

Oakwood University Dietetic Internship Program Type of Experience/Rotation **OB/Pediatrics**
 Weeks of Supervised Practice 1 week Practice Hours 40 Didactic Hours 5

Planned Experiences (Didactic Practice)	Evaluation Strategies	Signature/Date Completed
<ol style="list-style-type: none"> 1. Make records on unit to answer questions and provide nutrition information. Observe and teach expectant parents' class. 2. Review the pediatric section in the hospital diet manual. Note varying diet modifications and formulas. 3. Obtain a like/dislike food record for one pediatric patient. Plan a one-week menu for one patient based on his/her likes and dislikes and nutritional needs. Provide nutritional counseling for patients or caregivers. 4. Identify patients with potential nutrition risk. 5. Assess patient nutritional status utilizing medical, nutrition, and medication intake histories, anthropometric measurements, and laboratory data. 6. Select appropriate plan of nutritional intervention and take steps to initiate. 7. Note in medical record all important data and nutritional intervention. 	<p>Verbal discussion with preceptor.</p> <p>Review with preceptor.</p> <p>Preceptor observes and evaluates intern's competencies.</p> <p>Review record and plan of action with preceptor. Documentation of nutritional assessment in the medical records.</p> <p>Review with preceptor.</p> <p>Preceptor to review charting.</p>	

OB/Pediatrics

Planned Experiences (Didactic Practice)	Evaluation Strategies	Signature/Date Completed
<p>8. Attend discharge planning process on pediatrics unit.</p> <p>9. Observe role of other health professionals.</p> <p>NT 1.3_Read Escott-Stump (7th) sections three for nutrition treatment for the nutrition treatment for pediatrics: birth defects and genetic and acquired disorders.</p> <p>NT1.4 Outline pathophysiology for two diseases from NT 1.3.</p>	<p>Attendance.</p> <p>Direct observation.</p> <p>Report assignment to program director/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 _____