Applies knowledge of pharmacology to recommend, prescribe, and administer medical nutrition therapy.					
Competency 1.11: Applies knowledge of medical terminology when communicating with individuals, groups, and other health professionals.					
Performance Indicator 1.11.2: Uses acceptable medical abbreviations and appropriate medical terminology in all forms of communication.					
Performance Indicator 1.13.1: Analyzes appropriate data in electronic format to make best decisions related to nutrition and diet.					
Performance Indicator 1.13.2: Evaluates accuracy and reliability when accessing and evaluating nutrition information in electronic format.					
Performance Indicator 1.13.3: Operates nutrition informatics systems in practice.					
Performance Indicator 1.13.5: Proficiently uses technology and informatics skills to aggregate data, enhance practice and client/patient care.					

Strengths:

Areas to Strengthen (please comment on all scores lower than 4):

Other comments:

APPENDIX E: Quality Improvement Project Assessment

Quality Improvement Project Assessment					
Focus of project:					
	Poor		Avg	Excellent	
	1	2	3	4	5
Project was preceded by evaluation, analyzing reasons for variance from expected or desired outcomes. (<i>Performance Indicator 2.1.4</i>)					
Student utilized performance/quality improvement measurement tools to inform baselines and to identify root causes and potential solutions. (<i>Performance Indicator 5.4.2</i>)					
Student performed quality and performance improvement activities to measure, evaluate, and improve programs, services, products, and initiatives. (<i>Competency 5.4</i>)					
Student utilized and effectively analyzed appropriate data in development of project.					
Project had a clear goal and scope of work.					
Student selected appropriate quality indicators or outcome measurements (related to quality, productivity, service, economy, etc.) and benchmarks using evidence-informed practice. (<i>Performance Indicator 5.4.1</i>)					
Project involved development, communication, and implementation (when appropriate) of a quality or performance improvement action plan for further improvement. (<i>Performance Indicator 5.4.3</i>)					
Project included the application of change management theories and principles to guide change. (<i>Performance Indicator 5.4.5</i>)					
Project involved development, communication, and implementation (when appropriate) of an ongoing measuring and monitoring system to ensure continued quality or performance improvement. (<i>Performance Indicator 5.4.4</i>)					
Student showed initiative throughout the project.					
Key findings were relevant to the project rationale.					
Key findings were communicated professionally and effectively for the situation, whether orally, visually/graphically, or through written means.					
Project outcome was useful to the work team/department/institution.					
Project will be sustainable.					
OVERALL: Student was able to independently plan, develop and evaluate nutrition related health promotion/disease prevention services, products, programs, or interventions (including policy analysis) using appropriate evidence or data. (Nutrition Concentration Competency NUTR04)					
Comments					

APPENDIX F: Case Study Presentation Assessment

Case Study Presentation Assessment					
	<i>Poor</i>		<i>Avg</i>	<i>Excellent</i>	
	1	2	3	4	5
Organization and Content					
Introduction					
Organization and presentation of case timeline					
Application of evidence-based guidelines, systematic reviews, and scientific literature (e.g. Academy of Nutrition & Dietetics Evidence Analysis Library)					
Evaluation of emerging research and application to dietetics practice					
Use of ADIME format					
Conclusion and impact on current practice					
Visual aids (appropriateness and effectiveness)					
Knowledge of topic					
References cited					
Competencies Met:					
Competency 1.1: Applies understanding of environmental, molecular factors (e.g. genes, proteins, metabolites), and food in the development and management of disease.					
Competency 1.2: Applies understanding of anatomy, physiology, biochemistry.					
Competency 1.5: Applies knowledge of pathophysiology and nutritional biochemistry to physiology, health, and disease.					
Delivery					
Preparation and knowledge of materials					
Effectiveness of delivery					
Tone, pace, and volume					
Eye contact with audience					
Posture, gestures, and movement					

Comments (please explain any score lower than 4):

APPENDIX G: Final Competency Evaluation

Each preceptor will evaluate the student on the following ACEND competencies approximately 6 weeks into the experience and again at the end of the experience. Evaluations will be done either in person or by phone with the practicum coordinator from UNC. Students will be evaluated on the following 5 point scale, and students are expected to achieve a “5” (indicating their ability to perform without supervision) by the end of the experience. Students who do not achieve this level of practice will be provided with remediation experiences until they demonstrate professional competence.

5	DOES: The student is able to <u>function independently</u> in utilizing his or her knowledge of the competency in a professional setting.
4	SHOWS: The student is able to <u>demonstrate</u> that, under supervision, he or she can perform actions related to this competency based on his or her knowledge of the competency in a professional or classroom setting.
3	KNOWS HOW: The student <u>knows how</u> to use their knowledge of this function as a competent professional and has demonstrated this in a classroom setting.
2	KNOWS: The student <u>knows what</u> is required to carry out this function as a competent professional.
1	The student lacks adequate knowledge to practice and perform this function as a competent professional.

Food Environment Assessment

- CEPH Competency MPH07: Assess population needs, assets, and capacities that affect communities’ health.
- CEPH Competency MPH19: Communicate audience-appropriate public health content, both in writing and through oral presentation.
- CEPH Competency MPH22: Apply systems thinking tools to a public health issue.
- CEPH Competency NUTR03: Evaluate how social, cultural, environmental and community factors impact dietary intake and nutrition related outcomes in individuals, families, and communities.

Nutrition Education Evaluation

- Performance Indicator 1.11.1: Interprets and communicates medical terminology to non-health professional audiences. (5)

Electronic Medical Record Note Evaluation

- Competency 1.8: Applies knowledge of pharmacology to recommend, prescribe, and administer medical nutrition therapy. (5)
- Competency 1.11: Applies knowledge of medical terminology when communicating with individuals, groups, and other health professionals. (5)
 - Performance Indicator 1.11.2: Uses acceptable medical abbreviations and appropriate medical terminology in all forms of communication. (5)

- Performance Indicator 1.13.1: Analyzes appropriate data in electronic format to make best decisions related to nutrition and diet. (3)
- Performance Indicator 1.13.2: Evaluates accuracy and reliability when accessing and evaluating nutrition information in electronic format. (3)
- Performance Indicator 1.13.3: Operates nutrition informatics systems in practice. (5)
- Performance Indicator 1.13.5: Proficiently uses technology and informatics skills to aggregate data, enhance practice and client/patient care. (5)

Quality Improvement Project

- CEPH Competency NUTR04: Independently plan, develop and evaluate nutrition related health promotion/disease prevention services, products, programs, or interventions (including policy analysis) using appropriate evidence or data.
 - Performance Indicator 2.1.4: Conducts an evaluation of a product, program or service by analyzing reasons for variance from expected outcomes and implements new strategies as appropriate. (5)
- Competency 5.4: Leads quality and performance improvement activities to measure, evaluate, and improve programs, services, products, and initiatives. (5)
 - Performance Indicator 5.4.1: Identifies and communicates quality and/or performance improvement indicators and benchmarks using evidence-informed practice. (5)
 - Performance Indicator 5.4.2: Develops quality and/or performance improvement measurement tools and analyzes data to inform baselines and to identify root causes and potential solutions. (5)
 - Performance Indicator 5.4.3: Develops, implements, and communicates a quality and/or performance improvement action plan for further improvement and monitors impact. (5)
 - Performance Indicator 5.4.4: Develops, implements, and communicates an ongoing measuring and monitoring system to ensure ongoing quality and performance improvement. (5)
 - Performance Indicator 5.4.5: Applies change management theories and principles to effectively implement change. (5)

Case Study Evaluation

- Competency 1.1: Applies understanding of environmental, molecular factors (e.g. genes, proteins, metabolites), and food in the development and management of disease. (3)
- Competency 1.2: Applies understanding of anatomy, physiology, biochemistry. (3)
- Competency 1.5: Applies knowledge of pathophysiology and nutritional biochemistry to physiology, health, and disease. (3)

Overall Performance

- Competency 1.13: Demonstrates computer skills and uses nutrition informatics in the decision making process. (3)
 - Performance Indicator 2.2.4: Prioritizes care based on results of screening considering complexity of care needs. (5)
- Competency 2.3: Utilizes the nutrition care process with individuals, groups, or populations in a variety of practice settings. (5)
- Competency 2.4: Implements or coordinates nutritional interventions for individuals, groups, or populations. (5)

- Performance Indicator 2.4.3: Applies foundational science knowledge and medical nutrition therapy principles to establish, order, manage, and evaluate the need for nutrition support when prescribing and administering nutritional oral, enteral, and parenteral diets. (5)
- Performance Indicator 2.4.4: Considers and applies all relevant factors when recommending the use of oral nutritional supplements. (5)
- Performance Indicator 2.4.9: Develops and provides evidence-informed nutritional wellness and therapeutic diet education to a variety of audiences. (5)
- Competency 2.5: Prescribes, recommends, and administers nutrition-related pharmacotherapy. (5)
 - Performance Indicator 2.5.5: Critically analyzes the potential negative effects of the nutrition therapy or supplement and determines the required knowledge, skill and judgment required to manage negative outcomes. (5)
 - Performance Indicator 2.5.9: Monitors the response and the effects of the nutrition related drugs on the individual and takes the required action to make modifications or adjustments. (5)
- Competency 6.1: Incorporates critical thinking skills in practice. (5)
- Competency 6.3: Applies current research and evidence-informed practice to services. (5)
- Competency 7.1: Assumes professional responsibilities to provide safe, ethical, and effective nutrition services. (5)
 - Performance Indicator 7.1.3: Adheres to nutrition related legislation, regulations, and standards of practice. (5)
 - Performance Indicator 7.1.4: Applies client/patient-centered principles to all activities and services. (5)
 - Performance Indicator 7.1.5: Identifies and takes steps to manage unethical, incompetent and unsafe behavior. (5)
 - Performance Indicator 7.1.6: Practices in a manner that respects diversity and avoids prejudicial treatment. (5)
 - Performance Indicator 7.1.8: Maintains confidentiality and security in the sharing, transmission, storage, and management of protected health information. (5)