

Oakwood University Dietetic Internship Program
 Weeks of Supervised Practice 2 weeks Practice Hours 80

Type of Experience: **Renal In-patient/Outpatient**
 Didactic Hours 10

Planned Experiences	Evaluation Strategy	Signature/Date Completed
1. Attend didactic components on diseases/pathophysiology and nutritional therapist.	Direct observation by program director.	
2. Review and observe process of a. hemodialysis b. CAPD (Continuous Ambulatory Peritoneal Dialysis)	Written comments by interns, one page, and review with preceptor.	
3. Learn common medicines in End Stage Renal Disease (ESRD).	Three calculated diet plans.	
4. Review: energy needs, protein, sodium and fluids, potassium, phosphorus, and vitamins.		
5. Calculate meal plan for hemodialysis client and CAPD client. Learn needs of diabetic ESRD client and calculate meal plan.		
6. Counsel hemodialysis client on individual meal plan or specific aspect of dietary non-compliance. Provide nutritional instruction for patient with renal disease.	Verbal with preceptor. Document in medical record.	
7. Learn rationale for diet restrictions after transplant. Learn about immunosuppressant medicines.	Discuss with preceptor.	
8. Calculate diet plan for pre-ESRD client. Observe diet counseling and participate in counseling and documentation in medical record.	Discuss with preceptor.	
9. Review Escott-Stump (7 th ed) section 16. Write 1-2 pages critique from section 16.	Report assignment to program director.	

Renal

Planned Experiences	Evaluation Strategy	Signature/Date Completed
10. Select a renal patient on renal unit. Screen, assess, counsel, make recommendations, follow-up and document per facility policy.	Report to preceptor.	
11. Assess client's knowledge of, and adherence to diet restrictions and CRF (Chronic renal failure).	Written comments, one page. Review with preceptor.	
12. Assess nutritional status of patient with ESRD.	Discuss with preceptor.	

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 _____