

New Degree/Certificate Cover Sheet

Date:

Institution:

Campus:

School or College:

Department:

Location: 50% or more online: Yes No *If yes please send to Office of Online Education

County:

Type: Financial Aid Eligible: Yes No

Degree/Certificate name:

Graduate/Undergraduate:

Degree Code:

Brief Description:

Rationale for new degree:

CIP Code:

Name of Person who Submitted Proposal:

Contact Information (phone or email):

Program Description

Dietetic Internship Professional Certificate Program to be offered by IUPUI

Date Submitted: January 17, 2014

1. Characteristics of the Program

- a. Campus offering the program: Indiana University-Purdue University Indianapolis
- b. Scope of Delivery: Specific Sites
- c. Mode of Delivery (Classroom, Blended, or Online): Classroom and supervised practice at healthcare institutions and other programs with nutrition/dietetic components
- d. Other Delivery Aspects (Co-ops, Internships, Clinicals, Practica, etc.): Includes eight credit hours of graduate level course work and 1,264 clock hours of supervised practice experience.
- e. Academic Unit(s) Offering Program: School of Health and Rehabilitation Sciences, Department of Nutrition and Dietetics

2. Rationale for the Program

- a. Institutional Rationale (Alignment with Institutional Mission and Strengths)
The Dietetic Internship Professional Certificate Program at IUPUI dates from 1918. The program received national accreditation in 1927 and is the second oldest continuously enrolling dietetic internship in the United States. Since 1919, the Dietetic Internship Professional Certificate Program has graduated 1,556 dietetic professionals.

The Dietetic Internship Professional Certificate Program is a 10 month 30 credit hour post baccalaureate professional certificate program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). The Dietetic Internship includes four didactic courses (eight graduate course credits): SHRS N544 Medical Nutrition Therapy, SHRS N 563 Advances in Dietetics, SHRS N 591 Seminar in Nutrition and Dietetics and SHRS N 567 Management Issues in Dietetics. Course work accompanies 1,264 supervised practice hours (22 credits) scheduled at hospitals, clinics, extended care facilities, schools and nonprofit organizations throughout central Indiana.

- Reaffirmation of the program is requested because evidence of prior approval by Indiana University cannot be found and is required to assure the program's students continued eligibility for federal financial aid.
- Successful completion of the Dietetic Internship Professional Certificate Program is the final step in the professional preparation of dietitians and allows them to sit for the national Registration Examination for Dietitians. Passage of the Registration Examination for Dietitians is a condition of employment in health care.

- IUPUI is Indiana's academic health sciences campus and provides a distinctive range of degrees and certificate programs to promote the educational, cultural and economic development of central Indiana and beyond through innovative collaborations, external partnerships. The School of Health and Rehabilitation Sciences (SHRS) mission statement includes education in fields related to the health professions. The mission of the Dietetic Internship Professional Certificate Program is to provide advanced education and supervised practice opportunities for future leaders in the application and advancement of dietetics. The Dietetic Internship mission is consistent with both the SHRS and IUPUI missions.
- The Dietetic Internship Professional Certificate Program fits within the IUPUI's status as the academic health sciences campus for the Indiana University. The Dietetic Internship Professional Certificate Program's association with Indiana University dates from 1918 with founding of the program within the Indiana University School of Medicine at Long Hospital.
- The IUPUI campus is home to Indiana University Schools of Medicine, Nursing, Dentistry and Health and Rehabilitation Sciences. Specialized library and other resources and close proximity of health care institutions facilitate offering of the Dietetic Internship Professional Certificate Program.
- Students enrolled in the Dietetic Internship Professional Certificate Program are graduates of ACEND accredited baccalaureate programs drawn principally from Indiana and the Midwest. Admission criteria for the Dietetic Internship Professional Certificate Program are as follows:
 1. Applicants must have an earned baccalaureate degree from a regionally accredited college or university.
 2. Applicants must meet current educational standards of ACEND.
 3. As part of the DICAS application, applicants must submit a Declaration of Intent to Complete Form or a Verification Form signed by the program director of an ACEND accredited undergraduate dietetics program.
 4. A minimum overall academic grade point average (GPA) of 3.0 (A= 4) is required. Minimum grade point average for course work in the major is 3.0 (A = 4.0). Science grades in biochemistry and physiology must be B or better. Grades in upper division course work (300 and 400 level) within the dietetics major must be a B or better.
 5. The equivalent of one summer's work experience (3 months) is required. Work experience or volunteer experience should demonstrate applicant's maturity, leadership and responsibility.
 6. Applicants who completed their degrees more than five years ago must have taken a three credit 400 level (or higher) medical nutrition therapy course, intended for nutrition majors, within the last two years (before the application deadline) to be eligible for admission into the Dietetic Internship Professional Certificate Program.

7. Graduate Record Examination scores are required. Quantitative and Verbal scores at the 50th percentile are preferred. An analytical writing score of 4.0 or better is preferred.

Dietetic Internship Professional Certificate Program enrollment data for the last five years (Classes 2010-2014, n=80) show that 91% of the admitted students were women, roughly 47.5 % were from Indiana, 47.5% were non-resident and 5% were international students. The majority of interns were Caucasian (86%) with 11% Asian, 2.5% Hispanic and one African-American student. All dietetic interns are academically able. Mean grade point average (2010-2014) is 3.45. Mean Graduate Record Examination Scores for last three years are roughly 1000 (old test) or 300 (new test). Mean analytical writing score is 4.0. (Scale 1 low- 6 high)

*See Appendix 1: **Institutional Rationale** for additional detail*

b. State Rationale

The Dietetic Internship Professional Certificate Program is the final academic step in the preparation of dietitians. Successful completion of the Dietetic Internship Professional Certificate Program entitles graduates to sit for the national Registration Examination for Dietitians. As a student-centered program, the Dietetic Internship Professional Certificate Program's overriding goal is to assist the dietetic intern in making the transition from student to professional. The Dietetic Internship Professional Certificate Program provides qualified health care professionals to serve the needs of the citizens of Indiana.

c. Evidence of Labor Market Need

i. National, State, or Regional Need

The Indiana Department of Workforce Development predicts a 9% growth rate in dietetic employment by 2018. The US Department of Labor's *Occupational Handbook* predicts a 20% growth in dietetic employment by 2020. Graduates of the Dietetic Internship Professional Certificate Program will find a welcoming market place. Most recent complete data (Dietetic Internship class of 2012) shows that 14 of 16 (88%) graduates found employment within four months of graduation from the Dietetic Internship Professional Certificate Program. O-net Summary Report for Dietitians & Nutritionists predicts similar growth in employment.

ii. Preparation for Graduate Programs or Other Benefits

Graduates of the Dietetic Internship Professional Certificate Program earn eight graduate course credits, which are transferable to master degree programs. From 2009-2013 the Dietetic Internship Professional Certificate Program graduated 79 interns. Fifteen graduates (19%) of the Dietetic Internship Professional Certificate Program completed or are enrolled in advanced degree programs. According to the Academy of Nutrition and Dietetics, 53% of all registered dietitians hold master or doctoral degrees.

iii. Summary of Indiana DWD and/or U.S. Department of Labor Data

The US Department of Labor's *Occupational Handbook (2012-2013)* predicts a 20% growth in dietetic employment by 2020. The Indiana Department of Workforce Development predicts a 9% growth rate in dietetic employment by 2018. Graduates of the Dietetic Internship Professional Certificate Program will find a welcoming market place.

See links to resources in Appendix 2 for additional detail.

iv. National, State, or Regional Studies

There are four undergraduate dietetic education programs in Indiana located at Ball State University, Indiana University at Bloomington, Purdue University and the University of Southern Indiana, which currently enroll a total of 349 students. To complete their professional preparation each of these students will require a dietetic internship experience. In Indiana, there are two dietetic internship programs-- our Dietetic Internship Professional Certificate Program and the Ball State University Dietetic Internship Program. Together, we enroll 40 interns per year.

ACEND reported in May 2013 (Appendix 3) following the national computer match for internship positions, that 52% of the 4,851 applicants for internship positions were successful in finding an internship. In addition to encouraging the development of new internship programs and recruitment of internship preceptors, ACEND continued the moratorium on development of new undergraduate dietetic education programs imposed in June 2009.

*See Appendix 3: **National, State, or Regional Studies** for additional detail.*

v. Surveys of Employers or Students and Analyses of Job Postings

The Dietetic Internship Professional Certificate Program collects annual data on employment as required by ACEND. Employment data for the 2008-2012 classes (last full 5 years) shows that 19% found employment by graduation, 60% within 4 months and 85% (n=68) of the internship graduates (n=80) found employment within 6 months. Fifty-nine percent of internship graduates found employment in Indiana.

*See Appendix 4: **Surveys of Employers or Students and Analyses of Job Postings** for additional detail.*

vi. Letters of Support

The following provided letters of support for this certificate reaffirmation:

- Department of Nutrition Sciences, Purdue University, West Lafayette, IN
- Department of Applied Sciences, Indiana University, Bloomington, IN

- Office of School & Community, Indiana Department of Education, Indianapolis, IN
- Nutrition Services, Academic Health Center, Indiana University Health, Indianapolis, IN
- Department of Nutrition & Dietetics, Hendricks Regional Health, Danville, IN

Letters of support document the long fruitful relationship between the Indiana University at Bloomington and Purdue University at West Lafayette. The first dietetic interns enrolled in the Dietetic Internship Professional Certificate Program in 1918 were graduates of Indiana University Bloomington. In 1921, the Dietetic Internship Professional Certificate Program graduated the first of a long line of Purdue University alumni. Letters from both Indiana University Bloomington and Purdue University West Lafayette document the importance of the Dietetic Internship Professional Certificate Program to dietetic education in Indiana and address the high quality of the preparation provided by the Dietetic Internship Professional Certificate Program.

Letters from Indiana University Health, Hendricks Regional Health and Indiana Department of Education, all participants in the supervised practice component of the Dietetic Internship Professional Certificate Program, document the need for additional registered dietitians in both health care and community health in Indiana and the high quality of program graduates.

*See Appendix 5 for **Letters of Support**.*

3. Cost of and Support for the Program

a. Costs

i. Faculty and Staff

All required faculty are in place. The Dietetic Internship Professional Certificate Program requires 1.5 faculty FTE and 0.5 FTE staff.

ii. Facilities

No renovation or new space needs are required for this program.

iii. Other Capital Costs (e.g. Equipment)

No additional capital costs are associated with this program

b. Support

i. Nature of Support (New, Existing, or Reallocated)

No reallocation of resources took place to support this program

No programs were eliminated or downsized to provide resources for this program.

ii. Special Fees above Baseline Tuition

At present dietetic interns pay a \$225 dollar course fee attached to SHRS N 544 Medical Nutrition Therapy, which covers teaching materials. Dietetic interns pay standard graduate tuition rates.

4. Similar and Related Programs

a. List of Programs and Degrees Conferred

i. Similar Programs at Other Institutions

In addition to our dietetic internship program, in Indiana there is one additional ACEND accredited dietetic internship program offered by Ball State University at Muncie.

The Ball State Program requires a prerequisite of nine credit hours of graduate course work. The Ball State Dietetic Internship enrolls 24 interns (12 in January and 12 in May). The program is 11 months in duration. Total tuition costs for the Ball State Dietetic Internship Program (including the nine credits of required graduate course work) are \$10,631 for residents and \$19,721 for nonresidents. This calculation does not include fees and incidentals.

ii. Related Programs at the Proposing Institution

No related programs exist at IUPUI.

b. List of Similar Programs Outside Indiana

State	Institution	Length	Certificate/Degree	Enrollment
Illinois	Southern Il Univ.	24 months	MS	14
			Community Nutrition	
	Eastern Il Univ.	19 months	MS Nutrition Education	16
State Illinois	Rush Univ. Medical enter Institution	21 months	MS Clinical Nutrition	12
	No. Il. Univ.	>28 months	Certificate/Degree MS Community Nutrition, Health Promotion	Enrollment 18
	Ingalls Memorial Hospital	10 months	None	12
	Edward Hines Jr. VA Hospital	9 months	Some graduate credit	12
	Benedictine University	19 months	MS Public Health & Community Nutrition	14
	Loyola University Chicago	22 months	MS Public Health Nutrition	10
	Il State Univ.	22 months	MS Leadership & Project Management	10
	Bradley Univ.	10 months	Some graduate credit	10
	OSF St. Francis Medical Center	12 months	None	10
	Univ. of IL at Urbana-Champaign	19 months	MS , PhD Nutrition Research	4
Kentucky	Western KY University	9 months	Some graduate credit	10

State	Univ. of KY	20 months	MS Food Systems Management	2
		7 months	Nondegree	6
	Univ.KY	10 months	Optional	6
	Hospital		graduate credit	
	Murray State University	9 months	Some graduate credit	12
	Institution	Length	Certificate/Degree	Enrollment
	Eastern KY University	20 months	MS Community Nutrition	16
	Ohio Bowling Green State University	24	MS	7
		12	Certificate	22
	Good Samaritan Hospital	10 months	None	6
Ohio	The Christ Hospital	11 months	None	5
	Case Western Reserve Univ	20 months	MS Public Health Community Nutrition	10
	Cleveland Clinic	11 months	None	9
	Stokes Cleveland VA Med. Center	17 months	MS with Case Western Required	12
	MetroHealth Medical Center	11 months	None	3
	Univ. Hospitals	16 months	MS with Case Western Required	5
	Case Western Med Center			
	The Ohio State Univ.	10 months	None	12
		23 months	MS Medical Nutrition Therapy	6
	Miami Valley Hospital	11 months	None	8
Michigan	Kent State University	21 months	MS Leadership	10
	Univ. of MI	6 months	Prerequisite 24 Hrs grad credit from Univ of MI or MS degree	16
	Univ. of MI Hospitals	10 months	None	12
	Andrews Univ.	9 months	Grad credit optional	19
	Harper Univ. Hospital	11 months	None	6
	Henry Ford Hospital	10 months	None	8
	MI State Univ	11 months	Grad degree	14

			available	
	Hurley Med. Center	9 months	None	4
	Western MI University	10 months	Some graduate credit	9
	Central MI University	7 months	None	20
State	Institution	Length	Certificate/Degree	Enrollment
Michigan	Beaumont Health System	8 months	None	8

- c. Articulation of Associate/Baccalaureate Programs

Not Applicable

- d. Collaboration with Similar or Related Programs on Other Campuses

Not Applicable

5. Quality and Other Aspects of the Program

- a. Credit Hours Required/Time To Completion

Thirty credit hours completed over 10 months are required for the Dietetic Internship Professional Certificate Program.

See Appendix 10: Credit Hours Required/Time to Completion, Sample intern Schedule and Sample Internship Rotation Materials for additional detail.

- b. Exceeding the Standard Expectation of Credit Hours

Not Applicable

- c. Program Competencies or Learning Outcomes

Core Competencies for the Registered Dietitian (*ACEND Accreditation Standards Internship Programs in Nutrition & Dietetics*, February 2012)

Upon completion of the program, graduates are able to:

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice.
 - Select indicators of program quality and/or customer service and measure achievement of objectives
 - Apply evidence-based guidelines, systematic reviews and scientific literature in the nutrition care process and model and other areas of dietetics practice
 - Justify programs, products, services and care using appropriate evidence or data
 - Evaluate emerging research for application in dietetics practice
 - Conduct projects using appropriate research methods, ethical procedures and data analysis
2. Professional Practice Expectations: beliefs, values, attitude and behaviors for the professional dietitian level of practice.

- Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics
 - Demonstrate professional writing skills in preparing professional communications
 - Design, implement and evaluate presentations to a target audience
 - Use effective education and counseling skills to facilitate behavior change
 - Demonstrate active participation, teamwork and contributions in group settings
 - Assign patient care activities to dietetic technicians registered and/or support personnel as appropriate
 - Refer clients and patients to other professionals and services when needs are beyond individual scope of practice
 - Apply leadership skills to achieve desired outcomes
 - Participate in professional and community organizations
 - Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services
 - Demonstrate professional attributes within various organizational cultures
 - Perform self-assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetic Registration
 - Demonstrate negotiation skills
3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations
- Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings
 - a. Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered
 - b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements
 - c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis
 - d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis
 - e. Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
 - Demonstrate effective communication skills for clinical and customer services in a variety of formats
 - Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management
 - Deliver respectful, science-based answers to consumer questions concerning emerging trends

- Coordinate procurement, production, distribution and service of goods and services
 - Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals
4. Practice management and use of resources: strategic application of principles of management and systems in the provision of services to individuals and organizations
- Participate in management of human resources
 - Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food
 - Participate in public policy activities, including both legislative and regulatory initiatives
 - Conduct clinical and customer service quality management activities
 - Use current informatics technology to develop, store, retrieve and disseminate information and data
 - Analyze quality financial or productivity data and develop a plan for intervention
 - Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment
 - Conduct feasibility studies for products, programs or services with consideration of costs and benefits
 - Analyze financial data to assess utilization of resources
 - Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies
 - Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers

The Dietetic Internship Professional Certificate Program meets the Principles of Graduate and Professional Learning by demonstrating the following abilities.

The knowledge and skills needed to meet ACEND standards of performance as demonstrated through supervised practice evaluations and performance in required courses.

Communicate effectively with their peers, their clientele and the general public as demonstrated through supervised practice evaluations, professional seminar presentation (N 591 Seminar in Nutrition & Dietetics) and preparation of a grant proposal (N563 Research Methods in Nutrition & Dietetics).

Meet all ethical standards established for the discipline as demonstrated through supervised practice evaluations, completion of CITI Research Ethics Tutorial, observance of Academy of Nutrition and Dietetics Code of Ethics.

See Assessment (below) for additional detail

d. Assessment

As part of ACEND accreditation, a dietetic internship program writes a self-study demonstrating the following:

- Integration of the program into the mission, goals and objectives of the parent institution.
- Sufficient resources to support a dietetic internship program including budget, faculty, affiliated health care organizations, affiliations with appropriate community and public health groups and appropriate preceptors.
- Curricular plans that show how the didactic learning experiences and supervised practice experiences meet the Competencies (learning outcomes and criteria established for entry-level dietitians). The program must document that interns will work with a variety of age groups, a variety of cultures and with other health care professions, in a variety of settings (acute care, critical care, community, etc.).
- Assessment plans that include program goals and objectives as well as individual intern learning. Assessment data and utilization of the assessment findings must be documented if the dietetic internship is asking for reaccreditation.

Following the submission of the self-study, each dietetic internship candidate program undergoes a site visit. Once accredited, the dietetic internship will be required to submit a Program Assessment Report, which documents the last five years of assessment activity and demonstrates the continuing improvement of the dietetic internship program.

ACEND requires dietetic internship programs to demonstrate two levels of assessment. The first level involves assessment of individual intern learning (see Table 1 taken from the 2009 Self-Study). As shown in Table 1, the Dietetic Internship Professional Certificate Program closely monitors individual intern progress in didactic courses and in the supervised practice areas.

The Dietetic Internship Professional Certificate Program collects additional data on intern performance through online journals kept by each dietetic intern. The journals provide an opportunity for self-evaluation, reflection and a private communication mechanism with faculty. General themes from each week's journals drive the class discussion on Monday when the class discusses the previous week's experience.

The second level of assessment data required by ACEND addresses the goals and objectives of the Dietetic Internship Professional Certificate Program (see Table 2 taken from the 2009 Self-Study).

Table 1 Plan for Ongoing Individual Assessment of Dietetic Interns
Taken from 2009 Dietetic Internship Professional Certificate Program Self-Study

1. Preceptors evaluate intern performance using a formal written evaluation tool (specifically designed for each rotation) at the end of each rotation. Interns review rotation evaluations with preceptors and sign off on the evaluation.
 - a. Supervised practice preceptors are encouraged to contact the Dietetic Internship Certificate Program director and/or co-director at the first indication of developmental or learning issues.
 - b. Dietetic Internship Certificate Program director and co-director read the intern electronic logs to determine if learning or practice issues are encountered by the intern.
 - c. In the event of occurrence of either (a) or (b), the program director or co-director will discuss developing issues with the preceptor and/or intern.
 - d. In the event that remediation is required the Dietetic Internship Program Policy and Procedure that governs this eventuality is implemented.
2. Completed intern evaluations are turned in by interns, faxed or mailed by preceptors as desired to the dietetic internship director and co-director.
3. Completed intern evaluations are reviewed and initialed by the internship director and co-director and then data based by the Dietetic Internship Certificate Program administrative assistant.
4. Individual intern files are reviewed periodically by Dietetic Internship Professional Certificate Program director and co-director.
5. Didactic component quizzes and tests are usually preliminarily graded in class, reviewed and grade adjusted by faculty and returned to interns within one week. Assignments are discussed in class, graded by faculty and usually returned within two to three weeks.
6. Didactic component grades are determined and shared with interns formally in mid-fall, end of fall and mid-spring. Final grades for the didactic component are issued at the end of spring semester in early May. In the event that an intern's grades are unsatisfactory (below 70%) the intern will meet with the internship director and will be counseled.

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
1. Scientific and Evidence Base of Practice: Integration of scientific information and research into practice.				
DI 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other	Food Systems Core Rotation School Food Service Rotation	Supervised Practice Preceptor	N 544 Medical Nutrition Therapy N 563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition	Faculty

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
outcomes.			and Dietetics	
DI 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the ADA Evidence Analysis Library, Cochran Database of Systematic Reviews and the US Department Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetic practice.	Clinical Block II Rotation Diabetes Clinic Rotation Renal Outpatient Clinic Rotation	Supervised Practice Preceptor	N 544 Medical Nutrition Therapy N 563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition and Dietetics	Faculty
DI 1.3 Justify programs, products, services and care using appropriate evidence or data.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor	N 563 Research Methods in Nutrition and Dietetics “Talk Back”	Faculty
DI 1.4 Evaluate emerging research for application in dietetics practice.			N 563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition and Dietetics Attendance at FNCE or other professional research oriented meeting.	Faculty
DI 1.5 Conduct research projects using appropriate research methods, ethical procedures and statistical analysis.	Food Systems Core Rotation	Supervised Practice Preceptor	N 563 Research Methods in Nutrition and Dietetics – Grant Proposal Project	Faculty
2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice				

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
DI 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics.	Supervised practice rotations	Supervised Practice Preceptor	Formal discussion of Code of Ethics during first two weeks of internship prior to beginning of supervised practice component. Additional discussion of ethics as applied to research in N 563 Research Methods in Nutrition and Dietetics.	Faculty
DI 2.2 Demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.	Food Systems Core Rotation School Food Service Rotation WIC Rotation Community Clinics Rotation Extended Care Rotation	Supervised Practice Preceptor	N 563 Research Methods in Nutrition and Dietetics	Faculty
DI 2.3 Design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience.	Diabetes Clinic Rotation Food Systems Core Rotation Clinical Block I Rotation Clinical Block II Rotation Renal Outpatient Clinic Rotation School Food Service Rotation	Supervised Practice Preceptor	N591 Seminar in Nutrition and Dietetics	Faculty
DI 2.4 Use effective education and counseling skills to facilitate behavior change.	Clinical rotations Food Systems Core Rotation YMCA Family Cooking	Supervised Practice Preceptor	N 567 Management Issues in Dietetics N 544 Medical Nutrition Therapy	Faculty
DI 2.5 Demonstrate active participation, teamwork and contributions in group settings.	Food Systems Core Rotation Diabetes Clinic Rotation	Supervised Practice Preceptor	Group projects within the didactic component.	Faculty

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
	WIC Clinic Rotation Gleaners			
DI 2.6 Assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility.	Food Systems Core Rotation Extended Care Rotation Clinical Block II Rotation	Supervised Practice Preceptor		
DI 2.7 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.	Clinical rotations	Supervised Practice Preceptor		
DI 2.8 Demonstrate initiative by proactively developing solutions to problems.	Supervised practice rotations	Supervised Practice Preceptor	N 567 Management Issues in Dietetics	
DI 2.9 Apply leadership principles effectively to achieve desired outcomes.	Supervised practice rotations	Supervised Practice Preceptor	“Talk Back” N 567 Management Issues in Dietetics	Faculty
DI 2.10 Serve in professional and community organizations.	FNCE and professional meetings including Indiana Dietetic Association (IDA), Indiana Society for Parenteral and Enteral Nutrition (ISPEN) and ASHFA.		N 567 Legislation Guest Speaker	
DI 2.11 Establish collaborative relationships with internal and external stakeholders, inkling patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate	Supervised practice rotations	Supervised Practice Preceptor	Electronic journals “Talk Back”	

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
individual and organizational goals.				
DI 2.12 Demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures.	Supervised practice rotations	Supervised Practice Preceptor	N 544 Medical Nutrition Therapy N 563 Research Methods in Nutrition and Dietetics N 567 Management Issues in Dietetics N 591 Seminar in Nutrition and Dietetics “Talk Back”, Electronic Journal	Faculty
DI 2.13 Perform self- assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetic Registration.	FNCE End of each supervised practice rotation		Electronic journal, “Talk Back” N 591 Seminar in Nutrition and Dietetics	Faculty
DI 2.14 Demonstrate assertiveness and negotiation skills while respecting life experiences, cultural diversity and educational background.	Supervised practice rotations	Supervised Practice Preceptor		
<i>3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations</i>				
DI 3.1 Perform the Nutrition Care Process (a through d below) and use standardized nutrition language for individuals, groups and populations of differing ages	Clinical Nutrition Block I Rotation Clinical Nutrition Block II Rotation Diabetes Clinic Rotation	Supervised Practice Preceptor	N 544 Medical Nutrition Therapy	Faculty

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
<p>and health status in a variety of settings:</p> <p>DI 3.1.a. Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered.</p> <p>DI 3.1.b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements</p> <p>DI 3.1.c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention</p> <p>DI 3.1.d Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis</p>	<p>Community Clinic Rotation</p> <p>WIC Rotation</p> <p>Renal Outpatient Rotation</p>			
<p>DI 3.2 Develop and demonstrate effective communication skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing.</p>	<p>Food Systems Core Rotation</p> <p>School Food Service Rotation</p> <p>Clinical Rotations</p> <p>Gleaners</p>	<p>Supervised Practice Preceptor</p>	<p>N 567 Management Issues in Dietetics</p> <p>N 591 Seminar in Nutrition and Dietetics</p>	<p>Faculty</p>

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
DI 3.3 Demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor	N 567 Management Issues in Dietetics	Faculty
DI 3.4 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation Gleaners	Supervised Practice Preceptor		
DI 3.5 Deliver respectful, science-based answers to consumer questions concerning emerging trends.	All rotations	Supervised Practice Preceptor	N 591 Seminar in Nutrition and Dietetics – discussion questions include how to answer consumer questions that pertain to the chosen topic	Faculty
DI 3.6 Coordinate procurement, production, distribution and service of goods and services.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor		
DI 3.7 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation Gleaners YMCA Family Cooking	Supervised Practice Preceptor		
<i>4. Practice Management and Use of Resources: strategic application of principles of</i>				

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
<i>management and systems in the provision of services to individuals and organizations.</i>				
DI 4.1 Use organizational processes and tools to manage human resources.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor	N 567 Management Issues in Dietetics	Faculty
DI 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation Community Services Rotation – Food Safety Inspections	Supervised Practice Preceptor		
DI 4.3 Apply systems theory and process approach to make decisions and maximize outcomes.	Food Systems Core Rotation	Supervised Practice Preceptor		
DI 4.4 Participate in public policy activities, including both legislative and regulatory initiatives.			N 567 Management Issues in Dietetics Speaker Martha Rardin RD Legislation and Reimbursement presentations and discussions	Faculty
DI 4.5 Conduct clinical and customer service quality management activities.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor		
DI 4.6 Use current informatics technology to develop, store,			N 591 Seminar in Nutrition and Dietetics	Faculty

Competencies/Learning Outcomes	Supervised Practice Rotation	Rotation Evaluation	Didactic Component	Didactic Evaluation
retrieve and disseminate information and data.				
DI 4.7 Prepare and analyze quality, financial or productivity data and develops a plan for intervention.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	Supervised Practice Preceptor		
DI 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.	Food Systems Core Rotation			
DI 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes.	Food Systems Core Rotation	Supervised Practice Preceptor		
DI 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements and supplies.			N 563 Research Methods in Nutrition and Dietetics	Faculty
DI 4.11 Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting.	Supervised practice rotations	Supervised Practice Preceptor		
DI 4.2 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers.	Administrative components of the Food Service Core Rotation	Supervised Practice Preceptor	N 567 Management Issues in Dietetics Speaker Martha Rardin RD	Faculty

Table 2 Plan for Dietetic Internship Program Assessment
Taken from 2009 Dietetic Internship Professional Certificate Program Self-Study

Dietetic Internship Program assessment includes several components. These include the following:

- Annual electronic assessment by employers and graduates of the Dietetic Internship Program one year post program completion.
- Annual assessment of the didactic component of the Dietetic Internship Program by the graduating internship class. This includes speakers, faculty, activities, course formats, and textbooks.
- Annual assessment of the rotation sites and preceptors by the graduating internship class.
- Continual informal assessment through electronic intern logs and informal and formal preceptor feedback
- Periodic assessment of the degree to which each Competency or Learning Outcome is met by the Dietetic Internship Program as determined below.

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
1. <i>Scientific and Evidence Base of Practice:</i> <i>Integration of scientific information and research into practice.</i>				Program Director & Administrative Assistant	
DI 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes	Food Systems Core Rotation School Food Service Rotation	N544 Medical Nutrition Therapy N563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition and Dietetics	Year 1 - 2009		100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all interns will receive a C or better in each course listed

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
DI 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the ADA Evidence Analysis Library, Cochran Database of Systematic Reviews and the US Department Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetic practice.	Clinical Nutrition Block II Rotation Diabetes Clinic Rotation Renal Outpatient Clinic Rotation	N544 Medical Nutrition Therapy N563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition and Dietetics	Year 1-2009		100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all interns will receive a C or better in each course listed
DI 1.3 Justify programs, products, services and care using appropriate evidence or data	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	N563 Research Methods in Nutrition and Dietetics “Talk Back”	Year 1-2009		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 1.4 Evaluate emerging research for application in dietetics practice.		N563 Research Methods in Nutrition and Dietetics N591 Seminar in Nutrition and Dietetics Attendance at FNCE or other professional research oriented meeting.	Year 1-2009		100% of all interns will receive a C or better in each course listed.

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
DI 1.5 Conduct research projects using appropriate research methods, ethical procedures and statistical analysis	Food Systems Core Rotation	N563 Research Methods in Nutrition and Dietetics – Grant Proposal Project	Year 1-2009		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
<i>2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice</i>				Program Director & Administrative Assistant	
DI 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics	Supervised practice rotations	Formal discussion of Code of Ethics during first two weeks of internship prior to beginning of supervised practice component. Additional discussion of ethics as applied to research in N563 Research Methods in Nutrition and Dietetics.	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all Grant Proposals will demonstrate ethical research. 100% of all interns will achieve a score of 80% on the human

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
					subjects certification examination
DI 2.2 Demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures.	Food Systems Core Rotation School Food Service Rotation WIC Rotation Community Clinics Rotation Extended Care Rotation	N563 Research Methods in Nutrition and Dietetics	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 2.3 Design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience	Diabetes Clinic Rotation Food Systems Core Rotation Clinical Block I Rotation Clinical Block II Rotation Renal Outpatient Clinic Rotation School Food Service Rotation	N591 Seminar in Nutrition and Dietetics	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all interns will receive a grade of C or better in N 591.
DI 2.4 Use effective education and counseling skills to facilitate behavior change.	Clinical rotations Food Systems Core Rotation	N567 Management Issues in Dietetics N544 Medical Nutrition Therapy	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
					SPR indicated. 100% of all interns will receive a grade of C or better on management projects and Patient education projects.
DI 2.5 Demonstrate active participation, teamwork and contributions in group settings	Food Systems Core Rotation Diabetes Clinic Rotation WIC Clinic Rotation	Group projects within the didactic component.	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in SPR indicated 100% of all interns will demonstrate satisfactory (grade C or better) in planned group activities such as health fairs etc.
DI 2.6 Assign appropriate	Food Systems Core		Year 2 - 2010		100% of all

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility	Rotation Extended Care Rotation Clinical Block II Rotation				interns will receive Satisfactory Scores (S) in SPR indicated.
DI 2.7 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice	Clinical rotations	N 567 Management Issues in Dietetics	Year 2 - 2010		100% of all interns will receive Satisfactory Scores (S) in SPR indicated 100% of all interns will demonstrate in class projects an understanding of referral systems for employees by earning a grade of C or better.
DI 2.8 Demonstrate initiative by proactively developing solutions to problems.	Supervised practice rotations	N567 Management Issues in Dietetics	Year 3 - 2011		100% of all interns will receive

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
					Satisfactory Scores (S) in SPR indicated.
DI 2.9 Apply leadership principles effectively to achieve desired outcomes	Supervised practice rotations	“Talk Back” N567 Management Issues in Dietetics	Year 3 - 2011		100% of all interns will receive Satisfactory Scores (S) in SPR indicated. 100% of all interns will achieve a score of 70% or better on leadership related projects in N 567.
DI 2.10 Serve in professional and community organizations	FNCE and professional meetings including Indiana Dietetic Association (IDA), Indiana Society for Parenteral and Enteral Nutrition (ISPEN) and ASHFA.	N567 Management Issues in Dietetics – Guest Speaker on “Legislation”	Year 3 - 2011		100% of all interns will attend selected professional meetings and will report on those meetings in their journals.
DI 2.11 Establish	Supervised practice	Electronic journals	Year 3 - 2011		100% of all

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
collaborative relationships with internal and external stakeholders, inking patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate individual and organizational goals	rotations	“Talk Back”			interns will receive Satisfactory Scores (S) in SPR indicated.
DI 2.12 Demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures	Supervised practice Rotations	N544 Medical Nutrition Therapy N563 Research Methods in Nutrition and Dietetics N567 Management Issues in Dietetics N591 Seminar in Nutrition and Dietetics “Talk Back”, Electronic Journal	Year 3 - 2011		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 2.13 Perform self-assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetic Registration	FNCE Self evaluation occurs at the end of each rotation Special Concentration	Electronic journal, “Talk Back” N591 Seminar in Nutrition and Dietetics	Year 3 - 2011		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 2.14 Demonstrate assertiveness and negotiation skills while respecting life	Supervised practice rotations		Year 3 - 2011		100% of all interns will receive

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
experiences, cultural diversity and educational background					Satisfactory Scores (S) in SPR indicated.
<i>3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations</i>				Program Director & Administrative Assistant	
<p>DI 3.1 Perform the Nutrition Care Process (a through d below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status in a variety of settings</p> <p>DI 3.1.a. Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered.</p> <p>DI 3.1.b. Diagnose nutrition problems and create problem, etiology, signs and symptoms</p>	<p>Clinical Nutrition Block I Rotation</p> <p>Clinical Nutrition Block II Rotation</p> <p>Diabetes Clinic Rotation</p> <p>Community Clinic Rotation</p> <p>WIC Rotation</p> <p>Renal Outpatient Rotation</p>	N544 Medical Nutrition Therapy	Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
<p>(PES) statements</p> <p>DI 3.1.c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention</p> <p>DI 3.1.d Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis</p>					
DI 3.2 Develop and demonstrate effective communication skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing	Food Systems Core Rotation School Food Service Rotation Clinical Rotations	N567 Management Issues in Dietetics N591 Seminar in Nutrition and Dietetics	Year 4 – 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
DI 3.3 Demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	N567 Management Issues in Dietetics	Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 3.4 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 3.5 Deliver respectful, science-based answers to consumer questions concerning emerging trends	Supervised practice rotations	N591 Seminar in Nutrition and Dietetics – discussion questions include how to answer consumer questions that pertain to the chosen topic	Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 3.6 Coordinate procurement, production, distribution and service of goods and services	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
					indicated.
DI 3.7 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural 0+ diversity and health needs of various populations, groups and individuals.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		Year 4 - 2012		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
<i>4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.</i>			Year 5- 2013	Program Director & Administrative Assistant	
DI 4.1 Use organizational processes and tools to manage human resources	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation	N567 Management Issues in Dietetics	Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation Community Services Rotation – Food		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
	Safety Inspections				
DI 4.3 Apply systems theory and process approach to make decisions and maximize outcomes	Food Systems Core Rotation		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 4.4 Participate in public policy activities, including both legislative and regulatory initiatives		N567 Management Issues in Dietetics Speaker Martha Rardin RD Legislation and Reimbursement presentations and discussions	Year 5 - 2013		100% of all interns will participate in IDA Legislative Day and will contact a legislator about an area of interest.
DI 4.5 Conduct clinical and customer service quality management activities	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 4.6 Use current informatics technology to develop, store, retrieve and disseminate information and data		N591 Seminar in Nutrition and Dietetics	Year 5 - 2013		100% of all interns will achieve a score of 70% or better on their seminar

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
DI 4.7 Prepare and analyze quality, financial or productivity data and develops a plan for intervention	Food Systems Core Rotation School Food Service Rotation Extended Care Rotation		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits	Food Systems Core Rotation		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated.
DI 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes	Food Systems Core Rotation		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in SPR indicated
DI 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements and supplies		N563 Research Methods in Nutrition and Dietetics	Year 5 - 2013	Faculty	100% of all interns will earn a grade of C or better on their grant proposal
DI 4.11 Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines	Supervised practice rotations		Year 5 - 2013		100% of all interns will receive Satisfactory Scores (S) in

Competencies/Learning Outcomes	Supervised Practice Rotation (SPR)	Didactic Component	Timeline for Assessment	Responsible Person(s)	Target
required by the practice setting					SPR indicated.
DI 4.2 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers.	Administrative components of the Food Service Core Rotation	N567 Management Issues in Dietetics Speaker Martha Rardin RD	Year 5 - 2013	Faculty	100% of all interns will receive Satisfactory Scores (S) in SPR indicated.

At the conclusion of each rotation, interns evaluate their supervised practice preceptors using a survey instrument on Survey Monkey. These anonymous evaluations are compiled and distributed to the preceptors at the end of the year.

In addition to the required supervised practice experiences (rotations), each intern completes a five-week Capstone Rotation. The Capstone Rotation occurs following the completion of the required supervised practice rotations and graduate courses. Each intern completes 200 hours of supervised practice with self-selected objectives and outcome assessment of performance in the dietetic practice setting of choice.

Before the Capstone experience, interns evaluate the didactic courses including course assignments, faculty and practice sites using online survey instruments (Survey Monkey). This information forms the basis for the review and ongoing assessment and modification of the Dietetic Internship Professional Certificate Program.

Class performance on the Registration Examination for Dietitians (RD Exam) provides additional outcome data for the Dietetic Internship Professional Certificate Program. This is a national examination administered by the Commission on Dietetic Registration. ACEND requires that dietetic education programs maintain a 5 year first time passing rate of 80%.

The Dietetic Internship Professional Certificate Program's current 5 year (2008-2012) first time passing rate is 80%. The current RD Exam passing rate is the result of the performance of the Classes of 2010 & 2012. First time passing rates for these two classes were 62.5%. We surveyed these classes through Survey Monkey and found that interns from these two classes reported that they did not expect the RD Exam to be as difficult as it was and did not study sufficiently. One intern reported that she took the RD Exam without studying to determine the level of difficulty. We shared the 2010 data with other classes but not all interns believed the results applied to them.

To address this situation, we purchased a subscription for the Class of 2014 to the Academy of Nutrition and Dietetics new Student Exam Prep (StEP) Help. This is a web-based 140 question examination with a 700 item test bank modeled on the RD Exam. The interns will have access to this test, which includes test feedback showing correct answers, rationale and references, for three months. Performance on the StEP will be a required component of the Capstone Rotation.

Our experience with first time pass rates is not unique to us. In states like Indiana which do not have a licensure, it is possible for newly graduated dietetic interns to obtain employment contingent on subsequent passing of the Registration Examination for Dietitians, usually within a six month period. Experience shows that newly hired graduates become immersed in the new job and do not study sufficiently.

In addition to the development of the StEP Help Test, the Commission on Dietetic Registration (CDR) developed a new measure of program success on the Registration Examination for Dietitians. In addition to the first time pass rate, the CDR also reports the number of students who passed the RD Exam within one year of their first attempt. Utilizing this measure, the success rate for the Dietetic Internship Professional Certificate Program is 95% for 2008-2012. See Appendix 4.

The Dietetic Internship Professional Certificate Program surveys graduates of the dietetic internship and their employers one year following graduation using online surveys through Survey Monkey. Internship graduates give consent by forwarding the survey link to their supervisor.

Survey results for the graduates of the Classes of 2008-2011 are complete. The survey for the Class of 2012 is still open. The survey response rate from classes of 2008-2012 is 46.3% (37 responded/80 graduates). All respondents agreed (40.5%) or strongly agreed (59.5%) with the statement “I was well prepared by the Dietetic Internship Program for my first year of professional practice”. All respondents said that they would recommend the SHRS Dietetic Internship Professional Certificate Program to students looking for a dietetic internship. Complete results and analysis of the survey is presented in Appendix 4.

Survey results for the employers of the internship graduates for the Classes of 2008-2011 are complete. The survey for the employers of the Class of 2012 is still open. The survey response rate from the classes of 2008-2012 is 20% (16 responded/80 graduates). All respondents (with one exception) agreed (25%) or strongly agreed (69%) with the statement “The graduate from our dietetic internship program was well prepared for the position for which you hired them”. Ninety-four percent said that they would hire another graduate from our dietetic internship program. One respondent skipped this question. Complete results and analysis of the survey is presented in Appendix 4.

e. Licensure and Certification

Graduates of this program will be prepared to earn the following:

- State License: Dietetic Internship Professional Certificate Program graduates, once they become Registered Dietitians, will be eligible for licenses in 38 states that have dietetic licensure. In Indiana and six other states, graduates of the program will be eligible for certification as registered dietitians.
- National Professional Certifications (including the bodies issuing the certification): Eligible to sit for the Registration Examination for Dietitians offered through the Commission on Dietetic Registration

f. Placement of Graduates

Dietitians work in many settings, including hospitals, cafeterias, extended care facilities, outpatient clinics, government and non-profit agencies, health maintenance organizations, physician offices and industry.

Data from our Dietetic Internship Classes (2008-2012) see Appendix 5 show that out of the 80 graduates, 53% found employment as clinical dietitians in hospitals and clinics, 14% in community and public health programs, 10% in school food service and nutrition education, 8% in extended care facilities and 4% in food systems management positions. Roughly, 11% chose other avenues of endeavor, enrolled in graduate school, started families or were lost to follow-up.

g. Accreditation

The Dietetic Internship Professional Certificate Program received national accreditation in 1927 and is the second oldest continuously enrolling dietetic internship in the United States. As of June 2013, 1,556 dietetic professionals completed their professional preparation in the Dietetic Internship Professional Certificate Program. The most recent reaccreditation was in 2009 for a period of 10 years (maximum time period permitted).

6. Projected Headcount and FTE Enrollments and Degrees Conferred

The Dietetic Internship Professional Certificate Program enrolls 16 full time graduate professional students per year. The program is offered on the IUPUI campus only and is usually fully subscribed. In the last five years (2009-2013), the Dietetic Internship Professional Certificate Program admitted 80 dietetic interns and graduated 79 for an overall completion rate of approximately 99%. The most recent self-study (2009) shows that between 2004 – 2008, the Dietetic Internship Professional Certificate Program successfully graduated 94% of dietetic interns admitted. Failure to graduate from the Dietetic Internship Professional Certificate Program is usually due to illness where program withdrawal was medically necessary and reappointment or a continuance was not sought by the student.

Appendix 1: Institutional Rationale

[IUPUI Core: Vision, Mission, Values & Diversity](#)

School of Health and Rehabilitation Sciences Mission and Vision Statement

http://shrs.iupui.edu/about/vision_mission.html

Appendix 2: Summary of Indiana Department of Workforce Development and U.S. Department of Labor Data and O-net Summary Report on Dietitians and Nutritionists

Longterm occupational projections prepared by the Indiana Department of Workforce Development are available as noted below under Healthcare Practitioners.

http://www.hoosierdata.in.gov/dpage.asp?id=39&view_number=2&menu_level=smenu4&panel_number=2

Complete tables delineating the marketplace for dietitians in United States are available from the Bureau of Labor Statistics, US Department of Labor as noted below.

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2012-13 Edition*, Dietitians and Nutritionists, on the Internet at

<http://www.bls.gov/ooh/healthcare/dietitians-and-nutritionists.htm> (visited November 25, 2013).

The O-net online Summary Report for Dietitians & Nutritionists (29-1031.00) is available at <http://www.onetonline.org/link/summary/29-1031.00>

Appendix 3: National, State, or Regional Studies

Table 1 Student Enrollment in Didactic Programs in Dietetics in Indiana

School	Current Enrollment in Dietetics
Indiana University Bloomington	98
University of Southern Indiana, Evansville	24
Ball State University, Muncie	71
Purdue University, West Lafayette	156
Total students	349

Compiled from Academy of Nutrition & Dietetics website for Didactic Programs in Dietetics <http://www.eatright.org/BecomeanRDorDTR/content.aspx?id=8472>

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ACEND UPdate

The On-line Newsletter for ACEND-Accredited Programs May2013

New Approach Used for Analyzing the April 2013 Match Results

Data from the April 2013 match have now been calculated to account for capacity gained through preselect positions. Using this approach, total capacity increased by 1% or 26 slots over last year; however 222 positions went unfilled, resulting in a 52% actual match rate. Assuming that all available slots are filled after the second round match, 57% of applicants seeking matches could potentially obtain an internship position. Moreover, ninety-eight students are currently enrolled in Individualized Supervised-Practice Pathways (ISPPs) which could raise match rates even higher! All things being equal, increasing supervised-practice capacity by 43% or 2106 positions would solve the demand for positions; however, any gains will be offset if the enrollment rate of didactic programs continues to rise.

	April 2012	April 2013	Variance
Students Matched	2313 (48%)	2327 (48%)	14 (1 %)
Students Preselected	226 (5%)	196 (4%)	-30 (-13%)
Students Not Matched	2272 (47%)	2328 (48%)	56 (2%)
Total Applicants	4811 (100%)	4851 (100%)	40 (1%)

	2012 (85%)	2013 (85%)	Variance
Positions Filled through the Match	2313 (85%)	2327 (85%)	14 (1%)
Preselect Positions	226 (8%)	196 (7%)	-30 (-13%)
Positions Not Filled	180 (7%)	222 (8%)	42 (23%)
Total Positions Available	2719 (100%)	2745 (100%)	26 (1%)

Positions Needed for a 100% Match	2092 (43%)	2106 (43%)	14 (1%)
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Actual Match Rate (Preselect & Matches)	2539 (53%)	2523 (52%)	-16 (-1%)
Match Potential (Positions/Applicants)	2719 (57%)	2745 (57%)	26 (1%)

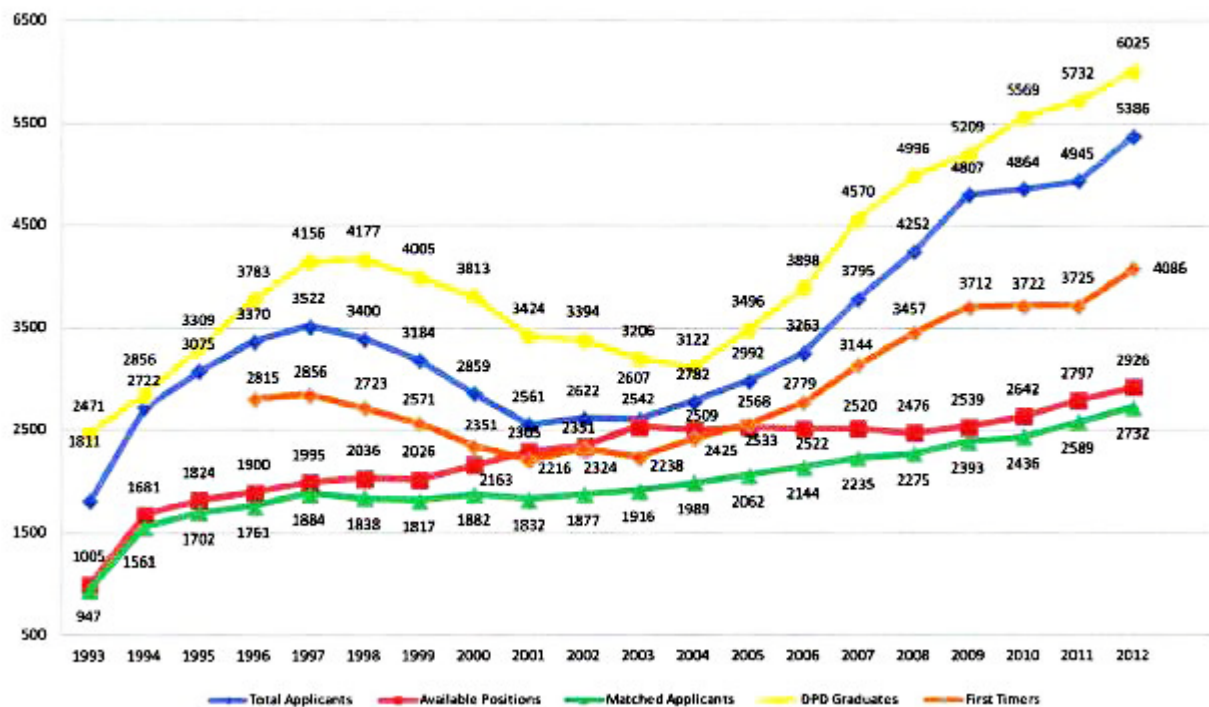
Another critical analysis was added to shed light on the data now being gathered from the internship match. Rankings of internship directors were analyzed to determine what percentage of applicants is never ranked. During the spring match, of the 4851 applicants, 39% was never ranked, raising the question of whether those applicants (1,882) have adequate preparation to continue into supervised practice. The answer to this question will have far-reaching implications for our education system. Data available since 2010 have been recently obtained and are in the table, below. ACEND is investigating whether older data can be retrieved to determine the percentage of applicants who were also not ranked from previous years.

% Applicants Not Ranked			
Year	Spring %	Fall %	Annual %
2010		51%	
2011	35%	50%	37%
2012	37%	55%	39%
2013	39%		

Moratorium on New Didactic Programs Continues with a Clarification

At its April 2013 meeting, the ACEND board reaffirmed its moratorium, of June 1, 2009, on new DPDs applying for candidacy, unless they have a process to assure that all qualified students will obtain an internship position. Likewise the moratorium is considered to apply to existing DPD programs that intend to establish new pathways such as satellite campuses. The moratorium will be reviewed at regular intervals to determine whether it should be lifted.

Supply and Demand for Dietetic Internships since 1993 (Includes Preselects)



During the board's discussion, it was made clear that DPDs creating satellite campuses and distance pathways would be treated as new programs with respect to the moratorium. ACEND's policies have traditionally required any program intending to extend operations to a satellite campus to submit an application for a new program; however, in recent months, ACEND has been reviewing its policies to consider the possibility of allowing satellite campuses under one administration. In view of the ever growing number of DPD graduates without the ability to obtain an internship position, the board determined that it would neither be in the best interest of students nor the spirit of the moratorium to allow existing DPDs to establish new pathways and programs in satellite campuses, thereby putting further stress on the availability of internship positions and placing even more students at risk for not being able to complete their education to

become registered dietitians. Monitoring enrollment growth in didactic programs was also noted as an area of non-compliance by the US Department of Education; therefore, ACEND is being required to address this situation expeditiously.

ACEND will continue to allow dietetic-internship programs with sufficient resources to accept additional interns and submit major-program-change documentation after students have been enrolled to facilitate the growth of internship capacity.

ACEND Accreditation Decisions

ACEND continues to review applications and make accreditation decisions based on the ability of each education program to meet the ACEND Accreditation Standards. There were 570 domestic, accredited programs as of May 20, 2013.

Total Number of Active US-Based ACEND Programs	570
US Dietetic Technician Programs	43
US Coordinated Programs	53
US Didactic Programs	225
US Dietetic Internships	249
US Programs Seeking Candidate Status	4
International Programs Seeking Candidate Status	3
International Coordinated Programs	2

More detailed information is available on the ACEND Web site at <http://www.eatright.org/ACEND>.

ACEND Offers Program Director Workshops in 2013

ACEND will be offering small-group workshops covering the latest information that is available from no other source on ACEND accreditation, higher education, strategies to address the CFP Visioning Report, and other issues facing your program. The workshops are designed to help program directors prepare for self-study reports (SSRs), program assessment reports (PARs), and site visits under the 2012 ACEND accreditation standards. Interactive sessions will also cover plans for pass rate improvement, how to conduct a self-study process, and how to work with ACEND staff and reviewers. Opportunities will also be available for networking and for staff to answer questions about your reports. Three workshops have been scheduled for this year at the Academy offices in Chicago:

- June 27-28, 2013
- August 8-9, 2013
- November 11-12, 2013

For more information, please call (312) 899-0040, extension 5400 or visit the Program Director Portal at <http://www.eatright.org/ACEND>.

Appendix 4: Surveys of Employers or Students and Analyses of Job Postings

Table 1 Time to Employment (2008-2012) and Employment in Indiana

Class	Number	Graduation	4 months	6 months	No Data	Employed in Indiana
2008	16	4	8		4	11
2009	16	5	8		3	9
2010	16	3	9		4	7
2011	16	2	10		3	9
2012	16	1	13	1	1	11
Totals	80	15 (19%)	48 (60%)		15 (18.8%)	47 (58.8%)

Table 2 Employment by Occupation Area (2008-2012)

Class	Number	Comm.	School	MNT	FSM	Ext. Care
2008	16	1	1	12	0	1
2009	16	4	1	7	0	2
2010	16	1	1	9	1	1
2011	16	3	1	8	0	1
2012	16	2	4	6	2	1
Totals	80	11	8	42	3	6
%		14%	10%	53%	4%	8%

Comm – Community Dietetics

Schools – School Foodservice & Nutrition Education

MNT – Medical Nutrition Therapy (Clinical) Dietetics

FSM – Food Systems Management;

Ext. Care – Extended Care/Rehabilitation

Results of E-Survey of Dietetic Internship Program Graduates (2008 - 2012) Satisfaction

Item 1 Year of Graduation:

Class of 2008 = 7 (16 in class) Response rate = 43.8%

Class of 2009 = 6 (16 in class) Response rate = 37.5%

Class of 2010 = 7 (16 in class) Response rate = 43.8%

Class of 2011 = 11 (16 in class) Response rate = 68.8%

Class of 2012* = 6 (16 in class) Response rate = 37.5%

*Survey still open

Totals N= 37 for overall response rate of 46.3%

Item 2 Area of Employment

22 (61%) were clinical dietitians

3 (8.3%) in Food Systems Management

9 (25%) in Community Nutrition (WIC, Schools and other agencies)

0 in Extended Care

2 (5.6%) Other (Research, medical equipment sales & home care)

Item 3: I was well prepared by the Dietetic Internship Program for my first year of professional practice.

Results:

Agree n= 22 (40.5%)

Strongly Agree n=22 (59.5%)

Outcome: 100% of the responding graduates of the Dietetic Internship Program agreed or strongly agreed that they were well prepared for their first year of professional practice.

Item 4: I would recommend the SHRS Dietetic Internship Program to students looking for an internship.

Results:

Yes n=36

Did not answer the question n=1

Outcome: 100% of the responding graduates of the Dietetic Internship Program would recommend the SHRS Dietetic Internship Program to students looking for an internship.

Item 5: Please list your recommendations for the Dietetic Internship Program.

2008

"I think that you get what you put into the internship and would strongly suggest making the best out of all the rotations even the areas that you don't think you will practice in. You might be surprised where you will end up working as an RD and it always good to make connections to different areas of dietetics"

"Dialysis rotation, longer diabetes rotation. Enjoyed the capstone"

2009

“Grant writing was very helpful for grad school preparation. Directors of the program will tailor the program to fit their students learning style as much as they can. Directors of the program are very professional in teaching students and running the program. Lots of individual attention and nurturing of professional skills—imparting on students character that cannot be imparted from academics alone>”

“I enjoyed all the aspects of the internship and enjoyed how well rounded the internship was, but I would have like to have more of an opportunity to work in a cardiac rehab setting, outpatient setting, and/or sports nutrition in some way.”

“I thought the program gave a good base and allowed you to see different parts of the dietetic world. I think it is important to keep rotations such as the renal dialysis and diabetes rotations because they are such prominent conditions in our work.”

“Choosing IUPUI for my dietetic internship was one of the best decisions I have ever made. The main reason I chose them was the variety of fields we get to experience in the internship. Most internships send you to two or three facilities for your internship but we were able to visit numerous facilities and explore other areas of dietetics that we may have never considered prior to the IUPUI internship.”

“Encourage preceptors to allow interns to do more work while in establishments and not just watch”

“No recommendations. Good program.”

2010

“The best part of the internship is the rotation schedule. I would have enjoyed more classroom learning on our class room days.”

“More RD exam prep resources”

“None”

“Making it into a required master’s program (made by two people)

2011

“None at this time” (made by four people)

“I would like to see the Clinical II rotation 8 weeks long instead of 6 weeks”

2012

“Suggest discussions on nutrient absorption in the GI tract, various non-traditional positions as an RD, a week at the end of the internship going over the RD Exam and how to study or requiring Inman’s Class at Purdue.”

Comments:

In 2008 we were not able to offer the renal dialysis rotation because the dialysis companies were not accepting dietetic interns. This changed in 2009 and we were able to add the dialysis rotation back. Interns spend 2 weeks in Diabetes Outpatient Clinic in addition to the diabetic patients they work with in the in-patient setting (10 weeks). Interns have the option of devoting their capstone to working with diabetic patients.

We were concerned about the idea of just watching (2009 feedback). We continued to encourage our preceptors to accelerate intern experiences and push them as hard as possible. We usually comments about “watching” in the weekly journals and deal with it as it crops up. We usually try working with the intern to get them to volunteer for experiences and take charge of their own learning. We may directly contact a preceptor and review intern progress and develop a plan for active learning.

We did review and discuss nutrient absorption site in the GI tract but in August and unfortunately, this is not always remembered. In 2012-2013, we decided to develop a long running assignment, which required the class to individually create a resource for themselves which addressed absorption sites, bioavailability and other factors of interest. We reasoned that if they actively created the tool, it would stimulate learning.

In the spring semester, we usually invite several dietitians working outside of hospitals and clinics to speak to the interns. We usually ask about their interests. In spring 2012 we did not invite as many RDs as usual. We did host one of the Meijer Supermarket RDs and an RD in Homecare and Medical Equipment Sales.

There are several comments regarding the RD Exam and preparation for it. There are 12 rotation pretests that all students must pass at 80% to progress into the rotation. Interns are required to look up incorrect answers and provide correct materials. These pretests were developed from study guides for the Registration Examination for Dietitians and formatted in RD Exam style. One year we were a sponsored site for the Inman Review Course. The weekend review date was just after graduation and only six class members chose to attend. We have announced the Inman Review Course offered at Purdue University in West Lafayette in May and worked with intern schedules to permit them to attend. Unfortunately the two interns from the class of 2012 who chose to attend the review course both failed the Registration Examination.

Results of E-Survey of Employer Responses Internship Graduates (2008-2012)

Item 1 Year of Graduation

Class	Employer Responses
2008	1
2009	5
2010	2
2011	7
2012*	1
Total	16 (20% response rate)

*Survey remains open

Item 2 Area of Employment

9 (64%) from clinical dietetics

2 (28%) from food systems management

4 (28.6%) from community dietetics

1 (7.2%) from extended care

Item 3: The graduate from our dietetic internship program was well prepared for the position for which you hired them.

Results:

Neutral = 1 (6%)

Agree = 4 (25%)

Strongly Agree = 11 (69%)

Item 4: Would you hire another graduate from this dietetic internship program?

Results:

Yes = 15 (94%)

Skipped Question = 1(6%)

Item 5: Please list your recommendations for the dietetic internship program below.

“I would have a lesson breastfeeding advice and have them observe a breast feeding peer counselor since breastfeeding is so important and the infant mortality rates are going up as well as its effect on prevalence of obesity”

“More time in the school nutrition rotation”

“Less of a general experience—more in depth concentration in the area the student really wants to work”

“Perhaps more faculty presence at clinical sites, if time allows”

“I would like to see the clinical II rotation be 8 weeks instead of 6 weeks”

“Diabetic Education”

Comments:

In general, we did not receive many comments from employers.

The item regarding breastfeeding comes from 2010. During the WIC rotation, all interns have the opportunity to work with breastfeeding educators and peer counselors. One of the primary goals of the WIC program is enhancement of breast feeding rates in Indiana.

We find the comment regarding “less of general experience” because it assumes that dietetic interns know where “they really want to work”. Experience shows that this is not always a true statement. The supervised practice component of the Dietetic Internship Certificate Program, introduces interns to areas of practice they had not considered prior to the internship. Interns identify personal abilities and interests that often surprise them and lead them to choose areas of dietetic practice not previously considered for example school food service, extended care, community nutrition and food systems management.

The dietetic internship recognizes the desire of dietetic interns to spend additional time in an area of special interest. The five-week capstone rotation provides interns with an in depth concentration in the area where the intern wants to work. Each intern develops personal learning goals and recruits an appropriate supervised practice site which offers unique learning opportunities in the specialized area.

We would agree with the comment regarding increased faculty presence. We recognize the importance of maintaining close relationships with our supervised practice preceptors. This is very challenging between changes in practice at the sites and demands on faculty time. We have made an extra effort to stay in contact with our sites and preceptors through various mechanisms such as telephone conferences, email, etc but nothing is as effective as a face to face conversations. We continue to work toward better resolution of this issue.

*ACEND REPORT **
Program's Summary of Candidate Testing

13:58 Friday, August 16, 2013

2240 INDIANA UNIVERSITY/SCH OF HEALTH
Internship Program

Testing Year	First Attempt in Calendar Year			Repeat Administrations Within One Year		Testers Within One Year of First Attempt		
	Examinees	Passed		Admins	Passed	Examinees	Passed	
	N	N	%	N	N	N	N	%
2008	18	16	89	3	2	18	18	100
2009	11	10	91	1	1	11	11	100
2010	22	15	68	10	7	22	22	100
2011	15	14	93	1	1	15	15	100
2012	15	10	67	2	1	15	11	73
Total	81	65	80	17	12	81	77	95

** All data are accurate as of December 31 of the previous calendar year.*

November 25, 2013

Jacquelynn O'Palka, PhD, RD
Clinical Professor Nutrition and Dietetics
Department Chair, Nutrition and Dietetics
1140 West Michigan St. CF 224
Indianapolis, IN 46202

Dear Dr. O'Palka:

I actively support the reaffirmation application for the IU School of Health and Rehabilitation Sciences Dietetic Internship Program. The relationship between the Dietetic Internship Program and Purdue University began in 1921 when the first Purdue graduate interned with the program. Every year, since that time, at least one or more Purdue students complete their professional preparation in dietetics in IU School of Health and Rehabilitation Sciences Dietetic Internship Program.

Nationally and in Indiana, there is a critical shortage of dietetic internship positions required to complete the education of undergraduate students in dietetics. According to the Accreditation Council for Education in Nutrition and Dietetics, the 2013 national placement rates for graduating seniors who applied for dietetic internship programs was 52%. The Accreditation Council for Education in Nutrition and Dietetics reported similar placement rates for the last five years.

The IU School of Health and Rehabilitation Sciences Dietetic Internship Program is extremely important. Our students aspire to do their internship at this program more than any other. It has become even more important to dietetic students in the state after closing of other internships in the state. The IU program is a decentralized program that combines the supervised practice resources of central Indiana hospitals, clinics, extended care facilities, schools and public health program with high quality graduate courses.

Graduates of the Dietetic Internship Program serve Hoosiers of all ages in a variety of settings in the community. They provide specialized nutrition care in community and tertiary care hospitals, neighborhood clinics for pregnant women, diabetics and renal dialysis. They serve the people of Indiana in schools, food banks and other public health and community health programs. Indiana faces the challenges of high rates of diabetes, obesity and cardiovascular disease. To meet these challenges, Hoosiers need accurate nutrition knowledge and improved meal planning and food preparation skills. Dietetic professionals meet these needs.

Do not hesitate to contact me if I can provide additional information or support. The IU School of Health and Rehabilitation Sciences Dietetic Internship Program is of the highest quality.

Sincerely,



Connie M. Weaver, Ph.D.
Distinguished Professor
Department Head



Indiana University Health

Nutrition Services

Jacquelynn O'Palka, PhD, RD
Program Director
Health Sciences and Nutrition & Dietetics
School of Health and Rehabilitation Sciences
Coleman Hall 224
1140 West Michigan Street
Indianapolis, IN 46202-5119

November 19, 2013

Dear Dr. O'Palka,

It is a pleasure for me to write this letter of support for the dietetic internship program housed in the School of Health and Rehabilitation Sciences. Indiana University Health, Academic Health Center, has had a long and very beneficial relationship with the program. Highlights include:

- Hosting students in clinical and food service systems rotations has served to provide our professional staff with opportunities to precept and mentor students as they progress from being interns to dietitians. The experience is invaluable for both professional growth and leadership development. IU Health benefits directly and indirectly from this.
- The dietetic internship provides continuing professional education for preceptors, which contributes to ongoing skill development.
- Over the years, Indiana University Health has hired a significant number of program graduates. Currently, there are fourteen (14) graduates of the program on staff. The dietitians hired from the program are high performing and dedicated professionals. Having precepted job candidates adds value and certainty to the recruiting process.

I have personally kept in contact with many of the students who have completed their internship with us. Without exception, they are making a difference in their chosen areas of practice. I know that I speak for my staff when I say that I am proud to be associated with the program and look forward to many more years of professional collaboration.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Beth G. Roberts, MS, RD, CD
Clinical Nutrition Services Manager
Nutrition Services
Academic Health Center
Indiana University Health
Telephone: (317) 962-8919



Indiana Department of Education

Glenda Ritz, NBCT

Indiana Superintendent of Public Instruction

December 5, 2013

Jacquelynn O'Palka, PhD, RD
Clinical Professor Nutrition and Dietetics
Department Chair, Nutrition and Dietetics
1140 West Michigan St. CF 224
Indianapolis, IN 46202

Dear Dr. O'Palka:

On behalf of Indiana Department of Education (IDOE), Office of School and Community Nutrition, I am pleased to offer support for the Indiana University Dietetic Internship Program.

The mission of IDOE is to provide the highest quality nutrition support to Indiana's schools, students, teachers, and parents. IDOE has worked with the Indiana University Dietetic Program to establish a school food service dietetic internship rotation to be provided within Indianapolis and the surrounding areas. As the National School Lunch Program (which provides meals at school) continues to become more complicated and complex, it is important that Indiana have qualified Registered Dietitians applying for school food service positions in Indiana. In order to have qualified Registered Dietitians in Indiana, it is crucial that they receive the proper training and education through their dietetic internship program.

The Indiana University Dietetic Internship is a well developed and well versed program that needs to continue to educate and train our future Registered Dietitians. Students from this internship are able to enter into the work force as qualified applicants. Even though the need and interest in Dietetics continues to rise throughout the nation, there is a shortage of dietetic internships in the United States. So, it is imperative that this highly regarded internship continues to function. Over the past 17 years, we have built a very successful partnership with this internship. As an example of this successful partnership just in the past five years, the Indiana University Dietetic Internship had eight dietetic graduates taking positions in Indiana school food service and one dietetic graduate taking a position in Minnesota school food service.

The IDOE strongly encourages the Indiana University Board of Trustees to fully approve the Indiana University Dietetic Internship Program to provide qualified Registered Dietitians in school food service. The IDOE, Office of School and Community Nutrition, looks forward to continuing our relationship and working with the Indiana University Dietetic Internship Program.

Sincerely,

School & Community Nutrition
115 W. Washington Street, South Tower, Suite 600, Indianapolis, IN 46204
(317) 232-0850 www.doe.in.gov/student-services/nutrition



Indiana University Health

Nutrition Services

Jacquelynn O'Palka, PhD, RD
Program Director
Health Sciences and Nutrition & Dietetics
School of Health and Rehabilitation Sciences
Coleman Hall 224
1140 West Michigan Street
Indianapolis, IN 46202-5119

November 19, 2013

Dear Dr. O'Palka,

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- Hosting students in clinical and food service systems rotations has served to provide our professional staff with opportunities to precept and mentor students as they progress from being interns to dietitians. The experience is invaluable for both professional growth and leadership development. IU Health benefits directly and indirectly from this.
- The dietetic internship provides continuing professional education for preceptors, which contributes to ongoing skill development.
- Over the years, Indiana University Health has hired a significant number of program graduates. Currently, there are fourteen (14) graduates of the program on staff. The dietitians hired from the program are high performing and dedicated professionals. Having precepted job candidates adds value and certainty to the recruiting process.

I have personally kept in contact with many of the students who have completed their internship with us. Without exception, they are making a difference in their chosen areas of practice. I know that I speak for my staff when I say that I am proud to be associated with the program and look forward to many more years of professional collaboration.

Please do not hesitate to contact me if you need any additional information.

Sincerely,

Beth G. Roberts, MS, RD, CD
Clinical Nutrition Services Manager
Nutrition Services
Academic Health Center
Indiana University Health
Telephone: (317) 962-8919

November 19, 2013

Jacquelynn O'Palka PhD RD
Clinical Professor Nutrition and Dietetics
Department Chair, Nutrition and Dietetics
1140 West Michigan St. CF 224
Indianapolis, IN 46202

Dear Dr. O'Palka,

Hendricks Regional Health, Danville, Indiana, would like to rise in support of IUPUI's Department of Nutrition and Dietetics. Hendricks Regional Health has worked with and mentored dietetic students from your program for more than twenty years.

The need for dietetic professionals will only grow as our public health policies and practices place greater emphasis on prevention through healthy lifestyles. Dietitians are uniquely suited to understand the intricate connection between medicine, lifestyle, and nutrition. Our state has an ongoing need for dietitian internships as we continue to serve a larger elderly population. Many in this demographic present with unique nutritional challenges from obesity, diabetes to undernourishment and dietitians are prepared to assist individuals, hospitals and health systems to plan effective care plans that improve health and save healthcare dollars and resources.

Your dietetic internship program prepares bachelor prepared students to meet the healthcare needs of citizens of all ages and stages. My experience with your students has been positive and reinforced the quality programming and instructions your students receive. The dietetic students we mentor come to us prepared to learn clinical and administrative skills as well as prepared with a strong desire to practice alongside evidence based guidelines and ethical principles.

As you know, the healthcare team of the future needs to be well prepared to deliver on quality dietetic services. The work of your program has served Indiana well and we are grateful to you and your program for your ongoing support of dietetic education in Indiana.

Sincerely,



Martha Rardin, MSM, RD, CD
Director, Nutrition and Dietetics

Appendix 6: Faculty and Staff

There are 1.5 FTE faculty required by this program and .5FTE support staff

Program Faculty

Sara A. Blackburn R.D. D.Sc.

Clinical Associate Professor of Nutrition & Dietetics

Assistant Dietetic Internship Certificate Program Director

Full-Time position with the program

Jacquelynn O’Palka PhD, RD

Clinical Professor of Nutrition & Dietetics

Dietetic Internship Certificate Program Director

Half-Time position with the program

Program Support Staff

Sharon Miller

Half-Time position with the program

Appendix 7: Facilities

There are no new facilities or facility renovation associated with this program.

Appendix 8: Other Capital Costs

There are no capital costs associated with this program.

Appendix 9: Articulation of Associate/Baccalaureate Programs
Not required

Appendix 10: Credit Hours Required/Time to Completion

The Dietetic Internship Professional Certificate Program is a 10 month 30 credit hour post baccalaureate professional certificate program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND). The Dietetic Internship Professional Certificate Program includes four didactic courses: SHRS N544 Medical Nutrition Therapy, SHRS N 563 Advances in Dietetics, SHRS N 591 Seminar in Nutrition and Dietetics and SHRS N 567 Management Issues in Dietetics. The course descriptions are provided below. Formal courses meet only on Mondays, August through mid-May. See Table 1 for a semester by semester enrollment plan. Course work accompanies SHRS N 590 Dietetic Internship, the supervised practice component of the Dietetic Internship Professional Certificate Program. N 590 includes 1,264 supervised practice hours (22 credits) scheduled at hospitals, clinics, extended care facilities, schools and nonprofit organizations throughout central Indiana.

SHRS-N 544 Diet Therapy (3 cr.) P: Dietetic internship. Study of physiological and biochemical alterations that occur during disease states and their effect on nutritional requirements and methods of providing nutrients. This is an R course. Fall-Spring semester

SHRS-N 563 Research Methods in Nutrition and Dietetics (3 cr.) P: Graduate level statistics course or consent of instructor. Study of research methodology utilized in nutrition and dietetics. Course includes critique of literature and preparation of a grant proposal. This is an R course, Fall-Spring semester.

SHRS-N 567 Management Issues in Dietetics (1 cr.)

P: Dietetic intern. Advanced study in institutional and hospital dietetic management including personnel, financial, operational, and regulatory issues. Spring semester

SHRS-N 591 Seminar in Nutrition and Dietetics (1 cr.) Exploration of various topics and issues in nutrition. This is an R course, Fall-Spring semester.

SHRS-N 590 Dietetic Internship (5-11 cr.) P: Dietetic internship. Supervised clinical experience in clinical and community nutrition and food service systems management. Course meets the requirements of the Accreditation Council for Education in Nutrition and Dietetics for the postbaccalaureate experience needed for dietetic registration. Previous admission into dietetic internship required. Not applicable to a graduate degree program. May be taken for a maximum of 23 credit hours.

Table 1 Dietetic Internship Certificate Program Semester Enrollment Plan

Course	Fall Semester	Spring Semester	Summer I Semester
N 544	3 cr	Course concludes	
N 563	3 cr	Course concludes	
N 591	1 cr	Course concludes	
N 567		1 cr	
N 590	5 cr	11 cr	6 cr (Capstone)

The supervised practice component of the Dietetic Internship Professional Certificate Program, 45 weeks in length, includes an orientation week, four weeks of vacation, attendance at the Indiana Dietetics Association Spring meeting and other professional meetings and a concluding final week before graduation. The major component of the supervised practice experience consists of 11 rotations and the Capstone Rotation. A brief description of each rotation is presented below in Table 2.

Registered dietetic practitioners and other healthcare professionals serve as preceptors for the supervised practice component of the program. The Department of Nutrition and Dietetics has affiliation agreements with over health care related and community nutrition organizations throughout central Indiana. The list of participating sites varies from year to year (Table 3) depending on the ability of the site to host dietetic interns. Approximately 150 dietetic professionals are involved in the Dietetic Internship Professional Certificate Program in any given year. A sample supervised practice schedule for one intern is presented in Table 4.

Successful completion of the Dietetic Internship Professional Certificate Program requires that the dietetic intern satisfactorily complete each supervised practice rotation and earn a grade of at least a C in each didactic course. (“C” grades do not allow transfer of the didactic courses to a masters degree program). Successful completion of the Dietetic Internship Professional Certificate Program, as verified by the program director to the Commission on Dietetic Registration, allows the graduate to sit for the Registration Examination for Dietitians.

Table 2 Dietetic Internship Professional Certificate Program Supervised Practice Experiences (Rotations)

Clinical Nutrition Block I (4 weeks/16 days/128 hours) interns practice medical nutrition therapy in the acute care setting--the basics of patient nutritional assessment, interview and education skills, charting and provide medical nutrition therapy to patients including those requiring enteral feeding.

Clinical Nutrition Block II (6 weeks/24 days/192 hours) interns provide medical nutrition therapy to more complex patients including those requiring parenteral feeding in a critical care setting.

Diabetes Rotation (2 weeks/8 days/64 hours) interns experience diabetes both as a caregiver and as a “patient” in the outpatient clinic setting. Each intern develops a personal eating plan, monitors blood glucose levels and self-treats with saline (representing insulin) during this rotation.

Renal Dialysis Outpatient Clinic Rotation (2 weeks/8 days/64 hours) interns counsel, educate and develop educational materials for stable renal dialysis patients in outpatient clinic settings.

Pediatric Rotation (1 week/4 days/32 hours) interns introduced to the unique nutritional requirements of hospitalized children in a tertiary care setting.

Food Systems Core Rotation (9 weeks/36 days/288 hours) interns engage in dietetics practice in food production, purchasing, management, marketing and finance as applied to health care food systems management.

Extended Care Rotation (3 weeks/12 days/96 hours) interns engage in dietetics practice in the extended care–rehabilitation setting. This is a blended rotation that includes a mix of food service and the provision of medical nutrition therapy to patients. This rotation includes special attention to patient hydration, drug side effects and interactions.

Women’s, Infants and Children (WIC) Program (1 week/4 days/32 hours) Interns assess, interview and educate low- income mothers and their children on essentials of nutrition for themselves and their children.

Community Services Experience (1 week/4 days/32 hours) Interns will be involved in short-term experiences including Congregate Feeding, Meals on Wheels, Marion County Food Borne Safety Inspections, a soup kitchen and food pantries and the YMCA Cooking with Families Program.

Gleaner’s Food Bank of Indiana (1 week/4 days/32 hours) interns enhance skills in developing nutrition education materials, creating recipes with food items available at food bank, analyze menus and present nutrition education programs and food preparation demonstrations. Programs include the BakSack Program, Commodity Supplemental Food Program for Seniors and the food pantry programs.

IUPUI Faculty and Staff Health Fair (1 week/4 days/32 hours) Interns develop specific nutrition education materials for faculty and staff. The class staffed a booth where they respond to questions, developed and presented two food/nutrition demonstrations on requested topics (Crock Pot Cooking and Meal Planning and Gluten Free Diet).

School Food Service and Nutrition Education (2 weeks/8 days/64hours) Interns are assigned to one of the township schools where they participate in the management of school feeding and in nutrition education activities for children.

Capstone Rotation (5 weeks/25 days/200 hours)

The Capstone experience occurs following the completion of the required supervised practice rotations and courses. Each intern completes 200 hours of supervised practice with self-selected objectives and outcome assessment of performance in the dietetic practice setting of choice.

Professional Meetings (12 hours)

Indiana Dietetic Association Spring meeting – 8 hours

Central Indiana District Dietetic Association (2 meetings) 4 hours

Table 3 Dietetic Internship Practice Sites 2013-2014

Practice Setting	Internship Rotation
Acute Care	Clinical Nutrition Block I – 4 weeks Johnson Memorial Hospital, Franklin, IN Community Hospital South, Indianapolis, IN Community Hospital East, Indianapolis, IN Hendricks Regional Health, Danville, IN Riverview Hospital, Noblesville, IN Bloomington Hospital, Bloomington, IN IU Health North Medical Center, Carmel, IN Majors Hospital, Shelbyville, IN
Critical Care	Clinical Nutrition Block II – 6 weeks Community Hospital North, Indianapolis, IN University Hospital, Indianapolis, IN Methodist Hospital, Indianapolis, IN Roudebush Veterans Administration Hospital, Indianapolis IN St. Vincent Hospital, Indianapolis, IN
Critical Care	Pediatrics – 1 week James Whitcomb Riley Hospital, Indianapolis, IN Methodist Hospital, Indianapolis, IN
Outpatient	Diabetes Outpatient Clinics – 2 weeks IU Health Clinics Indianapolis, IN St. Francis Diabetes Education Center Marion County Public Health Clinics, Indianapolis, IN Johnson Memorial Hospital, Franklin, IN
Outpatient	Renal Outpatient Clinics – 2 weeks University Hospital, Indianapolis, IN Roudebush Veterans Administration Hospital, Indianapolis IN Fresenius Clinics (FMC) FMC Dialysis Clinic, Carmel, IN FMC Dialysis Clinic, Noblesville, IN FMC Dialysis Clinic, North Indianapolis, IN FMC Dialysis Clinic South, Indianapolis, IN FMC Dialysis Clinic East, Indianapolis, IN
Long-term care	Extended Care/Rehabilitation Rotation – 3 weeks <i>Spring Mill Meadows, Indianapolis, IN</i> <i>Nutrition Services, Inc, Indianapolis, IN</i> <i>Hooverwood, Indianapolis, IN</i> <i>Westminster Village North, Indianapolis, IN</i> <i>Summer Trace, Carmel, IN</i> <i>Rosegate, Indianapolis, IN</i>

Practice Setting	Internship Rotation
Public Health & Community	WIC Rotation – 1 week Marion County WIC Clinics, Indianapolis, IN Johnson County WIC Clinics (Greenwood and Franklin, IN) Shelby County WIC Clinic, Shelbyville, IN
Public Health & Community	Indianapolis Area Township Schools Rotation – 2 weeks Carmel Clay School Corporation, Carmel, IN Center Grove School Corporation, Greenwood, IN Pike Township School Corporation, Indianapolis IN Decatur Middle School, Indianapolis, IN Franklin Community School Corporation, Indianapolis, IN, Wayne Township Schools, Indianapolis, IN Zionsville Community Schools, Zionsville, IN Noblesville Schools, Noblesville, IN
Public Health & Community	Community Services Rotations – 2 weeks Central Indiana Coalition on Aging Marion County Health Department, Dept. of Food Safety, Indianapolis, IN Cathedral Kitchen, Indianapolis, IN YMCA of Greater Indianapolis Gleaners Food Bank of Indiana, Indianapolis, IN
Food Systems Management	Food Systems Management Core – 9 weeks Hendricks Regional Health, Danville, IN IU Health, Indianapolis, IN IU Health North Medical Center, Carmel, In Johnson Memorial Hospital, Franklin, IN Roudebush Veterans Administration Hospital, Indianapolis IN St. Francis Hospital, Greenwood, IN

Table 4 Sample Intern Supervised Practice Schedule

Week	Assignment	Week	Assignment
1	Orientation	41	Capstone wk 2
2	WIC - Marion	42	Capstone wk 3
3	Clinical I wk 1 Bloomington	43	Capstone wk 4
4	Clinical I wk 2 Bloomington	44	Capstone wk 5
5	Clinical I wk 3 Bloomington	45	Graduation
6	Clinical I wk 4 Bloomington		
7	Gleaners		
8	Pediatrics		
9	Diabetes Clinic wk 1 IU Health		
10	Diabetes Clinic wk 2 IU Health		
11	IUPUI Health Fair		
12	Clinical II wk 1 University		
13	Clinical II wk 2 University		
14	Clinical II wk 3 University		
15	Clinical II wk 4 University		
16	Thanksgiving Holiday		
17	Clinical II wk 5 University		
18	Clinical II wk 6 University		
19	Community Services		
20	Semester Break		
21	Semester Break		
22	Dialysis Clinic wk 1 Fresenius North		
23	Dialysis Clinic wk 2 Fresenius North		
24	Schools wk 1 Carmel Clay		
25	Schools wk 2 Carmel Clay		
26	FSM Core wk 1 Hendricks		
27	FSM Core wk 2 Hendricks		
28	FSM Core wk 3 Hendricks		
29	FSM Core wk 4 Hendricks		
30	FSM Core wk 5 Hendricks		
31	FSM Core wk 6 Hendricks		
32	Spring Break		
33	FSM Core wk 7 Hendricks		
34	FSM Core wk 8 Hendricks		
35	FSM Core wk 9 Hendricks		
36	IDA Meeting		
37	Extended Care wk 1 Spring Mill Meadows		
38	Extended Care wk 2 Spring Mill Meadows		
39	Extended Care wk 3 Spring Mill Meadows		

Dietetic Internship Professional Certificate Program Sample Rotation Materials.

Each supervised practice experience includes a study guide to direct the intern preparation for the rotation. With few exceptions, dietetic interns sit for an oncourse based pretest (passing = 80% score) prior to the rotation. If the dietetic intern fails to pass the rotation pretest, they must submit corrected answers to items missed to the internship director the day prior to the start of the rotation.

Each rotation includes the student learning objectives, suggested activities and an evaluation instrument. The attached rotation materials include study guide, rotation description and evaluation instrument for the first medical nutrition therapy supervised practice rotation—Clinical I.

Dietetic Internship Program
Department of Nutrition and Dietetics
School of Health and Rehabilitation Sciences

N590 Study Guide for Clinical Nutrition I

The Clinical Nutrition I Core Rotation is four weeks in length. A pretest to test your knowledge prior of the start of this rotations is required. A reminder will appear each week on the Monthly Course Schedule. The pretests are to be completed by 7 AM the Monday before you begin the designated section of the rotation.

The pretest is 20 questions in length. The pretest is available on Oncourse (Under N 590) and maybe taken only once. You have 40 minutes to complete it. The pretest will automatically close at 40 minutes so be prepared to complete the pretest before you open it.

The scores from the clinical nutrition pretests will be included in the SHRS N 544 Medical Nutrition Therapy grade. Failure to complete the pretest by the required date will result in a score of zero. A passing score is 80%. If you do not achieve a passing score of 80%, you will not be able to proceed to you rotation. No later than 5 pm of the day before your rotation day starts, identify questions missed, write a correct answer response for each question and post your work on the N590 Oncourse email with a notification to Dr. Blackburn's iu.edu email address.

Suggested Study References: or resources from your personal library

1. Pamela Charney, PhD, RD and Ainsley M. Malone, MS, RD, CNSD. *ADA Pocket Guide to Nutrition Assessment*, 2nd edition, American Dietetic Association, Chicago, Illinois, 2009 (CM)
2. Academy of Nutrition & Dietetics website; www.eatright.org such as members page; AND evidence analysis library
3. *ADA International Dietetics and Nutrition Terminology (IDNT) Reference Manual*,
4. Joseph Boullata, Liesje Nieman Carney, Peggi Guenter (Eds) *A.S.P.E.N Enteral Nutrition Handbook, 2010*
5. Seymour Bakerman, *Bakerman's ABC's of Interpretive Laboratory Data*, 4th edition ISBN 0-945577-07-9
6. Zaneta M. Pronsky and SR Jeanne P.Crowe, *Food-Medication Interactions*, 16th edition; 2010 ISBN 0-9710896-4-7

Self-Study Questions

Directions: Use the above resources as well as previous class notes to answer the questions. It is suggested that you test yourself by answering the questions out-loud so you become comfortable speaking the concepts.

Nutrition Screening or Assessment (essential) It is assumed that you adequately reviewed nutrition assessment in Foundations for MNT Study Guide; so the information there is not included here.

1. What is the impact of weight date interpretation on patient nutrition care?

2. What is BIA (Bioelectrical impedance analysis)? What impact would this information have on patient nutritional care?
3. What is the importance of serum transport protein levels?
4. When is nitrogen balance used in patient care?
5. What is the impact of nutritional status on immune function?
6. Micronutrient deficiencies are associated with clinical signs and symptoms. Study Table 1-9; *A.S.P.E.N Enteral Nutrition Handbook, 2010* and state the signs of deficiency for the vitamins and minerals listed.

Medical Nutrition Therapy Techniques (essential)

1. Assess patient diet using the food pyramid/MyPlate. Be able to list missing foods and their nutrients. For example, if there is a deficit of meat servings, know what nutrients are commonly provided by this category.
2. Identify ways of increasing the energy and protein in a P.O. diet.
3. From memory, write the diabetic exchange lists.
4. Use the diabetic exchange lists to determine energy and nutrient levels.
5. Know how to use general diets, e.g., vegetarian nutrition, kosher diet, food pyramid, as a nutrition education/counseling tool.
6. Know types of modified consistency diets, e.g., clear liquid, blenderized, mechanically altered and soft diets.
7. Be able to interpret laboratory tests, e.g., BUN, sodium, potassium, albumin, cholesterol, ammonia, SGOT, SGPT, total bilirubin, etc.). What are the implications of these test results on nutritional status?
8. Know the foods allowed and restricted on modified diets (e.g., low cholesterol, low fat, low sodium (one, two and three grams), high protein/high calorie or combination thereof. What are the nutritional limitations for long-term use of these diets?
9. Know the common medications prescribed to patients in your assigned rotation according to the medical diagnosis. (This may have to be determined on the clinical rotation as it can vary.)

Enteral Tube Feedings Techniques (essential)

10. What are the forms of carbohydrate, fat, and protein used in enteral tube feedings?

11. What is the purpose of specialized ingredients such as medium chain triglycerides used in tube feedings?
12. Calculate the amount of carbohydrate, fat, protein, water and energy received by the patient from I and O record of the enteral tube feeding. (Example, Mr. Patient received 1353 cc of full strength Boost (Mead Johnson product) via his NG tube in 24 hours. How much energy, CHO, fat, PRO and water did Mr. Patient receive?)
13. The following are types of tube feedings: nasogastric, orogastric, nasojejunal, cervical esophagostomy, gastrostomy, percutaneous endoscopic gastrostomy, jejunostomy and needle catheter jejunostomy. What are the advantages and disadvantages of each method?
14. What are the effects of rate of formula delivery, frequency of feeding and concentration of formula on GI tolerance?
15. What are the contradictions to administration of enteral feedings?
16. What are the nutrition-related problems associated with tube feedings? What are the suggested corrective measures?
17. When is it best to use enteral feeding?
18. How can you assess if an enteral feeding is tolerated?

Normal Physiology (essential)

19. Draw the GI tract in a simplistic form from the mouth to the anus. Indicate the location and physiological function of the esophagus, stomach, small intestine, large intestine, pancreas and gallbladder. (This can be a stick cartoon to give you enough room to write.)
20. Indicate on your GI drawing, the location of the absorption sites of vitamins, minerals, and macronutrients.
21. Name the organs in each abdominal quadrant.

Gastrointestinal and Liver Disease (review and be familiar with MNT from undergrad)

22. Define acute and chronic pancreatitis and the nutritional implications of each.
23. Define Crohn's Disease and Ulcerative Colitis. Describe the nutritional implications of each. Compare and contrast these two conditions.
24. Define gastroparesis. How is it managed nutritionally?
25. What are the effects of alcohol on the liver, nutritional status and nutrient metabolism?

26. What are the diet restrictions and vitamin supplementation used as medical nutrition therapy in alcoholic liver disease?
27. List the manifestations of end stage liver disease. (cirrhosis)
28. Describe how cirrhosis affects nutrient metabolism (carbohydrate, protein, lipid, vitamins and minerals). What diet restrictions are usually implemented?
29. What is the theory behind hepatic encephalopathy, ascites and jaundice? What are the nutritional implications of hepatitis?
30. Interpret laboratory tests used to diagnose liver and intestinal disorders (BUN, sodium, potassium, albumin, cholesterol, ammonia, SGOT, SGPT, total bilirubin, etc.). What are the implications of these test results on nutritional status?
31. What foods are allowed and restricted on the following gastrointestinal diets (high fiber diet, fiber and residue restricted diets, lactose-controlled diet, Gluten restricted, gliadin-free diet, ostomy diets, dysphagia, postgastrectomy, gastro-esophageal reflux disease diet). What are the nutritional consequences for long-term use of these diets? What nutritional supplements might you recommend?
32. Know the common medications used by patients in this population (may have to determine on the clinical rotation as it can vary) according to their diagnosis.

Cardiovascular System (review and be familiar with MNT from undergrad)

33. What is the normal location and size of the heart?
34. Describe the structure of the heart.
35. Discuss the functions of the chambers and valves of the heart.
36. Describe the entire coronary and pulmonary circulation processes.
37. Define and discuss cardiac catheterization, coronary artery bypass graft (CABG), echocardiography, and electrocardiography (ECG or EKG). What are the nutritional implications of each?
38. Discuss the entire etiology behind a heart healthy diet.
39. Define and discuss the following cardiac diseases or disease-related symptoms and the nutritional implications of each, if applicable: angina pectoris, myocardial infarction (MI), headache, shortness of breath (SOB), edema, syncope, fatigue/weakness, arteriosclerosis/ atherosclerosis, acute/chronic congestive heart failure (CHF), coronary

artery disease (CAD), hypertension (HTN), hypercholesterolemia, and cerebral vascular accident (CVA)

40. Know the common medications used by patients in the cardiac population, including, e.g., Aldactone, Aldomet, Aldoril, Amiodarone, aspirin, Aztreonam, Captopril, Clofibrate, Coumadin, Dalmene, Digoxin/Lanoxin, Dyazide, Heparin, Hydrochlorothiazide, Inderal, Isordil, KCl, K-Dur, Lasix, Lopressor, Nitroglycerin (NTG), Norpace, Persantine, Procainamide, Procardia, Restoril, Slow K, Vancomycin. What are the nutritional impacts of these medications for the cardiac patient?

Infectious Disease (review and be familiar with MNT from undergrad)

41. Discuss the impact of infections in general on nutritional needs.
42. Discuss briefly HIV/AIDS and manifestations of the disease.
43. List the nutritional implications of AIDS/HIV.
44. What are the medical nutrition therapy recommendations for a patient with an infectious disease?
45. Know the common medications used by patients in this population (may have to determine on the clinical rotation as it can vary).

Neurological Disease (review and be familiar with MNT from undergrad)

46. What effect does Parkinson's disease, Multiple Sclerosis, Cerebral Palsy, or a Cerebral Vascular Accident (stroke) have on a patient's nutritional status?
47. What are the medical nutrition therapy recommendations for these patients?
48. What is the role of brain on the nutritional status of your client?

Dietetic Internship Program
Department of Nutrition and Dietetics
Indiana University School of Health and Rehabilitation Sciences

Clinical Nutrition I Rotation

Purpose: In this rotation, dietetic intern practices foundation MNT skills to meet patients'/client's nutritional needs. The intern screens patients for nutritional risk, conducts patient interviews, evaluates calorie counts and/or diet recalls for food and/or nutrient deficiencies, completes accurate nutrition assessments, writes appropriate chart notes, and provides effective patient education.

Nutrition support for patients in this rotation may include an oral diet, or food and/or nutrition supplement, or a tube feeding or a combination of all of these. The intern may encounter patients who require parenteral nutrition support.

Rotation Length: 4 weeks (16 days), (128 hours); start and stop times to be determined by Clinical Preceptor at each clinical site.

Confirmation of Rotation Start Dates: Each dietetic intern is to contact the rotation preceptor **one week before the start of the rotation** to confirm start date and time, dress code and location of first meeting. **Calling Monday before the Tuesday start date is unacceptable.**

The Preceptor may decline to let the intern start when notification procedures are not used. Missed time will be “made up” at the end of the internship.

Rotation Study Guide: To facilitate your review of this subject matter, there are self-assessment pre-rotation tests for this rotation. The intern is encouraged to review the rotation study guide questions for knowledge self-assessment prior to beginning this rotation.

Study During This Rotation: Learning new information and applying it to clinical situations is part of each clinical nutrition rotation. Interns are expected to “self-study” information new to them and be prepared to discuss this with their preceptors. Allow at least one (1) hour per day for self-inquiry study. This is in addition to the intern's studying ahead for the next rotation while maintaining work and reading assignments for the current rotation, as well as Monday class assignments.

Rotation Home Work Assignments: Preceptors may assign homework projects. This might include investigation of a patient care issue, preparation of a case report and/or literature review. The intern will complete these assignments in a timely fashion.

Rotation Objectives: The Dietetic Intern works closely with the Clinical Preceptor and multidisciplinary healthcare team members to provide food and nutrition services that are integrated and compatible with the client/patient-focused medical goals and objectives. The objectives for this rotation reflect the ACEND 2008 Accreditation Standards. (Please see- <http://www.eatright.org/ACEND/content.aspx?id=57> -- for specific information.)

Following the completion of this rotation, the intern will be able to successfully:

CRD 1.2 A. Integrate scientific information and best research evidence into practice as demonstrated by the ability to:

- CRD 3.6
1. Adhere to Department/Facility Standards for Nutrition Care.
 2. Observe Dietetic Internship policies and procedures.
 3. Be appropriately assertive as an advocate for patient nutritional wellbeing.
 4. Stay current on evidence-based guidelines and scientific literature for area of practice.

CRD 1.1 B. Achieve professional dietitian practice expectations as demonstrated by the ability to:

CRD 2.1

1. Adhere to The Academy of Nutrition & Dietetics Code of Ethics, as well as the policies and procedures of both the host institution and the Dietetic Internship Program.

2. Display professional courtesy and civility at all times to patients, staff and others.

CRD 2.5

3. Demonstrate teamwork and active participation in group settings.

CRD 2.6

4. Strive to achieve the following daily workload expectations:

CRD 2.7

- a.. Screen five new patient admissions per day to determine if patient is at nutritional risk. (In some facilities, an admitting nurse or diet tech may complete these.)

CRD 2.8

- b. Complete oral diet intake evaluations on three different patients per week. (In some facilities, an admitting nurse or diet tech may complete these.)

CRD 2.10

- c. Daily complete three initial medical nutrition therapy (MNT) chart notes (see C.1.c.ii below)

CRD 2.11

- d. Daily complete three follow-up MNT chart notes

- e. Complete two patient nutrition education or MNT instructions.

CRD 2.4

5. Use effective education and counseling skills in patient nutrition education or MNT instructions.

CRD 3.4

6. Demonstrate flexibility and ability to adapt to changing environments.

7. Demonstrate independence and initiative.

8. Prioritize and organize own work.

9. Take responsibility for own actions and learning

10. Demonstrate dependability and follow up on promises and/agreements

C. Provide excellence in Clinical and Customer Services as demonstrated by the development and delivery of information, products and services to clients/patients.

CRD 3.1

1. Perform the Nutrition Care Process (through d. below)

- a. Assess the nutritional status of clients by accurately completing assigned calorie counts and/or NPO/Clear liquid screens:

- i. Assess the nutritional status of clients by accurately screening clients/ patients for nutritional risk.

- ii. Assess the nutritional status of clients by accurately conducting client/patient interviews using appropriate data collection tools such as diet history, 24-hour recall etc.
 - b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements:
 - i. State significant food sources of important nutrients, e.g., sodium, fat, potassium, protein.
 - ii. Know common or frequently used drugs prescribed for patients.
 - iii. Consider the effect of these medications on the nutrient needs of these patients.
 - c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention:
 - i. Correctly calculate enteral feedings and select appropriate products to meet patient needs.
 - ii. Initiate, when appropriate, snacks and calorie/protein counts.
 - iii. Complete three (3) initial medical nutrition therapy (MNT) chart notes as stated in B.4.c.
 - d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis:
 - i. Daily complete three follow-up MNT chart notes
 - e. Complete documentation that follows professional guidelines and practice setting.
- D. Apply principles of management and systems in the provision of services to individuals and organizations as demonstrated by the ability to:
 - 1. Manage time and other resources in an effective manner, e.g. prioritize tasks and meet deadlines.
- CRD 4.5 2. Effectively use computerized medical records to record patient MNT entries.
- CRD 4.11
- CRD 2.2 3. Write a grammatically correct, properly spelled, mathematically accurate chart note.
- CRD 4.4 4. Participate in continuous quality evaluation activities.

The Rotation Schedule & Activities: The Clinical Preceptor supervises the dietetic intern's clinical experience. To provide constructive intern learning experiences, the Preceptor may modify the rotation based on the events in the health care facility. This may include medical grand rounds, medical nutrition seminars/lectures, observation of surgery or medical procedures, etc.

Evaluation of the Clinical Nutrition Block 1 Rotation: The purpose of the rotation evaluation is to verify the intern achieved the rotation objectives and is ready to proceed to the next rotation. The Preceptor and Dietetic Intern discuss the Clinical Nutrition Block 1 Rotation Evaluation.

Areas for improvement that are identified and potential corrective actions are explored. The completed and signed evaluation is given to the Internship Directors.

Noted below are the definitions of the evaluation rating scale terms.

Failure to progress (FP); poor performance, lack of understanding of rotation objectives and expectations, significant errors, significant performance deficiency (deficiencies); remedial work is required before the intern can proceed to the next rotation.

Unsatisfactory (US) Unsatisfactory performance; did not consistently achieve rotation objective and/or expectations; needs to strengthen skills to meet objectives; at risk for failure to progress

Satisfactory- (S-) Performance is slightly less than expected, yet passable. Intern needs to strive to correct deficiency (deficiencies); this may be addressed in the next rotation.

Satisfactory (S) Performance is satisfactory; rotation objectives met; the intern is on target and displays appropriate growth.

Satisfactory + (S+) Performance is satisfactory; rotation objectives met; the intern displays the “right” attitude (e.g. friendliness, helpfulness, courteousness, punctuality, etc.), challenges self, and successfully integrates information from previous rotations and experiences.

Outstanding (O) Rotation objectives met; performance outstanding; the intern clearly demonstrates ability to apply knowledge; functions as an entry-level dietitian; ready to take the registration exam.

Mastery (M) The intern demonstrates expert knowledge of the rotation material and can easily serve as preceptor for this rotation. (rare)

**Dietetic Internship Program
Department of Nutrition & Dietetics
Indiana University School of Health and Rehabilitation Sciences**

Clinical Nutrition Rotation: Clinical Nutrition I Evaluation

Intern Name: _____ Date: _____

Preceptor Name: _____ Facility: _____

This appraisal is to be completed by the intern and the preceptor on the last day of the clinical rotation.

Definitions of the evaluation rating scale terms

Failure to progress (FP): poor performance, lack of understanding of rotation objectives and expectations, significant errors, significant performance deficiency (deficiencies); re-medial work is required before the intern can proceed to the next rotation

Unsatisfactory (US) Unsatisfactory performance; did not consistently achieve rotation objective and/or expectations; needs to strengthen skills to meet objectives; at risk for failure to progress

Satisfactory- (S-) Performance is slightly less than expected; yet passable; Intern needs to strive to correct deficiency (deficiencies); this may be addressed in the next rotation

Satisfactory (S) Performance is satisfactory; rotation objectives met; the intern is on target and displays appropriate growth

Satisfactory + (S+) Performance is satisfactory; rotation objectives met; the intern displays the “right” attitude (e.g. friendliness, helpfulness, courteousness, punctuality, etc.), challenges self, and successfully integrates information from previous rotations and experiences

Outstanding (O) Rotation objectives met; performance outstanding; the intern clearly demonstrates ability to apply knowledge; functions as an entry-level dietitian; ready to take the registration exam

Mastery (M) The intern demonstrates expert knowledge of the rotation material and can easily serve as preceptor for this rotation. (rare)

Part I Clinical Block I Objectives: In the space provided, using the scale noted above, rate the performance of the Dietetic Intern to achieve the rotation objectives:

_____ **A.** Integrate scientific information and best research evidence into practice as demonstrated by the ability to:

- _____ 1. Adhere to Department/Facility Standards for Nutrition Care
- _____ 2. Observe Dietetic Internship policies and procedures
- _____ 3. Be appropriately assertive as an advocate for patient nutritional well being
- _____ 4. Stay current on evidence-based guidelines and scientific literature for area of practice

Comments:

- _____ B. Achieve professional dietitian practice expectations as demonstrated by the ability to:
- _____ 1. Adhere to the Academy of Nutrition & Dietetics Code of Ethics, as well as the policies and procedures of both the host institution and the Dietetic Internship Program.
 - _____ 2. Display professional courtesy and civility at all times to patients, staff and others.
 - _____ 3. Demonstrate teamwork and active participation in group settings
 - _____ 4. Strive to achieve daily workload expectations.
 - _____ a. If applicable, screen 5 new patient admissions per day to determine if patient is at nutritional risk.
 - _____ b. If applicable, complete oral diet intake evaluations on 3 different patients
 - _____ c. Daily, complete 3 initial medical nutrition therapy (MNT) chart notes
 - _____ d. Daily complete 3 follow-up MNT chart notes
 - _____ e. Complete 2 patient nutrition education or MNT instructions.
 - _____ 5. Use effective education and counseling skills in patient nutrition education or MNT instructions.
 - _____ 6. Be flexible and adapt to changing environments.
 - _____ 7. Demonstrate independence and initiative.
 - _____ 8. Prioritize and organize own work.
 - _____ 9. Take responsibility for own actions and learning
 - _____ 10. Be dependable and follow up on promises and/agreements

Comments:

- _____ C. Provide excellence in clinical and customer services as demonstrated by the development and delivery of information, products and services to clients/patients. The intern will be able to:
- 1. Perform the Nutrition Care Process (through d. below):

- _____ a. Assess the nutritional status of clients by accurately completing assigned calorie counts and/or NPO/Clear liquid screens:
 - _____ (1) Assess the nutritional status of clients by accurately screening clients/patients for nutritional risk.
 - _____ (2) Assess the nutritional status of clients by accurately conducting client/patient interviews using appropriate data collection tools such as diet history, 24-hour recall, etc.
- _____ b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements:
 - _____ (1) State significant food sources of important nutrients, e.g., sodium, fat, potassium, protein.
 - _____ (2) Know common or frequently used drugs prescribed
 - _____ (3) Considers medications effect on nutrient needs
- _____ c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention:
 - _____ (1) Correctly calculate enteral feedings and select appropriate products to meet patient needs.
 - _____ (2) Initiate, when appropriate, snacks and calorie/protein counts.
 - _____ (3) Complete 3 initial medical nutrition therapy (MNT) chart notes per day.
- _____ d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis:
 - _____ (1) Complete 3 follow-up MNT chart notes per day.
- _____ D. Apply principles of management and systems in the provision of services to individuals and organizations as demonstrated by the ability to:
 - _____ 1. Manage time and other resources in an effective manner
 - _____ 2. Effectively use computerized medical records
 - _____ 3. Write a grammatically correct, properly spelled,

mathematically accurate chart note.

_____ 4. Participate in continuous quality evaluation activities.

Comments:

Part II: Overall Assessment of the dietetic intern's performance:

Number of days missed during this rotation_____ Explain how these missed days were made up.

Summarize areas intern needs to strengthen:

Summarize intern's strengths:

Is the dietetic intern ready to proceed to the next rotation? Yes___No_____ Why or why not?

Rate the dietetic intern's overall performance:

_____M _____O _____S+ _____S _____S- _____US _____FP

Intern Signature_____Date: _____

(Signature certifies that ratings were discussed but does not imply agreement with the appraisal)

Preceptor's Signature: _____Date_____
