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**DIETETIC INTERNSHIP**

**MANAGEMENT IN DIETETICS CONCENTRATION – Rotation Evaluation**

**(ACEND Competencies and Learning Outcomes)**

Intern Name

*Performance Standards (as defined on Competency Evaluation Guidelines)*:

4 = Exceptional

3 = Proficient

2\* = Needs improvement (Intern will need to repeat the experience)

1\* = Deficient (Intern will need to repeat the experience)

**Preceptors:**

1. Initial in blue ink next to each bulleted CRD which applies to individual rotation

2. Sign and date in blue ink at the end

Individual activities are organized under appropriate Competencies as required by ACEND.

One rotation evaluation will be used for all required activities and evaluations. The intern will keep the evaluation form until all competencies have been evaluated during rotations at multiple facilities, if necessary.

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| **Competencies** | **4** | **3** | **2 \*** | **1 \*** |
| (MG 1) Perform management functions for organizational and strategic planning.  Has the intern:   * Conducted a SWOT analysis for an organization in a clinical, foodservice, or community setting. * Participated in an advisory board meeting or develop a list of potential advisory board members for an organization. |  |  |  |  |
| Comments: | | | | |
| (MG 2) Manage budgetary and revenue development processes.  Has the intern:   * Prepared an operational budget using the zero-based budgeting method and Excel. * Revised an operational budget using the incremental budgeting method and Excel. * Prepared a capitol budget and propose the budget to preceptor. |  |  |  |  |
| Assignment Title: Budget Calculation |  |  |  |  |
| Comments: | | | | |
| (MG 3) Perform operations analysis.  Has the intern:   * Developed a quality assurance checklist in a clinical, foodservice, or community setting. * Read “Practice Paper of the American Dietetic Association: A Systems Approach to Measuring Productivity in Health Care Foodservice Operations.” Using the systems approach, select a quantitative measurement and conduct a productivity study. Reported findings and provided recommendations to preceptor. * Used information technology in decision-making processes that involve organizational resources (e.g., financial, human, inventory). |  |  |  |  |
| Assignment Title: Productivity Study |  |  |  |  |
| Comments: | | | | |
| (MG 4) Supervise a disaster planning function.  Has the intern:   * Developed or updated a disaster plan for an organization. * Supervised a safety drill. |  |  |  |  |
| Comments: | | | | |
| (MG 5) Supervise human resource functions.  Has the intern:   * Developed an in-service training program or job aid for supervisors on laws and regulations pertinent to hiring, managing, and dismissing employees. * Written a job description for a position in a clinical or foodservice setting. |  |  |  |  |
| Assignment Title: Job Description |  |  |  |  |
| Comments: | | | | |
| (MG 6) Manage private and entrepreneur functions.  Has the intern:   * + - Designed a personal business card.     - Written a mission statement for a business you might consider starting as a private practice.     - Researched state laws governing small businesses. Select either an incorporated or unincorporated business structure and write a short summary on why you may want to use this structure for a private practice.     - Created a brochure or material marketing a service to a target audience. |  |  |  |  |
| Assignment Title: Business Card |  |  |  |  |
| Comments: | | | | |
| (MG 7) Supervise marketing function.  Has the intern:   * Developed an organizational marketing plan for a targeted population. Defined the target market and the marketing mix. |  |  |  |  |
| Assignment Title: Marketing Plan |  |  |  |  |
| Comments: | | | | |

Major Strengths for the Intern:

\* Suggestions for Improvement for the Intern (Required for ratings of 1 or 2):

Intern comments:

Please use blue ink for signatures.

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| Preceptor Name (printed): | Facility: | |
| Rotation Dates: | | |
| Preceptor Signature: | | Date: |
| Intern Signature: | | Date: |

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| Preceptor Name (printed): | Facility: | |
| Rotation Dates: | | |
| Preceptor Signature: | | Date: |
| Intern Signature: | | Date: |

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| Rotation Dates: | | |
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| Intern Signature: | | Date: |

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| Rotation Dates: | | |
| Preceptor Signature: | | Date: |
| Intern Signature: | | Date: |