

**Georgia State University Coordinated Program
Enrichment- Clinical Nutrition- Competency Evaluation**

Student Kelsey Higgins

Evaluator Karen Hunter

Rotation Dates 5/11-5/25

Practice Site Northeast Georgia Medical Center

Please write in the response that best describes the student's accomplishments during the rotation at your facility.

**E= Excels M= Meets NI= Needs Improvement DNM= Does Not Meet
NOO= No Opportunity to Observe**

1. Apply evidence-based guidelines, systematic reviews and scientific literature in the nutrition care process and model and other areas of dietetics practice.	E	<u>M</u>	NI	DNM	NOO
2. Evaluate emerging research for application in dietetic practice	E	<u>M</u>	NI	DNM	NOO
3. 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	E	<u>M</u>	NI	DNM	NOO
4. Use effective education and counseling skills to facilitate behavior change	E	<u>M</u>	NI	DNM	NOO
5. Demonstrate active participation, teamwork and contributions in group settings	<u>E</u>	M	NI	DNM	NOO
6. Refer clients and patients to other professionals and services when needs are beyond individual scope of practice	E	<u>M</u>	NI	DNM	NOO
7. Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services.	E	<u>M</u>	NI	DNM	NOO
8. Demonstrate professional attributes within various organizational cultures	E	<u>M</u>	NI	DNM	NOO
9. Demonstrate negotiation skills	E	M	NI	DNM	NOO
10. 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 setting	E	<u>M</u>	NI	DNM	NOO
a. Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered	E	<u>M</u>	NI	DNM	NOO
b. Diagnose nutrition problems and create problem, etiology, sign and symptoms (PES) statements	E	<u>M</u>	NI	DNM	NOO
c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention	E	<u>M</u>	NI	DNM	NOO
d. Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis	E	<u>M</u>	NI	DNM	NOO
e. Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting	E	<u>M</u>	NI	DNM	NOO
11. Demonstrate effective communications skills for clinical and customer services in a variety of formats.	E	<u>M</u>	NI	DNM	NOO
12. Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.	E	<u>M</u>	NI	DNM	NOO
13. Deliver respectful, science-based answers to consumer questions concerning emerging trends.	E	<u>M</u>	NI	DNM	NOO
14. Evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals	E	M	NI	DNM	<u>NOO</u>
15. Use current informatics technology to develop, store, retrieve and disseminate information and data.	E	<u>M</u>	NI	DNM	NOO

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Coordinated Program

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Facility Northeast Georgia Medical Center

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Preceptor Karen Hunter

Rate your satisfaction with the student's performance based on each of the following performance indicators:

	ME = Meets Expectations	NI = Needs Improvement	U = Unacceptable
1. Prepared for rotation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Performed in ethical manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Interpersonal skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A team player	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Oral communication skills (clear and concise, professional, diplomatic, respectful)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Written communication skills (clear and concise; organized; correct spelling and grammar)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Technical skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Critical thinking/problem-solving skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Organizational skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Time management skills (completes work in a timely manner)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to work independently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Punctual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Dressed appropriately	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Followed procedures of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Contributions to the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Sought out opportunities for additional learning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of days tardy 0 Number of days absent 1 Were hours made up? Yes

Please comment on strengths and any needs improvement checks.:

Signature of Preceptor Karen Hunter

Date 5-25-15

Signature of CP Student Kelsey Higgins

Date 5-26-15