

**Be Well Solutions Dietetic Internship Program**

Clinical Prior Assessed Learning

Rotation Competency Assessment Form

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| **Employee’s Name:** | **Facility Name**: |
| **Supervisor’s Name:** | **Dates of experience:** |

The objective of this assessment is to determine the employee’s eligibility to receive prior assessed learning credits to apply to BWS DI’s Clinical rotation. Candidates with sufficient experience in terms of both skill development and duration will be permitted to opt out of some or all supervised practice hours and CRDNs assigned to the clinical rotation. Our aim is to facilitate a collaborative evaluation between the employee and supervisor.

**Employee Instructions**: Listed below are the ACEND-required learning competencies (CRDN) assigned to the BWS DI Clinical Supervised Practice Experience. After reviewing each competency, please choose the CRDN(s) you feel you have fulfilled based on your prior experience and provide further explanation of that experience, being as detailed as possible. For each experience, describe the skills and level of expertise that you obtained. If there is documentation to support the experience, please include it in the PAL Portfolio, mentioned in the application, and reference it here in the “PAL Portfolio Documentation” column for that corresponding CRDN. *For further examples of documentation, please refer to the PAL Portfolio instructions.* A given experience can be applied toward the fulfillment of more than one CRDN.

**Supervisor Instructions:** Please indicate a grade for each competency utilizing the performance standards listed below. The employee must receive a 4 or better to receive PAL credit for the competency. Please include additional comments as needed to explain your ratings.

**Grade Scale**

*Definition of Performance Standards:*

|  |  |
| --- | --- |
| 1 = N/A | Not available or not applicable Please make every effort to provide experiences that allow the intern to meet all competencies listed as some competencies are only available in one rotation. Thus, having competencies with N/A next to them necessitates that those competencies be incorporated into another rotation that may or may not be appropriate for that rotation/facility. If you are unsure how to include a competency in an activity, please contact the Dietetic Internship Director. |
| 2 = Incomplete | Work is technically inaccurate or incomplete. Tasks do not meet expectations and are thrown together without much thought. Projects lack detail and/or are unorganized. Displays unprofessional behavior or negative attitude. This score is only applicable when the intern is required to perform a task or produce an end product. |
| 3 = Assisted | Tasks are completed with initial directions and frequent feedback, frequent supporting cues, over a delayed time period as a result of the intern’s work, with intern rarely demonstrating critical thinking skills. Completes tasks in a professional manner, usually displaying a positive attitude. This score also applies to the projects in which the intern observes a process or event. A score of ‘3’ would indicate attendance. |
| 4= Supervised | Tasks are completed with initial directions and periodic feedback, occasional supporting cues, in a reasonable time period, with intern occasionally demonstrating critical thinking skills. Offers analyses and evaluations of obvious factors. Sometimes demonstrates a comprehensive approach. Projects are detailed and organized. Completes all tasks in a professional manner, displaying a positive attitude. This score also applies to the projects in which the intern observes a process or event. A score of ‘4’ would indicate a positive attitude, thoughtful questions, and insightful comments. |
| 5 = Independent | Tasks are completed with minimal initial directions, minimal supporting cues, in an expedient time period, with intern frequently demonstrating critical thinking skills. Thoughtfully analyzes and evaluates all factors and demonstrates a comprehensive approach. Draws warranted judicious conclusions. Demonstrates “linking” previous knowledge to current situation. Projects are detailed, organized, and complete. Completes all tasks in a professional manner, displaying a positive attitude. This score is only achievable when the intern is required to perform a task or produce an end product. |

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| **Employee’s Section** | | | **Supervisor’s Section** |
| **Competencies** | **Description of Learning Experience/Responsibilities** | **PAL Portfolio Documentation** | **Supervisor’s Evaluation** |
| **Scientific and Evidence Base of Practice: Integration of scientific information and translation of research into practice.** | | | |
| CRDN 1.2 Evaluate research and apply evidence-based guidelines, systematic reviews and scientific literature in nutrition and dietetics practice. | *Example: Reviewed current literature on dietary recommendations for common*  *chronic conditions and incorporated findings into 15-20 patient handouts* | *Example: What does Intermittent Fasting Do to Insulin?” Handout* | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 1.5 Incorporate critical-thinking skills in overall practice. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |

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| **Professional Practice Expectations: Beliefs, values, attitudes, and behaviors for the nutrition and dietetics practitioner level of practice.** | | | |
| CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Practice for the Registered Dietitian Nutritionist, Standards of Practice, Standards of Professional Performance, and Code of Ethics for the Profession of Nutrition and Dietetics. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 2.4 Function as a member of interprofessional teams. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 2.5 Work collaboratively with NDTRs and/or support personnel in other disciplines. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| **Clinical and Client Services: Development and delivery of information, products and services to individuals, groups and populations.** | | | |
| CRDN 3.1 Perform Medical Nutrition Therapy by utilizing the Nutrition Care Process including use of standardized nutrition terminology as part of the clinical workflow elements for individuals, groups and populations of differing ages and health status, in a variety of settings. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 3.2 Conduct nutrition focused physical exams. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 3.3 Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (such as blood glucose or cholesterol), recommending and/or initiating nutrition-related pharmacotherapy plans (such as modifications to bowel regimens, carbohydrate to insulin ratio, B12 or iron supplementation) |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 3.4 Provide instruction to clients/patients for self-monitoring blood glucose, considering diabetes medication and medical nutrition therapy plan. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 3.5 Explain the steps involved and observe the placement of nasogastric or nasoenteric feeding tubes; if available, assist in the process of placing nasogastric or nasoenteric feeding tubes. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 3.6 Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| **Practice Management and Use of Resources: Strategic application of principles of management and systems in the provision of services to individuals and organizations.** | | | |
| CRDN 4.3 Conduct clinical and client service quality management activities (such as quality improvement or quality assurance projects). |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 4.5 Analyze quality, financial and productivity data for use in planning. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 4.9 Engage in the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems. |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |
| CRDN 4.10 Analyze risk in nutrition and dietetics practice (such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness). |  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | 1 | 2 | 3 | 4 | 5 |   Comments: |

**Additional Comments:**

**Total hours of experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation**

By signing this, I attest that the experiences/responsibilities and/or knowledge outlined above were achieved during the employee’s position at our facility and I confidently believe they are competent in each of the learning competencies that received a 4 or better in my assessment.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_