

Oakwood University Dietetic Internship Program  
 Weeks of Supervised Practice 4 weeks Practice Hours 160

Type of Experience: **Nutrition Support**  
 Didactic Hours 20

Planned Experiences	Evaluation Strategy	Signature/Date Completed
<p>NT 2.1. Identify one medical complex condition. Develop a Nutrition Care Process ( a sample can be found in Escott-Stump (7th), Appendix C, page 990. Include a list of commonly prescribed drugs and related drug/nutrient interactions.</p> <p>NT 2.2 Provide supportive dietary treatment for one complex medical disease.</p> <p>NT 3.1 Write two nutritional care plans (ADI-ME language) for nutrition support patients. Show your calculations and decisions for formula selection, formula administration, route of administration, and anything else appropriate. Implement and evaluate tolerance of tube feeding. Document care plans and observations in medical record according to facility policy.</p> <p>NT 3.2 Write one nutritional care plan for total parenteral nutrition patient. Implement and evaluate tolerance of TPN. Document care plan and observations in medical record according to facility policy.</p> <p>NT 4.1 Attend didactic component class: case study on TPN, transitional feeding to TF and transitional feeding to PO intake.</p> <p>NT 4.2 Select a patient receiving TPN and develop a</p>	<p>Preceptor evaluates care plan and documentation for accuracy and appropriateness.</p> <p>Preceptor evaluates care plans (ADI-ME language) for accuracy and appropriateness.</p> <p>Preceptor evaluates intern's competencies.</p> <p>Interns will be given case study to practice at home then the program director/consultants explain the case study in the classroom.</p>	

<p>transitional feeding plan to be followed during hospital stay.</p> <p>NT 4.3 Make recommendations on method of weaning as PO intake is increased and method to evaluate progress.</p> <p>NT 4.4 Select a patient receiving TF and plan a transitional diet to be followed at home after discharge. Instruct the patient or caregiver on the transitional PO diet.</p> <p>NT 5. Participate in the development of care plan for nasoenteric feeding tube placement and care per policy.</p> <p>NT 5.1 Review policy and procedure for appropriate technique in nasoenteric feeding tube placement and care.</p> <p>NT 5.2 Observe clinical staff placing nasogastric tube evaluating related to facility policy and procedure, if available.</p> <ol style="list-style-type: none"> <li>1. Attend at least one patient care plan conference during patient conferences assume the responsibility for providing pertinent information regarding nutrition status, dietary recommendations, and discharge planning.</li> <li>2. Work with interdisciplinary team to coordinate nutrition care with other clinical departments before discharge.</li> <li>3. Coordinate counseling instructions with appropriate family members/care takers before discharge.</li> </ol>	<p>Preceptor evaluates feeding plans for accuracy and appropriateness.</p> <p>Preceptor evaluates interns ability to make recommendations.</p> <p>Preceptors asses effectiveness of diet instructions and response to questions.</p> <p>Observation.</p> <p>Observation.</p> <p>Discuss experience with preceptor.</p> <p>Direct observation.</p> <p>Direct observation.</p> <p>Preceptor observe and evaluate interns competencies.</p>	
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**Nutrition Support**

Planned Experiences	Evaluation Strategy	Signature/Date Completed
<p>4. Identify of patients at nutritional risk. Assess patients that have automatic nutritional screening due to low albumin, NPO, or clear liquid diet order.</p> <p>5. Assess nutritional status utilizing medical, nutrition, and medication intake histories, anthropometric measurements, and laboratory data.</p> <p>6. Review lab values that are pertinent to monitor for the enterally and parenterally fed patients.</p>	<p>Discuss experience with preceptor.</p> <p>Review medical record and plan of action with preceptor.</p> <p>Review abnormal levels and their meaning with preceptor.</p>	

Type of Experience/Rotation: Clinical Nutrition/Business Entrepreneurship  
Strengths:

Areas of Improvement:

Suggestions to help improve the program:

Intern \_\_\_\_\_ Date \_\_\_\_\_

Preceptor \_\_\_\_\_ Date \_\_\_\_\_

Program Director \_\_\_\_\_ Date \_\_\_\_\_