Montana Dietetic Internship (MDI) Program

Intern Evaluation for Supervised Practice (Food Service)

**Dietetic Intern: Rotation:**

**Preceptor: Dates of Rotation:**

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| **Part I: On the first day of the rotation, please review the competencies and activities for the rotation. Preceptor and intern will discuss expectations for the rotation.** |

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| **CRD#** | **Competency – Upon completion of rotation the intern will able to:** | **Activity selected to meet competency** |  |
| 1.1/4.6 | Select indicators of program quality and/or customer service and measure achievement of objectives.  Analyze quality, financial or productivity data and develop a plan for intervention. |  |  |
| 1.3 | Justify programs, products, services and care using appropriate evidence or data. |  |  |
| 1.4 | Evaluate emerging research for application in dietetic practice. |  |  |
| 2.1 | Practice in compliance with current federal regulations and state statues and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Professional of Dietetics. |  |  |
| 2.2 | Demonstrate professional writing skills in preparing professional communications. |  |  |
| 2.3/2.4 | Design, implement and evaluate presentations to a target audience.  Use effective education and counseling skills to facilitate behavior change. |  |  |
| 2.5/2.10 | Demonstrate active participation, teamwork and contributions in group settings.  Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services. |  |  |
| 2.6/2.8 | Assign appropriate patient care activities to DTRs and/or support personnel as appropriate.  Apply leadership skills to achieve desired outcomes. |  |  |
| 2.7 | Refer clients and patients to other professionals and services when needs are beyond individual scope of practice. |  |  |
| 2.9 | Participate in professional and community organizations. |  |  |
| 2.11 | Demonstrate professional attributes within various organizational cultures. |  |  |
| 2.13 | Demonstrate negotiation skills. |  |  |
| 3.1d | Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis. |  |  |
| 3.2 | Demonstrate effective communications skills for clinical and customer services in a variety of formats. |  |  |
| 4.7/3.3/  4.9/4.10 | Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment.  Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.  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. |  |  |
| 3.5 | Coordinate procurement, production, distribution and service of goods and services. |  |  |
| 3.6 | 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. |  |  |
| 4.1 | Participate in management of human resources. |  |  |
| 4.2 | Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food. |  |  |
| 4.4 | Conduct clinical and customer service quality management activities. |  |  |
| 4.5 | Use current informatics technology to develop, store, retrieve and disseminate information and data. |  |  |
| 4.8 | Conduct feasibility studies for products, programs or services with consideration of costs and benefits. |  |  |
| 3.1e | Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting. |  |  |
| 4.11 | Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers. |  |  |

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| *Expectations for Rotation (May use back of form for additional space.)* | |
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| **Part II: Final Evaluation – please evaluate the intern on each skill, behavior, or knowledge area of the rotation. For a rating of 1, please provide specific comments. Submit the final evaluation electronically to MDI Director.** |

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| **1 = Improvement Required** | **2 = Satisfactory** | **3 = Exceeds Expectations** |
| Demonstrated below minimum skill, behavior or knowledge. Needs further development. | Consistently and independently demonstrates adequate skill, behavior and knowledge. | Works independently and strives for excellence with minimal guidance. |

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| **PROFESSIONALISM 1 2 3** | | | |
| Displayed professional appearance and behavior | **1** | **2** | **3** |
| Maintained confidentiality of information | **1** | **2** | **3** |
| Set and enforced high standards of professional ethics | **1** | **2** | **3** |
| Fostered teamwork and interacted well with staff and interns | **1** | **2** | **3** |
| Reported to work on time and did not leave until designated time | **1** | **2** | **3** |
| Took initiative to do more than what is expected | **1** | **2** | **3** |
| Accepted responsibility for his/her actions | **1** | **2** | **3** |
| **PERSONAL MANAGEMENT SKILLS** | | | |
| Appropriately prioritized work assignments and tasks | **1** | **2** | **3** |
| Came prepared daily for rotation | **1** | **2** | **3** |
| Followed directions | **1** | **2** | **3** |
| Demonstrated initiative | **1** | **2** | **3** |
| **COMMUNICATION SKILLS** | | | |
| Writes effectively (clear, organized, appropriate grammar and spelling) | **1** | **2** | **3** |

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| Voiced understanding of the preceptors expectations | **1** | **2** | **3** |
| Spoke in a clear professional manner to convey accurate information | **1** | **2** | **3** |
| Responded appropriately to nonverbal cues | **1** | **2** | **3** |
| **KNOWLEDGE BASE** | | | |
| Demonstrated capacity to acquire knowledge and grasp concepts | **1** | **2** | **3** |
| Demonstrated appropriate knowledge and expertise in assigned tasks | **1** | **2** | **3** |
| Asked questions for clarification of issues | **1** | **2** | **3** |
| Demonstrated ability and achieved rotation competencies | **1** | **2** | **3** |
| **OVERALL RATING** | | | |
| Intern overall rating for the rotation | **1** | **2** | **3** |

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| **Assignments covered during the Food Service Rotations:** |  | **DATE** |
| Intern-lead In-service Training Assignment (Optional, can be completed in any area of practice rotations) |  |  |
| Quality Assurance Assignment |  |  |

**Comments:**

**Discuss the overall strengths of the intern:**

**Discuss areas needing development:**

**General comment or suggestions regarding an aspect of the MDI Program:**