

## *Garden To Table Nutrition Dietetic Internship*

### **Rotation Description: Clinical**

#### **I. Beginning of Rotation, the intern will prepare for the rotation by:**

- Contacting Preceptor (1-3 weeks before rotation starts); sharing with the preceptor this Rotation Description. Checking-in regarding start time, dress code, and parking; and watching the provided recorded lectures: SIBO, Controversies in Cancer.
- Reviewing clinical information learned using the following tools: Multiple choice questions in Visual Veggies and the intern's own clinical course notes/texts from DPD program, previewing available information about the clinical facility (website, practice the commute).
- Read provided articles (Tips 103, 59, 65) by Molly Kellogg; review behavior change techniques.

**II. At the beginning of the rotation,** preceptor and intern will review Garden to Table Nutrition Internship Rotation Description, CDRNs that are to be covered and the assessment tools to be used. Preceptor will make sure intern is oriented to the facility rules, regulations and guidelines.

#### **III. Throughout the rotation, preceptor will:**

- Give intern opportunities to learn a variety of roles in clinical nutrition.
- Scaffold the intern experiences moving from observe, then assist, then acting independently.
- Supervise intern in the completion of learning activities and projects, or find others who can help the intern gain needed experiences.
- Inform internship director if the intern is not meeting standards.
- Evaluate intern in a mid-rotation assessment.
- Evaluate intern at end of rotation.

#### **General Expectations During Clinical Rotation**

**Week 1:** Intern is oriented to the facility and assists with 1-2 patient assessments/interviews/interventions per day.

**Week 2:** Intern assigned 2-3 patient assessments/interviews/interventions per day which are monitored and carefully reviewed by preceptor. Intern should do Nutrition Focused Physical Exam Assignment.

**Weeks 3 – 7:** Intern utilizes Nutrition Care Process correctly, create accurate chart notes with supervision and work with more complex patients. Interns should aim complete one or more "Interprofessional Experience" and one assignment per week.

**Week 4:** Preceptor goes over Mid Rotation Assessment with intern and submits it to Garden to Table Nutrition.

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**Weeks 8:** Interns who have demonstrated the ability are offered greater responsibility and independence by doing Staff Relief. Intern is given complete responsibility for a set of patients. Intern and preceptor meet daily to go over notes and give feedback, preceptor co-signs chart notes according to facility guidelines.

### **Interprofessional Experiences**

Preceptor should help the intern find opportunities to gain a breadth of experience to do/observe at least 6 of the following in an eight-week rotation, or three per four-week rotation. Preceptor can send intern to observe/work with allied health professionals, or other RDs to gain experience as needed. If it will be difficult for interns to obtain a sufficiently broad range of experiences at your site contact Garden to Table internship director.

### **Examples of Experiences:**

- Discuss the needs of a ventilator dependent patient with a respiratory therapist.
- Round with the wound care nurse.
- Work with Certified Diabetes Educator and assist with diabetic education classes (RN or RDN).
- Speak with social worker about discharge practices for patients who lack family support.
- Speak with/observe postpartum nurse/midwife or lactation consultant instructing parents in infant feeding/breast feeding.
- Speak with medical billers, to learn the method facility uses for reimbursement/payment, learns what happens when patients can't pay all of their medical bills (does the hospital send them elsewhere, offer financing, reduce the debt)
- Visit cafeteria, and learn how special diet orders are filled.
- Observe a patient receiving dialysis (this can also be done by visiting a dialysis center).
- Observe a speech language pathologist perform a swallow study.
- Observe NG tube placement and/or removal by RN or physician.
- Observe PEG tube placement and/or by physician.
- Observe a central line placement (or a PICC placement) that will be used for TPN.

Preceptors will choose the order of the intern's activities to build on prior knowledge and build towards new skills. Interns and preceptors can choose the order in which these assignments are completed based on patient population.

### **IV. Assessments:**

Mid Rotation Assessment: Preceptor will evaluate intern on the less complex aspects of dietetics and basic professionalism with a Mid Rotation Assessment. If a problem is identified, time remains to correct it before the rotation ends, when skills will be evaluated again.

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Final Assessment: Preceptor will do a draft of the Final Assessment with their intern one week before the end of rotation, to allow interns an opportunity to address shortcomings before the last day of the intern's rotation. The Final Assessment will be sent directly to the internship director on the intern's last day of that rotation.

Please contact the internship director as soon as practical if it looks like intern will not meet the CRDNs.

Note: If rotation is less than four weeks long, this can be combined with the Final Assessment Tool at the end of the rotation.

### **V. CRDNs, Learning Activities & Assignments:**

\*\* In order to complete their internship and sit for the credentialing exam, interns must be able to demonstrate the competency you expect from an entry-level dietitian. The competencies are chosen by ACEND (Accreditation Council for Education in Nutrition and Dietetics). Each internship program is asked to specify what "learning activities" an intern will do to demonstrate each CRDN. These learning activities are listed below as assignments to guide preceptors. We have attempted to choose learning activities make sense for your facility. If, however, the learning activity listed is not practical to do at your facility, you, as the preceptor, can work with your intern to find a way to demonstrate the listed competencies that are more appropriated for you site. If you choose this option, please email [director@gardentotablenutrition.com](mailto:director@gardentotablenutrition.com) and make a note of it when doing your assessments.

### **Suggested Learning Activities for required CRDNs in Clinical**

**1. Rolling With Resistance: CDRN 3.6 and 2.8** Uses effective education and counseling skills and negotiation skills to facilitate behavior change to improve clients' health. Before beginning the rotation, intern is to have read the provided articles (Tips 103, 59, 65) by Molly Kellogg.

- At the beginning of the rotation, discuss behavior change techniques with preceptor and how to use them in a clinical setting
- Preceptor will observe intern working with patients, to assess the intern's skill in negotiating with patients and using effective education and counseling skills to create behavior change

Demonstration of Competency – Intern will:

CRDN 2.8

- Demonstrates to preceptor their use of relationship building skills and engagement to get cooperation from patients who otherwise would be resistant.

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CRDN 3.6:

- Uses one or more behavior change techniques (ex from Rolling with Resistance: reflection, acknowledgement, supporting client choice)
- Provide education that was on relevant and adapted to fit the audience, keeping in mind the client's state of mind, culture, education, background knowledge.

Evaluation will be done by preceptor using the assessment tool for this rotation.

### **2. Case Study #2** (CRDNs 1.6, 2.2, 2.5, 4.9)

Use a challenging or complex case that requires a nutrition intervention. Must be a patient that you can see at least two times, ideally three or more visits.

Case Study includes:

- General report on the description of the pathophysiology of the disease/disorder and its nutritional relevancy.
- Description of the clinical case: patient profile, presenting symptoms, relevant past medical/surgical history, treatment course, lab results.
- Description of the utilization of Nutrition Care Process used: interventions, MNT and evidence based guidelines used.
- Describe what supportive services were assigned to other support personnel (diet tech, diet clerk, NDTR).
- Referrals to other professionals and specialists if it is beyond interns scope of practice.
- Discussion and conclusion include outcome data if available thoughts regarding subsequent management of similar cases.
- Protect client privacy throughout by de-identifying patient following HIPPA rules and site procedures in your write up.
- Using the decision tree on page 17 from the *Coding and Billing Handbook*, determine how nutrition services will be paid for. Does the patient have insurance? What type? Is the facility an in-network provider?
- Is this billed as fee-for service or as a health-care delivery model? Either way, what ICD-10-CM code(s) should be used for their nutrition-focused diagnoses. Please include this as a slide in your presentation.

Turn in Case Study #2 to preceptor for review at least one week before the end of the rotation, make adjustments if needed, and turn into internship director by the end of your Clinical Rotation.

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Present your case study during the monthly online class and be prepared to answer questions from students and internship director.

Intern will demonstrate competency for CRDN 1.6

- Gathers and uses appropriate data for assessment (food history, anthropometric, biochemical, clinical).
- Accurately diagnoses patient using problem, etiology, signs and symptoms.
- Describes nutrition intervention selected
- Gathers and uses appropriate data for assessment (food history, anthropometric, biochemical, clinical)
- Plan includes monitoring of patients condition, and re-assessment.
- Articulates whether or not a referral is needed, and completes referral process, if needed.

Intern will demonstrate competency for CRDN 2.2

- Uses technology to create a report free of typographical/spelling errors and disseminate it to preceptor and internship director.
- Communicates effectively, is understandable by a person unfamiliar with the case.
- Follows HIPPA guidelines in creating this report.

Intern will demonstrate competency for CRDN 2.5

- Articulates what services can be provided by NDTR (Diet Tech) and other support personnel such as nursing.

Intern will demonstrate competency for CRDN 4.9

- Understands billing and correctly chooses appropriate ICD-10-CM code(s) (likely codes include E44, E44.0, E44.1, E46) based on diagnoses. For example, <https://med.virginia.edu/ginutrition/wp-content/uploads/sites/199/2014/06/Parrish-Sept-14.pdf>
- Be able to explain the process for coding and billing for nutrition and dietetic services to obtain reimbursement from public or private payers, fee-for-service, and value-based payment systems.

Evaluation will be done by preceptor using the assessment tool for this rotation.

### **3. TPN Study** CRDNs 1.5, 4.7

- Research the risks and benefits different types of TPN (3 in 1, or separate infusions) and different hang times. Compare facility protocols for TPN (the product and method used) with at least one other product/method. What is value of the existing protocol compared to the

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value of the other protocol. "Value" incorporates several aspects including patient outcomes, cost, labor, etc.

- Using Chart Notes for a patient, Calculate TPN solution(s) needed using facility guidelines. List macronutrients, fluid, vitamins, minerals, and electrolytes) and accurately write a prescription according to facility guidelines (including hang time).
- Repeat the calculation using an alternative protocol/product

Evaluation will be done by preceptor using the assessment tool for this rotation.

CRDN 1.5 (conducts research ethically w/ appropriate research methods)

- Accurately cites at least 1 systematic review and 2 journal articles, or if a systematic review is not available, 4 or more journal articles, notes any conflicts of interest within research
- Uses AMA format for citations, avoids plagiarism.

Evaluation will be done by preceptor using the assessment tool for this rotation.

CRDN 4.7 Conducts feasibility studies with consideration of costs and benefits

- Determines the feasibility of changing the facilities TPN product/protocol.

Evaluation will be done by preceptor using the assessment for this rotation.

### **4. Oncology Nutrition (CRDNs 1.2 1.4)**

Use systematic reviews of scientific literature and evidence-based guidelines, to research a specific question in oncology MNT cancer patient.

- Look up the Academy of Nutrition and Dietetics evidence-based guidelines for oncology MNT, and any guidelines that are used in this site.
- "Dig deeper." Identify a particular question that can be explored with a systematic review for a question you, your preceptor or a patient have regarding oncology nutrition (Examples: Is a vegetarian diet associated with remission? Is weight loss for an obese cancer patient contraindicated? Do patients who supplement with zinc do better with chemo?) Do a systematic review (i.e., Cochrane Database of Systematic Reviews) of literature to aid you in answering that question.
- Identify an individual study that seems to disagree with the Cochrane report. Explain which provides better evidence and why.
- Present findings, and your conclusions to preceptor and internship director.
- Intern will demonstrate competency for CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature
- Uses a systematic review (Cochrane Review) to research a question, and applies the

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information correctly

- Applies Academy of Nutrition and Dietetics Evidence-Based Guidelines
- Intern will demonstrate competency for CRDN 1.4
- Compares research that has differing views
- Uses research to answer question a patient may have

Evaluation will be done by preceptor/internship director using the assessment tool for this rotation.

### **5. Patient Interview and Nutrition Focused Physical Assessment** CRDNs 2.10, 3.1, 3.2

Perform a nutrition-focused physical exam on a senior to assess for possible disease-related malnutrition. (Use the attached checklist, or a similar list used at your facility). SEE NUTRITION FOCUSED PHYSICAL EXAM checklist at the end of this document.

- Assess the following: fat stores, muscle status, fluid status
- Use the results, along with other information collected to complete the Nutrition Care Process for this patient

You can use the attached form for Nutrition Focused Physical Assessment or one used by the facility.

Intern will demonstrate competency for CRDN 2.10

- Knocks when entering patients room and introduces themselves.
- Establishes rapport and tactfully negotiates permission from patient /family for nutrition focused physical exam.

Intern will demonstrate competency for CRDN 3.1

- Accurately assesses the nutritional status of the patient.
- Uses critical thinking to determine appropriate PES statements.
- Create a nutrition care plan.
- Plans and implements nutrition interventions: prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting/managing intervention.

Intern will demonstrate competency for CRDN 3.2

- Accurately assessed skin, hair, teeth, muscle wasting, fat wasting and body weight.
- Consults with treating physician if patient is judged to be malnourished.

\* See Nutrition Focused Physical Exam Checklist at the end of this document. The intern may use a different list, according to facility procedures.

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**6. Clinical Skills Development CRDNs 2.4, 2.6, 2.7, 2.15, 3.1** During the clinical rotation, the intern should continually be gaining skills and fluency in the Nutrition Care Process.

Interprofessional Experience will be gained initially by intern observing a variety of medical specialists (see list on page 2 of Clinical Rotation Description). As the intern has gained experience they will work as a part of interprofessional team in health care. Note, most of the CRDNs listed are covered other places, except for CRDN 2.4. Please prioritize completing CRDN 2.4 in this rotation and contact internship director to come up with alternate activity if you cannot complete what is listed.

Preceptor completes this assessment during the intern's last week of their rotation, and reviews with the intern, and sends it to internship director.

Intern will demonstrate CRDN 2.4:

- Completing at least six Interprofessional Experiences (see second page of Clinical Rotation Description), in an eight-week rotation or three in a four-week rotation.
- Work with other professionals or para-professionals (including but not limited to: RNs MDs, OT, PT, ST, Speech/Language Pathologist, Lactation Consultant, Social Workers, Diet-Techs, Food Service Managers, Pharmacist, Administrators, Fundraisers/Grant Writers) to enhance client care, solve a problem or implement a procedure

Evaluation will be done by preceptor using the assessment tool for this rotation.

Intern will demonstrate competency for CRDN 2.6:

- Noticing when clients' needs are outside of the scope of practice for an RD.
- Refer clients and patients to other professionals and services appropriately, using the facility guidelines and independent research if needed.

Evaluation will be done by preceptor using the assessment tool for this rotation.

Intern will demonstrate competency for CRDN 2.7:

- Worked largely independently by doing staff relief.
- Was able to manage a caseload similar to a new hire. (Note Interns also have a chance to meet CRDN 2.7 in FSM)



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Evaluation will be done by preceptor using the assessment tool for this rotation.

Intern will demonstrate competency for standard 2.15:

- Successfully mentors someone (nutrition volunteer, new intern).

Evaluation will be done by preceptor using the assessment for this rotation.

Intern will demonstrate competency in CRDN 3.1:

- Providing Medical Nutrition Therapy to benefit patients by using the Nutrition Care Process using standardized language for at least five patients.

Evaluation will be done by preceptor using the assessment tool for this rotation.

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### **NUTRITION-FOCUSED PHYSICAL EXAM CHECKLIST**

Screen patients to identify one who is at risk of malnutrition. You may wish to use the Mini-Nutritional Assessment form.

1. Introduce yourself, verify you are speaking with the correct patient. Tell the patient what you are going to do and why you are doing it. Establish rapport, obtain consent. Wash hands, or gel/foam in (and out). Use gloves, if needed.
2. Patient should sit up without support on back if possible. Move from head to toe during Examination.

<b>Procedure</b>	<b>Area</b>	<b>Observations</b>
Ask patient to turn neck side to side and observe for muscle wasting of the <b>temporalis</b> (muscle of mastication). It is a broad, fan-shaped muscle on each side of the head that fills the temporal fossa. It can be seen and felt while the jaw is clenching and unclenching.	Head and Neck: <b>temporal region</b>	_____ bilateral fat wasting of temporalis ___ absent (normal) ___ mild/moderate ___ severe
Gently press <b>under the eye area</b> ; if subcutaneous fat is present, it should bounce back at you; look for a “hollowing” look under the eyes. Ask patient to close eyes – look for dark circles, loose skin or prominent brow bones.	Head and Neck: <b>eyes</b>	Subcutaneous fat under eyes ___ present ___ hollow look under eyes  Lose skin or prominent brow bones ___ present ___ absent Are eyes jaundiced? _____ Bitot’s spots in eyes? _____
<b>Cheekbones</b> – look/feel for any protruding or abnormalities.	Head and Neck: <b>cheeks</b>	___ cheekbones protrude

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<p><b>Mouth -</b></p>	<p>Head and Neck: <b>mouth</b></p>	<p>___ missing or broken teeth          ___ glossitis: inflammation of tongue          ___ lips have bilateral fissures (angular stomatitis)          ___ cheilosis (dry, swollen, cracked lips)</p>
<p><b>Neck</b> – enlarged thyroid, enlarged parotid gland (cheek/bottom jaw)</p>	<p>Head and Neck: <b>neck</b></p>	
<p><b>Clavicle</b> bone region</p>	<p>Torso – <b>clavicle</b></p>	<p>___ well-nourished with rounding around shoulder area          ___ scooping around clavicle bone (trapezius, deltoid, pectoralis muscles) indicate mild to moderate wasting          ___ acromion squares off in severe muscle wasting (almost put hands around clavicle)</p>
<p><b>Mid-axillary area:</b></p>	<p>Torso – <b>mid axillary area</b></p>	<p>___ ribs are apparent and stick out in the back along trapezius and latissimus dorsi          ___ iliac crest not prominent (normal)          ___ iliac crest is prominent with apparent ribs and little to no fat covering axillary line (moderate to severe malnutrition)</p>

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<p><b>Arm</b> at 90 degree angle at elbow with hand pointing up</p>	<p>Arm - <b>triceps</b></p>	<p>___ can pinch ample fat ___ fat layer is missing</p>
<p>Observe <b>dorsal interossei muscles</b> (between finger ligaments) Ask patient to hold finger and thumb together (okay sign); look at fat pad on both sides</p>	<p>Arm - <b>fingers</b></p>	<p>___ no scooping between bones ___ fat pad obvious on both sides of hand (normal) ___ scooping on anterior side (malnutrition)</p>
<p>Hold <b>leg up</b> and bent to observe quadriceps Grasp <b>gastrocnemius (calf muscle)</b> to determine how much is remaining</p>	<p>Leg – <b>quadriceps and calf</b></p>	<p>___ knee does not protrude; rounding and no muscle loss in quadriceps area (nl) ___ scooping in of leg area (knee more prominent – mild to moderate wasting) ___ definite protrusion of knee where bone exceeds muscle (severe wasting)</p>
<p><b>SKIN:</b></p>		
<p><b><i>Physical Findings</i></b></p>	<p><b><i>Possible Nutrient Deficiency</i></b></p>	<p><b><i>Non Nutritional Cause</i></b></p>
<p>Pallor; paleness</p>	<p>Iron (anemia)</p>	<p>Low volume or low perfusion states</p>
<p>Poor or delayed wound healing</p>	<p>Protein, zinc, vitamins A, C</p>	<p>PVD, arterial insufficiency</p>
<p>Xerosis: abnormal dryness</p>	<p>Vitamin A, EFA</p>	<p>Hygiene, aging, hypothyroidism, uremia, ichthyosis</p>
<p>Follicular hyperkeratosis: plaques around hair follicle</p>	<p>Vitamin A, C, EFA</p>	<p>Infection of hair follicle, Darier disease, syphilis</p>

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Perifolliculosis: pigmented plaques (usually upper legs, thorax, abdomen)	Vitamin C	Diabetic dermopathy (usually loser legs, feet)
Dermatitis, generalized	Zinc, EFA	Atopic dermatitis, allergy or medication rash, psoriasis
Flaky paint dermatosis: hyper- pigmented patches, laguno	protein	
<b>NAILS:</b>		
<b><i>Physical Findings</i></b>	<b><i>Possible Nutrient Deficiency</i></b>	<b><i>Non-Nutritional Cause</i></b>
Lackluster, dull	Protein	Infection (Candida albicans), congenital, Lupus
Splinter hemorrhages: distal end of nails, multiple	Vitamins A, C	Septicemia, trauma, skin disorders, hemodialysis, hemochromatosis, vascular disease
Flaky nails	Magnesium, selenium	
Billing	ICD-10-CM CODE:	

### **Pertinent References or Resources:**

- Nutrition Care Manual.
- Marianne Fischer and Cindy Hamilton. *Incorporating Physical Assessment in the Diagnosis of Malnutrition: A Change in Practice*. Academy of Nutrition and Dietetics Food and Nutrition Conference and Expo, October 19-22, 2013, Houston, TX.
- Beth Mordarski and Jodi Wolff. *Nutrition Focused Physical Exam Pocket Guide*. Academy of Nutrition and Dietetics. Available at [www.eatrightstore.org](http://www.eatrightstore.org)

*Source of assignment: Patti Landers, PhD, RDN, LD*