



Clinical Rotation Progress Timeline

Adapted from Avista Adventist Hospital- Clinical Dietitian Department

This document is intended to serve as a guide for clinical preceptors and interns preparing for their IP clinical rotation. This is laid out as an 8-week, full time (40 hours/week, 320 hours total) rotation for interns working with the same preceptor(s) and patient populations throughout their rotation. Preceptors are encouraged to adjust this timeline to fit the needs of their rotation. For example, if an intern is assessing medically complex patients, the number of patient assessments they complete may be fewer than what is recommended here.

Completing pt visits with direct RD supervision can be defined as

- Discuss chart review with RD before visiting patients
- Visit pt with RD supervision
- RD support when charting
- RD to reach out to care team and patient family to update them on findings and recommendations

Completing pt visits independently can be defined as:

- Discuss chart review with RD before visiting patients
- Complete assessment independently including NFPE, calculation kcal/pro/fluid needs, PN/EN calculation as applicable, appropriate PES statement/malnutrition dx as applicable
- Complete chart note within the time allotted and review with RD
- After reviewing recommendations with RD, reach out to care team members and/or patient family to update them on recommendations

Week 1 Tasks:

- Work with preceptor to identify internship tasks, CRDN's, and Learning Activities to be completed and establish timeline
- Complete EMR training
- Orient to Nutrition Services department
- Identify where to find information for the rotation (Evidenced based resources for conditions and disease states/ Method for procuring patient education handouts / Hospital standards of care)
- Describe the difference between a referral, consult, LOS, ERAS, follow-up
- Shadow RD when assessing patients
- Begin to identify patients to be seen daily
- Begin to identify and explain key lab values and medications
- Begin to practice independently reviewing patient charts

Week 2 Tasks:

- Identify patients to be seen daily
- Begin completing pt visits with direct RD supervision (1-2 patients daily)
- Schedule a time for intern to observe/assist with a feeding tube placement

Week 3 Tasks:

- Be proficient w/ EMR
- Attend rounds w/ RD 1-2x/week
- Shadow RD on any pts with rare cases, or diseases/conditions that intern has not yet been exposed to
- Complete 2-3 pt visits per day with RD supervision
- Accurately apply malnutrition criteria
- **Identify case study patient if applicable**

Week 4 Tasks:

- Attend rounds w/ RD 1-2x/week
- Complete 3-4 pt visits per day (Supervised or independent per RD discretion)
- **Mid-rotation progress report**
- Identify areas that need improvement and develop plan with preceptor

Week 5 Tasks:

- Attend rounds independently, report back on patients other RDs are seeing 1-2x/week
- Complete 4-5 pt visits per day (Supervised or independent per RD discretion)
- Show proficiency in conducting NFPE
- Complete at least one PN and EN as available

Week 6 Tasks:

- Attend rounds independently 1-2x/week
- Delegate RD to see which patients
- Complete 5-6 pt visits per day (Independent)
- Preceptor: Reach out to UNC DI/MSDI program administrators if there are any concerns about the intern performing staff relief

Week 7 Tasks:

- Attend rounds independently 1-2x/week
- Complete 6-7 pt visits per day (Independent) including one patient on PN and one patient on EN as available
- Have Learning Activities completed/ Case Study Presentation

Week 8 Tasks:

- Attend rounds independently 1-2x/week
- Complete 7-8 pt visits per day (Independent) including one patient on PN and one patient on EN as available
- **End-rotation Progress Report**
- **Competency and Learning Activity Evaluation Form: Input total number of hours completed, indicate completion of 40 hours of clinical staff relief, and input scores for competencies performed during rotation.**