



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Nutrition

**MPH-Nutrition and Dietetics Program
Clinical Nutrition Experience**

Handbook for Students and Preceptors

2021 Cohort: FEM Standards

Practicum Coordinators:

Amanda Holliday, MS, RD, LDN
Program Director
Clinical Associate Professor, Department of Nutrition and Medicine
Office: 2211 McGavran-Greenberg
Phone: 919.966.7214
amanda_holliday@unc.edu

Beth Jenks, MS, RD, LDN
Assistant Program Director and Instructor
Office: 2217-B McGavran-Greenberg
Phone: 919.333.4314
beth_jenks@unc.edu

Seema Agrawal, EdD, MS, RD, LDN
Clinical Assistant Professor
Office: 2221 McGavran-Greenberg
Phone: 919.843.2476
seema.agrawal@unc.edu

Melissa Walter, MPH, RDN, LDN
Instructor, Program Coordinator, and PRISM Director
Office: 2216B McGavran-Greenberg
Phone: 919.649.2384
melissawalter@unc.edu

PACE Division Administration Manager

Tammy Elliott
Office: 2217A McGavran Greenberg Hall
Phone: 919.966.7344
Fax: 919.966.7216
tammy_elliott@unc.edu

Onboarding Specialist

David Gaviria, MPH, RDN, LDN
Office: 2221 McGavran-Greenberg
Phone: 321.848.1884
dgaviria@live.unc.edu

PRISM Technical Support: melissawalter@unc.edu

TABLE OF CONTENTS

OVERVIEW OF THE CLINICAL NUTRITION EXPERIENCE	3
Purpose of the Clinical Nutrition Experience	3
Goals of the Clinical Nutrition Experience	3
Core Knowledge and Competencies	3
CLINICAL NUTRITION EXPERIENCE MANAGEMENT	4
Planning and Scheduling	4
Time Commitment	4
COVID-19 Program Modifications for Students	5
Clinical Nutrition Experience Requirements and Deliverables	5
Policies and Procedures	8
Site Selection	8
Onboarding Requirements	8
Attendance Policy	9
Dress Code	9
Roles and Responsibilities	10
Responsibilities of the Practicum Coordinator	10
Responsibilities of the Clinical Site Coordinator	11
Responsibilities of the Site Preceptor	11
Responsibilities of the Student	12
APPENDIX A: AHEC Housing	14
APPENDIX B: PRISM for Preceptors	15
APPENDIX C: Food Environment Assessment	16
APPENDIX D: Nutrition Education Assessment	18
APPENDIX E: Electronic Medical Record Note Assessment	20
APPENDIX F: Quality Improvement Project Assessment	22
APPENDIX G: Case Study Presentation Assessment	24
APPENDIX H: Midpoint Competency Evaluation	26
APPENDIX I: Final Competency and Performance Evaluation	30
APPENDIX J: Checklists for Students and Preceptors	36

OVERVIEW OF THE CLINICAL NUTRITION EXPERIENCE

The Clinical Nutrition Experience (CNE) is one of four distinct supervised practice experiences in the MPH-Nutrition and Dietetics Program. It includes 400 hours of unpaid, registered dietitian-supervised practice within a hospital. The CNE is scheduled after preparatory coursework including one semester of medical nutrition therapy, nutrition counseling and communication skills, patient-focused simulations, pre-practicum preparation, and other relevant clinical training.

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 practice 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®).
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 their ability to accept increasing responsibility for patient care over time.

Core Knowledge and Competencies

The competencies taught in the Clinical Nutrition Experience 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 simulation activities, field assignments, and a final preceptor evaluation.

A midpoint [competency evaluation](#) will be completed by the preceptor in PRISM at the end of week five of the student's clinical training. This will be reviewed by the practicum coordinator from UNC to ensure that any questions or concerns are addressed and that the student is on track to meet all competencies. This evaluation will be shared with the student. The preceptor will then complete the same competency evaluation, as well as the assessment of additional performance measures, at the end of the field experience to assess the student's growth and competence to practice. Students will be evaluated on a 5 point scale with each score indicating the level at which the student is able to perform. The preceptor and student should use this as an opportunity to discuss the student's strengths and opportunities for growth. **Students who do not achieve the required level of practice for each competency will be provided with remediation opportunities until they demonstrate professional competence.**

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.

1. The practicum coordinator meets with students, as a group, 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. The facility coordinator finalizes placements.
4. Students requiring housing submit applications through [Area Health Education Centers \(AHEC\)](#) (for North Carolina housing) or secure alternate housing.
5. 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.

Students should discuss with their practicum coordinator any requests for significant alterations in schedules or time off PRIOR to making this request of the 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.**

COVID-19 Program Modifications for Students

Nearly all supervised practice sites in NC, and most outside the state, require COVID vaccines and boosters. Please load to PRISM a copy of your vaccine card, including any booster(s) you have received. If you have received a vaccine or booster OTHER than Johnson & Johnson, Moderna, or Pfizer (such as Novavax, Astrazeneca, Sinema, or others), please upload proof of vaccination AND inform Amanda Holliday. Also see Amanda with any questions or if you are unable to be vaccinated for health reasons. Students who choose not to be vaccinated may be unable to complete the program if they are unable to locate alternate placement sites.

Per [ACEND®](#), students have frequently been unable to complete their rotations at various practice sites due to COVID-19. The impact of COVID-19 will be seen for some time, potentially resulting in some continued loss of practice sites 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.

Finally, as this handbook is written we continue to be in the midst of a global pandemic. **All enrolled students must follow masking requirements of their counties and field experience sites.** This requirement is to protect both you and your colleagues, clients, and patients. If you disregard mask requirements of your site, or you wear your mask improperly, you may be asked to leave your site. Students who have an authorized accommodation from Accessibility Resources and Services (ARS) may have an exception. For additional information, see the [Carolina Together website](#).

Clinical Nutrition Experience Requirements and 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 will be viewed and completed in UNC's [PRISM](#) competency tracking software; detailed instructions and rubrics can be found in each student's PRISM CNE folder.** Copies of deliverable evaluations for your review can be found in the Appendices; preceptors will complete these electronically in PRISM. **Preceptors, see [Appendix B](#) for guidelines on accessing student information and evaluations within your PRISM account.**

1. Time sheet: On their first day, students will download the [timesheet](#) included in PRISM deliverables. They will complete it daily, have it signed by the preceptor at the end of the rotation, and submit it to PRISM deliverables by the last day of the experience. Time taken for lunch is not counted toward field experience hours.

2. Food Environment Assessment (Appendix C): To meet [CEPH](#) requirements, students must demonstrate attainment of at least five competencies in the applied practice experience, with a minimum of two work products. In this first product, 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. See PRISM Resources for an example. Presentation slides and the completed assessment are to be uploaded to PRISM deliverables by the student. Preceptors will evaluate students in PRISM and provide them with feedback on their performance.
 - *CEPH Competency MPH07: Assess population needs, assets, and capacities that affect communities' health.*
 - *CEPH Competency MPH20: 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 Nutrition Concentration Competency NUTR03: Evaluate how social, cultural, environmental and community factors impact dietary intake and nutrition related outcomes in individuals, families, and communities.*
 - *ACEND® Competency 1.6: Applies knowledge of social, psychological, and environmental aspects of eating and food.*
 - *ACEND® Performance Indicator 1.6.4: Analyzes the environmental factors affecting access to services and/or adequate nutrition.*

3. Nutrition Education (Appendix D): Students will provide nutrition education to patients, either in group classes (diabetes, cardiac care, etc.) or individually. Preceptors will evaluate students in PRISM to determine students' competence 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.
 - *ACEND® Performance Indicator 1.11.1: Interprets and communicates medical terminology to non-health professional audiences.*

4. Electronic Medical Record Note (Appendix E): Students will practice documentation skills in the electronic health record. Preceptors will evaluate students in PRISM to determine students' competency at writing nutrition notes, including their proficiency with formatting (ADIME, if used by facility), medical terminology and abbreviations, interpreting 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.

- *ACEND® Performance Indicator 1.4.2: Integrates nutritional biochemistry knowledge to make informed food and nutrition decisions for optimal health.*
- *ACEND® Competency 1.8: Applies knowledge of pharmacology to recommend, prescribe, and administer medical nutrition therapy.*
- *ACEND® Competency 1.11: Applies knowledge of medical terminology when communicating with individuals, groups, and other health professionals.*
- *ACEND® Performance Indicator 1.11.2: Uses acceptable medical abbreviations and appropriate medical terminology in all forms of communication.*
- *ACEND® Performance Indicator 1.13.1: Analyzes appropriate data in electronic format to make best decisions related to nutrition and diet.*
- *ACEND® Performance Indicator 1.13.2: Evaluates accuracy and reliability when accessing and evaluating nutrition information in electronic format.*
- *ACEND® Performance Indicator 1.13.3: Operates nutrition informatics systems in practice.*
- *ACEND® Performance Indicator 1.13.5: Proficiently uses technology and informatics skills to aggregate data, enhance practice and client/patient care.*
- *ACEND® Performance Indicator 2.3.26: Documents all elements of the nutrition care process following professional standards and organizational policies.*

5. Quality Improvement Project (Appendix F): In this second [CEPH](#) product, 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, identify potential causes, and 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 evaluate students in PRISM to provide feedback on students' competency in developing a QI initiative. See *Foodservice Module 5 (NUTR 701)* for information and tools for completing a QI project.

- *ACEND® 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.*
- *ACEND® Competency 5.4: Leads quality and performance improvement activities to measure, evaluate, and improve programs, services, products, and initiatives.*
- *ACEND® Performance Indicator 5.4.1: Identifies and communicates quality and/or performance improvement indicators and benchmarks using evidence-informed practice.*
- *ACEND® 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.*
- *ACEND® Performance Indicator 5.4.3: Develops, implements, and communicates a quality and/or performance improvement action plan for further improvement and monitors impact.*
- *ACEND® Performance Indicator 5.4.4: Develops, implements, and communicates an ongoing measuring and monitoring system to ensure ongoing quality and performance improvement.*

6. Case Study (Appendix G): 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 a PRISM evaluation of the case study presentation. This assignment is generally the culminating experience for students—it is considered a “right of passage” for nearly all dietetics students!

- *ACEND® Competency 1.1: Applies understanding of environmental, molecular factors (e.g. genes, proteins, metabolites), and food in the development and management of disease.*
- *ACEND® Competency 1.2: Applies understanding of anatomy, physiology, biochemistry.*
- *ACEND® Competency 1.5: Applies knowledge of pathophysiology and nutritional biochemistry to physiology, health, and disease.*
- *ACEND® Performance Indicator 2.3.19: Monitors and evaluates impact of nutrition intervention on the nutrition diagnosis.*

- ACEND® Performance Indicator 2.3.20: Develops and applies nutrition care outcome indicators to measure nutrition intervention.
- ACEND® Performance Indicator 2.3.23: Summarizes impact of nutrition interventions on client/patient's nutrition outcomes, considering client/patient-centered care.
- ACEND® Performance Indicator 2.3.24: Identifies, analyzes and communicates reasons for deviation from expected nutrition outcomes.
- ACEND® Performance Indicator 6.3.3: Integrates current research and evidence-informed practice findings into delivery of safe and effective nutrition care.
- ACEND® Performance Indicator 6.3.4: Analyzes and formulates a professional opinion based on the current research and evidence-based findings and experiential learning.

7. Student Evaluation of Rotation, Site, and Preceptor(s) (PRISM): Students will complete [this online evaluation](#) of one or more of their site preceptors, their site, and the rotation overall.

After gathering data onsite, students are responsible for preparing these assignments outside of hospital hours unless otherwise instructed by site preceptors. Site preceptors are responsible for assessing student performance on these assignments (see Appendices) in addition to completing a [midpoint](#) and a [final competency and performance evaluation](#) based on ACEND® FEM Competencies. Successful completion of the Clinical Nutrition Experience will only be considered when all assignments are completed, performance evaluations/assessments are completed, and students have met competencies at the ACEND®-required levels.

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 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 or similar entities. Background checks are performed by Castle Branch or similar. 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
- Influenza – annually
- TB/PPD (tuberculosis skin screening) – 2-step or QuantiFERON-TB Gold
- COVID-19

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-Nutrition and Dietetics Program Handbook, all students must maintain and provide proof of health insurance; all health care expenses are the responsibility of the student. We encourage students to check the end date of their health insurance to be sure that coverage is provided through the end of the experience. Previously, the student health plan has expired prior to the end of the experience.

Attendance Policy

The Clinical Nutrition Experience contributes to the number of supervised practice hours required for licensure by the [North Carolina Board of Dietetics/Nutrition \(NCBDN\)](#). Students residing in states requiring more than 1000 supervised practice hours for licensure should bring this to the attention of their practicum coordinator. **If you plan to work outside of NC, please check your [state's licensure requirements](#).**

All students will track their time and submit timesheets provided in [PRISM](#). All time missed (due to illness, holidays, vacation, or other) 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, they 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 mustache.

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 their 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. Ensuring that all students have met site-specific onboarding requirements;
6. Ensuring that each student is covered by professional liability insurance in the amount of \$2,000,000 per occurrence and \$4,000,000 aggregate;
7. 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;
8. Providing support to students throughout their Experience;
9. 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;
10. Terminating an individual student's experience if their performance is shown to be detrimental to client or patient welfare or to the organization.

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 the 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, includes 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 they are 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 provide educational experiences that will contribute to the student's growth.
6. Addressing problems with the student as they arise; notifying the practicum coordinator if help is needed with problem resolution.
7. 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 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 oneself 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 registered dietitian.
6. Arriving at their 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. 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.**
15. 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.
16. Referring to this Handbook for the Clinical Nutrition Experience to make sure that requirements are being met throughout.
17. Using time in an appropriate manner. Once the day-to-day activities are completed and special requests have been attended to, and patient-related work completed, other required deliverables/project 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 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.

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, Clinical, and Advanced Nutrition Experiences, students are responsible for the cost of their own travel, housing, and meals. NC Area Health Education Center (AHEC) student housing—short-term lodging in 50 towns/cities across North Carolina—is available for health science students who are completing community-based rotations in NC if their site is more than 50 miles from Chapel Hill. The North Carolina Area Health Education Centers Program (AHEC) will provide some financial support to assist students with lodging expenses. **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. If students are asked to pay for AHEC housing, please reach out to Tammy Elliott. The student should not pay for AHEC housing from personal funds.

AHEC Cancellation Policy: The housing application must be canceled 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 your initial housing confirmation or can be found on the MyAHEC site, student housing section, “Request Housing” page.

Complete details can be found at [NC AHEC Travel Guidelines for UNC-Chapel Hill Faculty, Staff, and Students](#).

APPENDIX B: PRISM for Preceptors

For more detailed instructions with images, see [here](#).

Preceptor Quick Set-Up

1. Log in at <https://unc.myprisononline.com>. Click “Forgot your password?” and enter your email address. You will receive a password reset email that is good for one hour. *If you receive an error message, please contact melissawalter@unc.edu.*
2. View the students you are working with currently or have worked with previously.
3. Click on the “edit” button to the right of student evaluations to complete competency evaluations.

Completing Evaluations

You will assess your students on all ACEND® and CEPH competencies and performance indicators as well as additional performance measures that UNC’s program has mapped to this supervised experiential learning (rotation). For each assessment, unless otherwise noted, you will use the following “Knows, Shows, or Does” scale, as defined by ACEND® to determine the level at which each student is able to perform. **Please note that, unlike a Likert scale (a numerical scale on which student work is typically rated from unacceptable/poor through outstanding/exceptional), the numbers in the scale simply represent the prescribed definitions of competence. Therefore, not every student is striving for a “5” (DOES) on every competency; some competencies—such as those related to book learning or things that are assessed via a quiz rather than implementation of knowledge—may only be relevant and measured at a “3” (KNOWS).**

- 5 DOES: The student is able to perform the described action in an artificial or work situation.
- 4 SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
- 3 KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
- 2 The student lacks adequate knowledge to practice and perform this function as a competent professional.
- 1 The student did not have the opportunity to address this competency at this site.

You will have the opportunity to comment on each student’s performance related to the competencies, noting special projects the student worked on, unique experiences, areas of strength, needs for improvement, etc. You may also use this space to note any challenges your site may have had in providing the opportunity for the student to meet this competency.

To complete the evaluation, scroll down below the student’s profile information and select the blue **Edit** button next to the evaluation you wish to complete. You may start and stop the evaluation; it will not be submitted until you “Finalize” the evaluation. After the evaluation is complete, the button will say **View** and students will be able to see your evaluation and comments.

APPENDIX C: Food Environment Assessment

Students will assess the food environment of their field site and share their findings with their work team. Preceptor: Please use the questions below to evaluate the student's presentation of their food environment assessment. **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale.** The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.

You will have the opportunity to score AND comment on each measure in PRISM; please explain any scores lower than 4 and feel free to comment on student strengths or areas for improvement.

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Food Environment Presentation Assessment					
Student:					
Site/Preceptor:					
County/Community:					
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excep- tional
Performance Evaluation					
Created a presentation appropriate to the target audience, tying the food environment to nutrition challenges of the community and host site.					
Designed an engaging or attention-getting introduction that identified the purpose of the teaching session and established a framework for the remainder of the presentation.					
Designed a presentation, handout, brochure, or other communication that had a clear message.					
Maintained eye contact with the audience and was appropriately animated (gestures, moving around, etc.).					
Used a clear, audible voice.					
Used good language skills and accurate pronunciation.					
Defined any technical terms and used language appropriate for the target audience.					

Gave accurate, evidence-based information that was relevant to the overall purpose of the presentation, handout, or other literature.					
Used appropriate visual aids that were relevant, well-prepared, informative, effective, not distracting. <i>Powerpoint, photos, maps, etc.</i>					
Demonstrated the importance of cultural humility in communicating nutrition and public health content.					
Presented information in a logical sequence.					
Key findings were communicated professionally and effectively for the situation, whether orally, visually/graphically, or through written means.					
Presented within allotted time.					
Identified potential applications for current or future practice.					
CEPH Competency Evaluation	1 Poor	2 Fair	3 Good	4 Very Good	5 Excep- tional
CEPH Competency MPH07: Assess population needs, assets, and capacities that affect communities' health.					
CEPH Competency MPH20: 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 Nutrition Concentration Competency NUTR03: Evaluate how social, cultural, environmental and community factors impact dietary intake and nutrition related outcomes in individuals, families, and communities.					
ACEND® Competency Evaluation	1	2	3 Knows	4 Shows	5 Does
Competency 1.6: Applies knowledge of social, psychological, and environmental aspects of eating and food. (4)					
Competency 1.6.4: Analyzes the environmental factors affecting access to services and/or adequate nutrition. (4)					

APPENDIX D: Nutrition Education Assessment

Students will provide nutrition education to patients, either in group classes (diabetes, cardiac care, etc.) or individually. Preceptor: Please use the questions below to evaluate the student's level of competence in providing nutrition education. **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale. The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.**

You will have the opportunity to score AND comment on each measure in PRISM; please explain any scores lower than 4 and feel free to comment on student strengths or areas for improvement.

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Nutrition Education Assessment					
Student:					
Site/Preceptor:					
Diet Type:	1 Poor	2 Fair	3 Good	4 Very Good	5 Exceptional
Performance Evaluation					
Made an effort to ensure an appropriate counseling environment. <i>(privacy, confidentiality, lack of noise/distraction, etc.)</i>					
Put the patient (or group) at ease.					
Obtained missing data from the patient, when applicable. <i>(e.g., family, social, medical, socioeconomic, other factors influencing diet)</i>					
Briefly explained the rationale for the diet order (e.g., how a low sodium diet will improve the patient's disease progression, outcomes, and/or quality of life).					
Adapted instruction to meet patient (or group) needs.					
Maintained eye contact and was appropriately animated (gestures, moving around, etc.).					
Used a clear, audible voice.					

Used good language skills and accurate pronunciation.					
Defined any technical terms and used language appropriate for the target audience.					
Presented information in a logical sequence.					
Selected appropriate educational tools/materials and used them effectively.					
Encouraged patient (or group) questions.					
Was well-prepared to answer questions about the topic. <i>Was literature reviewed prior to patient education?</i>					
Presented conclusion with clear summary of material.					
Elicited patient (or group) feedback to determine comprehension.					
Addressed patient misconceptions about health and nutrition.					
Demonstrated initiative by proactively problem-solving with the patient.					
Demonstrated the importance of cultural humility in communicating nutrition and public health content.					
Provided contact information for dietitian assistance/support.					
Referred patient to other professionals as appropriate when patient needs were outside scope of practice .					
Recorded impressions and interventions in electronic health record, when appropriate.					
Overall evaluation of diet instruction.					
ACEND® Competency Evaluation	1	2	3 Knows	4 Shows	5 Does
ACEND® Performance Indicator 1.11.1: Interprets and communicates medical terminology to non-health professional audiences. (5)					

APPENDIX E: Electronic Medical Record Note Assessment

Students will practice documentation skills in the electronic health record. Preceptor: Please review several student chart notes using the questions below to evaluate the student's use of the EHR/EMR as a nutrition informatics tool, assessing their ability to chart using ADIME (or other facility) format, proper calculations, clear and appropriate medical terminology, and other measures noted. **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale. The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.**

You will have the opportunity to score AND comment on each measure in PRISM; please explain any scores lower than 4 and feel free to comment on student strengths or areas for improvement.

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Nutrition Informatics: Using the Electronic Medical Record					
Student:					
Site/Preceptor:					
	1 Poor	2 Fair	3 Good	4 Very Good	5 Excep- tional
Performance Evaluation					
Wrote clear, easy to understand note.					
Included date, signature, and credentials.					
Wrote note in the proper place in the medical record.					
Wrote note in ADIME format or the format of the facility.					
Communicated key findings professionally and effectively for the situation, whether orally, visually/graphically, or through written means.					
Included pertinent comments from the patient, family, caregivers, etc.					
Obtained missing data from the patient, when applicable.					
Included pertinent lab values, caloric intake, and other objective data.					
Performed calculations accurately.					

Included logical, individualized assessment of the patient's nutritional status.					
Included appropriate nutrition diagnosis with PES (problem, etiology, signs/symptoms) statement.					
Included intervention that prioritized nutrition diagnosis, included a nutrition prescription, and provided practical, individualized goals for the patient.					
Referred patient to other professionals as appropriate when patient needs were outside scope of practice.					
Recorded impressions and interventions in electronic health record.					
Overall recording of nutrition care process with standardized nutrition language.					
ACEND® Competency Evaluation	1	2	3 Knows	4 Shows	5 Does
Performance Indicator 1.4.2: Integrates nutritional biochemistry knowledge to make informed food and nutrition decisions for optimal health. (4)					
Competency 1.8: Applies knowledge of pharmacology to recommend, prescribe, and administer medical nutrition therapy. (4)					
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. (4)					
Performance Indicator 1.13.2: Evaluates accuracy and reliability when accessing and evaluating nutrition information in electronic format. (4)					
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)					
Performance Indicator 2.3.26: Documents all elements of the nutrition care process following professional standards and organizational policies. (5)					

APPENDIX F: Quality Improvement Project Assessment

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, identify potential causes for, and 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. Student: Upload your work (PDSA, tools, written reports or presentations, etc.) to PRISM deliverables. Preceptor: Please use the questions below to evaluate the student's level of competence in addressing quality or performance improvement (you will complete this evaluation in PRISM). **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale. The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.**

You will have the opportunity to score AND comment on each measure in PRISM; please explain any scores lower than 4 and feel free to comment on student strengths or areas for improvement.

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Quality Improvement Project Assessment					
Student:					
Site/Preceptor:					
Focus of project:	1 Poor	2 Fair	3 Good	4 Very Good	5 Exceptional
Performance Evaluation					
Had a clear goal and scope of work.					
Utilized and effectively analyzed appropriate data in development of project.					
Showed initiative throughout the project.					
Presented key findings that were relevant to the project rationale/goals.					
Communicated key findings professionally and effectively for the					

situation, whether orally, visually/graphically, or through written means.					
Cited references consistently throughout, in either APA or AMA format.					
CEPH Competency Evaluation	1 Poor	2 Fair	3 Good	4 Very Good	5 Excep- tional
CEPH Nutrition Concentration Competency NUTR04: 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.					
ACEND® Competency Evaluation	1	2	3 Knows	4 Shows	5 Does
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 5.4.3: 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)					

APPENDIX G: Case Study Presentation Assessment

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. Preceptor: Please use the questions below to evaluate the student's level of competence in preparing and presenting a case study. **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale. The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.**

You will have the opportunity to score AND comment on each measure in PRISM; please explain any scores lower than 4 and feel free to comment on student strengths or areas for improvement.

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Case Study Presentation Assessment					
Student:					
Site/Preceptor:					
Topic/Case:	1 Poor	2 Fair	3 Good	4 Very Good	5 Excep- tional
Performance Evaluation					
Designed an engaging or attention-getting introduction that identified the purpose of the teaching session and established a framework for the remainder of the presentation.					
Maintained eye contact with the audience and was appropriately animated (gestures, moving around, etc.).					
Used a clear, audible voice.					
Used good language skills and accurate pronunciation.					
Gave accurate, evidence-based information that was relevant to the overall purpose of the presentation, handout, or other literature.					
Used ADIME format or format of facility.					

Explained the rationale for the diet order.					
Performed calculations accurately.					
Defined any technical terms and used language appropriate for the target audience.					
Communicated key findings professionally and effectively for the situation, whether orally, visually/graphically, or through written means.					
Identified potential applications for current or future practice.					
Was well-prepared to answer questions about the topic.					
Used appropriate visual aids that were relevant, well-prepared, informative, effective, not distracting. <i>Powerpoint, illustrations, graphs, etc.</i>					
Presented within allotted time.					
Demonstrated the importance of cultural humility in communicating nutrition and public health content.					
Cited references consistently throughout, in either APA or AMA format.					
ACEND® Competency Evaluation	1	2	3 Knows	4 Shows	5 Does
Competency 1.1: Applies understanding of environmental, molecular factors (e.g. genes, proteins, metabolites), and food in the development and management of disease. (4)					
Competency 1.2: Applies understanding of anatomy, physiology, biochemistry. (4)					
Competency 1.5: Applies knowledge of pathophysiology and nutritional biochemistry to physiology, health, and disease. (4)					
Performance Indicator 2.3.19: Monitors and evaluates impact of nutrition intervention on the nutrition diagnosis. (5)					
Performance Indicator 2.3.20: Develops and applies nutrition care outcome indicators to measure nutrition intervention. (5)					
Performance Indicator 2.3.23: Summarizes impact of nutrition interventions on client/patient's nutrition outcomes, considering client/patient-centered care. (5)					
Performance Indicator 2.3.24: Identifies, analyzes and communicates reasons for deviation from expected nutrition outcomes. (5)					
Performance Indicator 6.3.3: Integrates current research and evidence-informed practice findings into delivery of safe and effective nutrition care. (5)					
Performance Indicator 6.3.4: Analyzes and formulates a professional opinion based on the current research and evidence-based findings and experiential learning. (5) <i>Application of evidence-based guidelines, systematic reviews, and scientific literature (e.g. Academy of Nutrition & Dietetics Evidence Analysis Library)</i>					

APPENDIX H: Midpoint Competency Evaluation

At the end of week five of the student’s clinical field experience, preceptors will complete the following evaluation in PRISM to provide competency feedback to students. Preceptors will also have the opportunity to describe learning opportunities available to the student, competencies that cannot be met at the site, challenges the student(s) are facing, and/or special student achievements. Students will see preceptor responses after the evaluation has been finalized in PRISM; preceptors should also take time to review the assessment with the student and provide additional feedback. **Responses will be based on ACEND®’s evaluation scale (Knows, Shows, and Does) for Future Education Model programs.**

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Midpoint Competency Evaluation					
Student:					
Site/Preceptor:					
ACEND® Evaluation/Overall Performance: Do NOT leave blank. Required level of performance on competencies and performance indicators (PIs) noted in parentheses; students will be provided with remediation until all are met at the level required by ACEND®.					
	1	2	3 Knows	4 Shows	5 Does
Competency 1.13: Demonstrates computer skills and uses nutrition informatics in the decision making process. (5)					
Performance Indicator 2.2.3: Leads the implementation of nutrition screening tools in collaboration with other health professionals. (5)					
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)					
Performance Indicator 2.3.21: Assesses client/patient's compliance with nutrition intervention. (5)					
Performance Indicator 2.3.22: Identifies barriers to meeting client/patient's nutrition goals and makes recommendations to modify the nutrition plan of care or nutrition intervention, and communicates changes to client/patient and others. (5)					
Performance Indicator 2.3.25: Evaluates the availability of services to support access to nutrition care and to help meet client/patient nutrition goals. (5)					

Competency 2.4: Implements or coordinates nutritional interventions for individuals, groups, or populations. (5)					
Performance Indicator 2.4.1: Manages medical nutrition therapy for clients/patients. (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 2.4.5: Refers/transfers care to relevant professionals when client/patient needs or required interventions are beyond personal competence or professional scope of practice. (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. (4)					
<i>Prescribing and administering pharmacotherapy (medical treatment using pharmaceutical products) is outside the scope of the dietitian. However, the Academy of Nutrition and Dietetics' position paper, Integration of Medical Nutrition Therapy and Pharmacotherapy (https://www.jandonline.org/article/S0002-8223(10)00422-0/fulltext), encourages "a team approach in which an RD brings expertise in food and nutrition and a pharmacist brings expertise in medications." At what level (knows, shows, does) was the student able to demonstrate understanding of or participate with the medical/pharmaceutical team regarding interactions between medical nutrition therapy and pharmacotherapy? If your hospital/facility allows dietitians to recommend or prescribe oral supplements (Nestle/Abbott, Ensure/Boost, vitamins/minerals, etc.) or enteral nutrition, you may also evaluate the student on this use of nutrition-related pharmacotherapy.</i>					
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. (4)					
Performance Indicator 2.5.6: Prescribes, recommends, and administers nutrition related pharmacotherapy adhering to the professional standards and evidence-informed practice. (4)					
<i>This duplicates the evaluation of competency 2.5, per ACEND®. Please simply enter the same score that you entered for competency 2.5; you do not need to comment on this. Thank you!</i>					
Performance Indicator 2.5.7: Applies the standards of practice, legislation, organizational policies, and evidence-informed practices for prescribing. (4)					
<i>Prescribing and administering pharmacotherapy (medical treatment using pharmaceutical products) is outside the scope of the dietitian. However, some states and facilities allow licensed dietitians to prescribe therapeutic diets, enteral nutrition, and parenteral nutrition with the</i>					

<p>approval of the hospital systems in which they work (https://eatrightpro.org/advocacy/licensure/therapeutic-diet-orders-state-status-and-regulation). At what level did the student demonstrate their ability to apply the above standards, legislation, hospital/host agency policies, and practices for prescribing?</p>					
<p>Performance Indicator 2.5.8: Applies the principles of safe drug administration. (4)</p> <p>The commonly-held principles of safe drug administration--the patient "rights"--refer to the right patient, the right drug, the right dose, the right route, the right time, and the right documentation. (https://dhhs.nh.gov/dcbcs/bds/nurses/documents/sectionIV.pdf). Drug administration is outside the scope of the dietitian; however, dietitians are able to address food/nutrient/drug interactions related to dosing, route, and timing that affect the safety of drug administration. In addition, dietitians should document their observations and/or interventions regarding these, e.g., timing of medications related to dietary intake (as with levodopa and protein intake), omission or monitoring of foods that increase or decrease absorption of medications (foods containing vitamin K with warfarin use, foods containing tyramine with MAO inhibitors, sodium intake with corticosteroid use, grapefruit juice with multiple drugs, etc.). At what level (knows, shows, does) was the student able to demonstrate their ability to understand, document or discuss with the preceptor, and/or apply these practices?</p>					
<p>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. (4)</p> <p>While dietitians cannot make modifications or adjustments to drugs, they can monitor the effects of foods and nutrients on the absorption and utilization of drugs (and vice versa). At what level (knows, shows, does) did the student demonstrate their ability to recommend alterations to medical nutrition therapy and/or discuss potential nutrition-related concerns about medications with the medical team?</p>					
<p>Competency 5.1: Demonstrates leadership skills to guide practice. (5)</p>					
<p>Performance Indicator 5.1.1: Exhibits self-awareness in terms of personality, learning, leadership style, and cultural orientation. (4)</p>					
<p>Performance Indicator 5.1.3: Communicates at the appropriate level and understands emotions and emotional situations. (5)</p>					
<p>Performance Indicator 5.1.4: Develops conversational and interpersonal skills. (5)</p>					
<p>Performance Indicator 5.1.5: Reflects on situations and critically evaluates outcomes and possible alternate courses of action. (5)</p>					
<p>Competency 6.1: Incorporates critical thinking skills in practice. (5)</p>					
<p>Competency 6.3: Applies current research and evidence-informed practice to services. (5)</p>					
<p>Competency 7.1: Assumes professional responsibilities to provide safe, ethical, and effective nutrition services. (5)</p>					

Performance Indicator 7.1.1: Demonstrates ethical behaviors in accordance with the professional Code of Ethics. (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 7.1.6: Practices in a manner that respects diversity and avoids prejudicial treatment. (5)					
Performance Indicator 7.1.7: Adheres to legislative requirements and facility/employer guidelines regarding protection of privacy and security of information. (5)					
Performance Indicator 7.1.8: Maintains confidentiality and security in the sharing, transmission, storage, and management of protected health information. (5)					

APPENDIX I: Final Competency and Performance Evaluation

Upon completion of the field experience, preceptors will complete the following evaluation in PRISM to provide competency and performance feedback to students. Preceptors will also have the opportunity to describe learning opportunities available to the student, competencies that cannot be met at the site, challenges the student(s) faced, and/or special student achievements. Students will see preceptor responses after the evaluation has been finalized in PRISM; preceptors may also take time to review the assessment with the student and provide additional feedback. **Students should be evaluated on ACEND® competency measures (in red) using the following 5-point scale. The required level of competence is indicated in parentheses after each ACEND® competency; there is no required level of performance for the remaining performance measures (rated from poor to exceptional). Students who are unable to meet ACEND® competencies during the experience will be provided with opportunities for remediation until they achieve the required level of performance.**

<input type="radio"/> 5	DOES: The student is able to perform the described action in an artificial or work situation.
<input type="radio"/> 4	SHOWS: The student is able to apply the knowledge, skill, and judgment in an artificial or work situation.
<input type="radio"/> 3	KNOWS: The student is able to demonstrate the required knowledge via oral or written assessment.
<input type="radio"/> 2	The student lacks adequate knowledge to practice and perform this function as a competent professional.
<input type="radio"/> 1	The student did not have the opportunity to address this competency at this site.

Final Competency and Performance Evaluation					
Student:					
Site/Preceptor:					
	1 Poor	2 Fair	3 Good	4 Very Good	5 Exceptional
Work Products					
Uses resources well in development.					
Seeks assistance from preceptor appropriately.					
Work is accurate and thorough.					
Work is well organized and clearly written.					
Uses appropriate critical thinking when analyzing and preparing work products.					
Overall quality of products or services. Please rate on the following scale: 1=poor, 2=fair, 3=good, 4 =very good, 5=exceptional					
Professionalism					
Interacts well with staff on an individual basis.					

Functions well as a member of a team.					
Is culturally appropriate in interactions with others.					
Is flexible and adaptable when faced with change.					
Organizes and prioritizes work and time appropriately.					
Demonstrates professional attributes within various organization cultures.					
Practices in accordance with the Code of Ethics for the Profession of Dietetics and within the Scope of Dietetics Practice .					

ACEND® Evaluation/Overall Performance: Do NOT leave blank. Required level of performance on competencies and performance indicators (PIs) noted in parentheses; students will be provided with remediation until all are met at the level required by ACEND®.					
	1	2	3 Knows	4 Shows	5 Does
Competency 1.13: Demonstrates computer skills and uses nutrition informatics in the decision making process. (5)					
Performance Indicator 2.2.3: Leads the implementation of nutrition screening tools in collaboration with other health professionals. (5)					
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)					
Performance Indicator 2.3.21: Assesses client/patient's compliance with nutrition intervention. (5)					
Performance Indicator 2.3.22: Identifies barriers to meeting client/patient's nutrition goals and makes recommendations to modify the nutrition plan of care or nutrition intervention, and communicates changes to client/patient and others. (5)					
Performance Indicator 2.3.25: Evaluates the availability of services to support access to nutrition care and to help meet client/patient nutrition goals. (5)					
Competency 2.4: Implements or coordinates nutritional interventions for individuals, groups, or populations. (5)					
Performance Indicator 2.4.1: Manages medical nutrition therapy for clients/patients. (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 2.4.5: Refers/transfers care to relevant professionals when client/patient needs or required interventions are beyond personal competence or professional scope of practice. (5)					

<p>Performance Indicator 2.4.9: Develops and provides evidence-informed nutritional wellness and therapeutic diet education to a variety of audiences. (5)</p>					
<p>Competency 2.5: Prescribes, recommends, and administers nutrition-related pharmacotherapy. (4)</p> <p><i>Prescribing and administering pharmacotherapy (medical treatment using pharmaceutical products) is outside the scope of the dietitian. However, the Academy of Nutrition and Dietetics' position paper, Integration of Medical Nutrition Therapy and Pharmacotherapy (https://www.jandonline.org/article/S0002-8223(10)00422-0/fulltext), encourages "a team approach in which an RD brings expertise in food and nutrition and a pharmacist brings expertise in medications." At what level (knows, shows, does) was the student able to demonstrate understanding of or participate with the medical/pharmaceutical team regarding interactions between medical nutrition therapy and pharmacotherapy? If your hospital/facility allows dietitians to recommend or prescribe oral supplements (Nestle/Abbott, Ensure/Boost, vitamins/minerals, etc.) or enteral nutrition, you may also evaluate the student on this use of nutrition-related pharmacotherapy.</i></p>					
<p>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. (4)</p>					
<p>Performance Indicator 2.5.6: Prescribes, recommends, and administers nutrition related pharmacotherapy adhering to the professional standards and evidence-informed practice. (4)</p> <p><i>This duplicates the evaluation of competency 2.5, per ACEND®. Please simply enter the same score that you entered for competency 2.5; you do not need to comment on this. Thank you!</i></p>					
<p>Performance Indicator 2.5.7: Applies the standards of practice, legislation, organizational policies, and evidence-informed practices for prescribing. (4)</p> <p><i>Prescribing and administering pharmacotherapy (medical treatment using pharmaceutical products) is outside the scope of the dietitian. However, some states and facilities allow licensed dietitians to prescribe therapeutic diets, enteral nutrition, and parenteral nutrition with the approval of the hospital systems in which they work (https://eatrightpro.org/advocacy/licensure/therapeutic-diet-orders-state-status-and-regulation). At what level did the student demonstrate their ability to apply the above standards, legislation, hospital/host agency policies, and practices for prescribing?</i></p>					
<p>Performance Indicator 2.5.8: Applies the principles of safe drug administration. (4)</p> <p><i>The commonly-held principles of safe drug administration--the patient "rights"--refer to the right patient, the right drug, the right dose, the right route, the right time, and the right documentation. (https://dhhs.nh.gov/dcbcs/bds/nurses/documents/sectionIV.pdf). Drug administration is outside the scope of the dietitian; however, dietitians are able to address food/nutrient/drug interactions related to dosing,</i></p>					

<p>route, and timing that affect the safety of drug administration. In addition, dietitians should document their observations and/or interventions regarding these, e.g., timing of medications related to dietary intake (as with levodopa and protein intake), omission or monitoring of foods that increase or decrease absorption of medications (foods containing vitamin K with warfarin use, foods containing tyramine with MAO inhibitors, sodium intake with corticosteroid use, grapefruit juice with multiple drugs, etc.). At what level (knows, shows, does) was the student able to demonstrate their ability to understand, document or discuss with the preceptor, and/or apply these practices?</p>					
<p>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. (4)</p> <p>While dietitians cannot make modifications or adjustments to drugs, they can monitor the effects of foods and nutrients on the absorption and utilization of drugs (and vice versa). At what level (knows, shows, does) did the student demonstrate their ability to recommend alterations to medical nutrition therapy and/or discuss potential nutrition-related concerns about medications with the medical team?</p>					
<p>Competency 5.1: Demonstrates leadership skills to guide practice. (5)</p>					
<p>Performance Indicator 5.1.1: Exhibits self-awareness in terms of personality, learning, leadership style, and cultural orientation. (4)</p>					
<p>Performance Indicator 5.1.3: Communicates at the appropriate level and understands emotions and emotional situations. (5)</p>					
<p>Performance Indicator 5.1.4: Develops conversational and interpersonal skills. (5)</p>					
<p>Performance Indicator 5.1.5: Reflects on situations and critically evaluates outcomes and possible alternate courses of action. (5)</p>					
<p>Competency 6.1: Incorporates critical thinking skills in practice. (5)</p>					
<p>Competency 6.3: Applies current research and evidence-informed practice to services. (5)</p>					
<p>Competency 7.1: Assumes professional responsibilities to provide safe, ethical, and effective nutrition services. (5)</p>					
<p>Performance Indicator 7.1.1: Demonstrates ethical behaviors in accordance with the professional Code of Ethics. (5)</p>					
<p>Performance Indicator 7.1.3: Adheres to nutrition related legislation, regulations, and standards of practice. (5)</p>					
<p>Performance Indicator 7.1.4: Applies client/patient-centered principles to all activities and services. (5)</p>					
<p>Performance Indicator 7.1.6: Practices in a manner that respects diversity and avoids prejudicial treatment. (5)</p>					
<p>Performance Indicator 7.1.7: Adheres to legislative requirements and facility/employer guidelines regarding protection of privacy and security of information. (5)</p>					
<p>Performance Indicator 7.1.8: Maintains confidentiality and security in the sharing, transmission, storage, and management of protected health information. (5)</p>					

CEPH (Council on Education for Public Health) Evaluation/Overall Performance: Leave blank ONLY if not applicable.

	Poor	Fair	Good	Very Good	Exceptional
Overall, how would you rank this student's performance during this experience?					
Overall, how would you rank the <i>quality</i> of this student's work products?					
Overall, how would you rank the <i>usefulness</i> of this student's work products?					
	Never	Rarely	Sometimes	Often	Always
Turned in assignments on time.					
Maintained agreed upon work schedule.					
Maintained professionalism.					
Adhered to agency standards, policies, and procedures.					
Completed Food Environment Assessment and nutrition presentation/handout as outlined in rubric.					

Please describe at least two strengths the student exhibited during the field experience.

Please list at least two areas the student should work on to improve or maximize their effectiveness as a public health/nutrition professional.

Would you recommend the student to one of your colleagues as a future employee? (Please explain.)

Prefer not to say	Would not recommend	Recommend with some reservations	Recommend with confidence	Recommend with enthusiasm

Did the student make significant, immediate, and direct impacts to the health of the community during their field experience that warrant recognition? If yes, please tell us more [here](#) so that we may nominate the student for an Impact in Practice award.

Other Comments:

APPENDIX J: Checklists for Students and Preceptors

Students

- Time Sheet
- Food Environment Assessment
- Nutrition Education
- Electronic Medical/Health Record Note
- Quality Improvement Project
- Case Study
- Final Rotation/Site/Preceptor Evaluation

Preceptors

- Sign: Time Sheet*
- PRISM Evaluation: Food Environment Assessment
- PRISM Evaluation: Nutrition Education
- PRISM Evaluation: Electronic Medical/Health Record Note
- PRISM Evaluation: Quality Improvement Project
- PRISM Evaluation: Case Study
- PRISM Evaluation: Midpoint Competency
- PRISM Evaluation: Final Competency & Performance