# Texas A&M Dietetic Internship Dietetic Program
## Community Nutrition Rotation Descriptions

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<td>Excellence in Health</td>
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</tbody>
</table>
I. WIC Location: 3400 S. Texas Ave  
Bryan, TX 77802  
Duration: Variable – 40-80 hours

Goal: Increase knowledge and skills to provide nutrition counseling and MNT to high risk WIC participants.

II. ROTATION PREPARATION (Complete prior to starting rotation)

A. Complete highlighted portion of the Intern Workbook
B. Review and begin case studies for high risk counseling of WIC participants.

III. ROUTINE DUTIES

A. Participate in high risk counseling, certifications and breastfeeding counseling sessions.
B. Adhere to documentation, confidentiality, and quality assurance requirements.

IV. PLANNED ASSIGNMENTS

A. Complete Intern workbook and high risk case studies.
B. Observe WIC nutritionists and become familiar with WIC certification process.
C. Provide high risk nutrition counseling with Registered Dietitian.
D. Observe WIC Peer Counselors and become familiar with WIC breast pump program.
E. Complete an intern project to be assigned by the preceptor(s). Projects include reports, development of staff training, development of Nutrition Education classes for WIC participants or other projects as needed by the WIC clinic.

V. EVALUATION

A. Complete assignments as given by preceptor(s).
B. Schedule and complete evaluation for last day of rotation.
C. Submit completed evaluation forms to Internship Director

Revised July 2011
Dietetic Intern Schedule
BVCAA-WIC Rotation

Week One:
Monday – orientation to WIC
  1. Tour of WIC Clinic
  2. Schedule & Expectations
  3. History of WIC
  4. Shopping for WIC Foods video
  5. Review of WIC forms
  6. Measurement Techniques
  7. Intern Workbook

Tuesday – Introduction to High Risk Counseling
  1. Observe RD perform high risk counseling
  2. Observe cooking class (if schedule permits)
  3. Review WIC formulary, Formula Request form, RD referral program

Wednesday – other WIC services
  1. Observe Peer Counselor appointments
  2. Observe Nutritionist performing certifications
  3. Observe Nutrition Education classes

Thursday – High Risk Counseling
  1. Perform High Risk counseling with RD
  2. Discuss Intern Project

Friday – other WIC services
  1. Observe/participate in Exercise class
  2. Work on Intern Project
Dietetic Intern Schedule
BVCAA-WIC Rotation

Week Two:
Monday – WIC services
1. Provide counseling in certification appointments with RD
2. Issue a breast pump (if schedule permits)
3. Observe nutritionists
4. Work with Assistant Director (if needed)

Tuesday – High Risk Counseling
1. Perform High Risk Counseling with RD

Wednesday – High Risk Counseling – Satellite Clinic
1. Perform High Risk Counseling with RD
2. Teach Nutrition Education classes

Thursday – High Risk Counseling
1. Perform High Risk counseling with RD
2. Complete Intern Project

Friday – Wrap up
1. Evaluation
2. Any other items as necessary
Define the terms:

EBT:

LAM:

LLL:

IBCLC:

GERD:

AAP:

SIDS:

RSV:

FGR:

IUGR:

FTT:

FAS:
LBW:

SGA:

PKU:

LGA:

SNS:

NEC:

Prolactin:

Oxytocin:

Non-nutritive sucking:

Tandem nursing:

Gravida:

Parida:

Galactorrhea:
Breastfeeding overview
Compare colostrums and mature milk.

When should a baby be put to the breast after birth?

List three breastfeeding positions and the uses/benefits of each.

What is the frequency/duration of a breastfeeding session?

What are the signs of adequate nursing?

How do growth spurts affect breastfeeding?

When do growth spurts commonly occur?

How does a baby communicate hunger?

How does breastfeeding affect a woman’s reproductive health?

Contrast the iron content and availability of breastmilk and infant formula.
Distinguish between breastfeeding and bottle-feeding in terms of the following elements:

- Frequency of feeding
- Tongue placement and action
- Lip flanging
- Feeding duration
- Typical stooling pattern

Under what circumstances would you recommend a mom NOT breastfeed her baby?

How and why do these recommendations change depending upon where you are geographically?

What are the WHO and AAP recommendations for breastfeeding?

In the context of a breastfeeding dyad, what do the following terms mean?

- Nursing strike
- Don’t offer, don’t refuse

List three ways to deliver expressed breastmilk without using a bottle.
Formula Choices v. Breastmilk
Is breastmilk considered a dairy food or clear liquid with regard to diet protocols?

Differentiate signs, symptoms and presentations of physiologic and pathologic breastmilk jaundice in the newborn.

Identify the types of formula (ie milk based, hypoallergenic, etc.) and their indications for usage below.

<table>
<thead>
<tr>
<th>Type</th>
<th>Indication for usage</th>
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<tbody>
<tr>
<td>Breastmilk</td>
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<td>Enfamil Premium</td>
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<td>Similac Advance</td>
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<td>Neosure</td>
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<tr>
<td>Enfamil Gentlease</td>
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<tr>
<td>Similac Isomil Adv</td>
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<td>Nutramigen LGG</td>
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<td>Alimentum</td>
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<tr>
<td>Pregestimil</td>
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<tr>
<td>Neocate</td>
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</table>

Under what circumstances might one use the following formulas?
- Portagen:
- Isomil DF:
- Enfamil AR:
- Enfamil Enfacare:
- Ketonex-1:
- Boost Pudding:
- Boost Kid Essentials:

Differentiate between milk allergy and lactose intolerance. How often do these conditions occur in the pediatric population?

Differentiate between primary (congenital) and secondary lactose intolerance.

Is there any relationship between milk and soy allergies?
What if mom says her baby is allergic to her breastmilk?

Discuss the addition of other foods to the infant diet. Do recommendations differ for breastfed and formula fed infants?

How many kcal/oz does breastmilk have?

How do you prepare standard concentrate and powder? How many kcal/oz does it have?

- Standard concentrate:

- Standard powder:

How do you prepare concentrate and powder to 22 kcal/oz or 24 kcal/oz?

- 22 kcal concentrate:

- 24 kcal concentrate:

- 22 kcal powder:

- 24 kcal powder:
Anemia Prevention:
What are normal Hct and Hgb lab values for women and children?

How would you expect the following to affect H/H lab values:
- Maternal smoking:

- Environmental smoke exposure (smoking inside household):

- Current antibiotic use:

- Hemochromotosis:

- Chronic, severe asthma:

- Sickle Cell Anemia:

- Sickle Cell Trait:

How and why might the following affect iron status or absorption?
- Tea:

- Orange Juice:

- Milk (>30 oz. per day):
Pregnancy/Postpartum:
Discuss signs, symptoms and classic presentations of:

- Eclampsia:
  - Pre-eclampsia:
  - PIH:

Discuss signs, symptoms and classic presentations of:

- Type I Diabetes:
  - Type II Diabetes:
  - Gestational Diabetes

Do the following maternal diets affect breastmilk/breastfeeding? If yes, how?

- Low fat:

- Low calorie:

- Vegetarian:

- Vegan:
What risks or nutritional concerns might these conditions pose specifically to a woman’s reproductive status, to a pregnant or breastfeeding woman, or to her infant?

- Type I Diabetes:

- Type II Diabetes:

- Gestational Diabetes:

- Hypothyroid:

- Hyperthyroid:

- Cystic Fibrosis:

- Cigarette Smoking:

- Prepregnancy underweight:

- Prepregnancy obese:

- Low weight gain during pregnancy:

- Sudden, rapid weight gain during pregnancy:

- Maternal weight loss:

- Teenage pregnancy:

- Hyperemesis Gravidarum:

- Pregnancy Induced Hypertension:
• Exclusively breastfeeding:

• Breastfeeding during pregnancy:

• Tandem nursing:

• Low Birth Weight infant:

• Premature birth:

• Spontaneous abortion:

• Large for Gestational Age infant:

• Closely spaced pregnancies:

• Multi-fetal gestation:

• High parity at young age:

• Inadequate folic acid intake:

• Celiac Disease:

• Alcohol use:

**WIC Services/Funding:**
What work-place decisions, policies or programs would you support or initiate that would benefit maternal/child health?
The Texas Department of State Health Services has a Breastfeeding Peer Counselor Program in which currently or previously breastfeeding WIC moms work with other WIC moms to encourage and support breastfeeding. What are the benefits to “peers” rather than using only WIC professional staff? Are there any drawbacks or risks to such a program? In your opinion do the benefits outweigh the risks, or not?

Some people in the public health arena have indicated support for one or both of the following:
1. Formulas by prescription only and not available over the counter.
2. Having mother sign informed consent prior to receiving formula from the hospital or WIC as they do for other medical or invasive procedures.
What are the pros and cons of implementing these ideas? After careful consideration, do you agree or disagree with these proposals?

If you are teaching a WIC class to 10 individuals, how would you ensure that you remained client-centered in your approach?

WIC stands for Women, Infants and Children. Are all women, infants and children eligible for WIC services? What criteria are used to determine who is eligible for WIC?

What is Rider 23? How might this affect services provided to women and children?

What agencies fund WIC at the national and state level?
How is WIC funded at the local level? How are personnel timesheets directly related to reimbursement?

What is the current funding formula for WIC? What is the rationale for having such a formula? What recommendations would you give, if any?
Pregnancy Case Study

Samantha Gonzales is a 25 year old participant here for a high risk appointment. She tells you that she has experienced nausea and vomiting for the last four weeks.

Samantha tells you that she vomited about seven times yesterday. She also says that the only things she held down were a piece of toast, a Diet Coke, a handful of pretzels and a pickle. She is not taking prenatal vitamins.

In her chart, you see that she is:
- Weeks gestation: 10
- Prepregnancy weight: 127 pounds
- Height: 5 feet 7 inches
- Current weight: 120 pounds

Calculate her prepregnancy BMI and plot her weight on the appropriate weight gain grid.

Write a PES statement for this participant.

What are your concerns?

What are your recommendations?
Child Case Study

Joshua Moore is a 4 year, 3 month old participant who is here with his mother for a high risk appointment.

24 hr recall (from mom)
Breakfast: 1 sausage biscuit, 8 oz 2% milk
Snack: none
Lunch: 4 chicken nuggets, ½ c mashed potatoes, 8 oz apple juice
Snack: Small bag of Cheetos, 8 oz water
Dinner: 1 c spaghetti with meat balls, 1 piece of garlic bread, 8 oz apple juice

In his chart you see he is:
- Weight: 44 pounds 3 oz
- Height: 41 1/8 inches

Plot his height/age, weight/age and BMI/age on the appropriate growth charts.

Write a PES statement for this participant.

What are your concerns?

What are your recommendations?

Revised July 2011
Infant Case Study

Anna Wright is a four month old infant here for a high risk appointment with her mother. Anna receives Neosure formula from WIC. Anna’s mother tells you that she is curious about starting solid foods and how to know if Anna is ready.

In her chart you see she is:
- Weight: 11 pounds
- Length: 22 5/8 inches
- A 33 week premature infant

Plot her actual and adjusted weight/age, length/age and her weight/length on the appropriate growth chart.

Write a PES statement for this participant.

What are her calorie needs per day? What is the minimum amount of Neosure she will require to meet these needs?

What are your concerns?

What are your recommendations?
Gestational Diabetes Case Study

Lauren Sanchez is a 27 year old participant here for high risk counseling. She was recently diagnosed with Gestational Diabetes at her last prenatal care appointment following a glucose tolerance test. The doctor started Lauren on Glyburide 5 mg twice daily. A referral has been sent by her HCP to provide medical nutrition therapy and meal plan for Lauren.

In her chart, you see that she is:
- Weeks gestation: 24
- Prepregnancy weight: 158 pounds
- Height: 5 feet 1 inch
- Current weight: 174

Calculate her prepregnancy BMI and plot her weight on the appropriate weight gain grid. Is her weight appropriate for weeks gestation? What are your recommendations for her current weight gain?

Lauren’s 24 hour recall:

B (7:30 am): 2 flour tortilla, 2 eggs, ½ c pinto beans, 8 oz orange juice

L (2:00 pm): 3 flour tortilla, ½ c ground beef, ¼ c mixed veggies (mushrooms, onions, bell peppers), 2 handfuls of tortilla chips with ½ c salsa, 12 oz soda

D (7:00 pm): 2 c. spaghetti with meat sauce, 2 slices of French bread, salad with fresh vegetables and ¼ c. ranch dressing, 12 oz sweet tea

What are your recommendations concerning her dietary recall? What are healthy alternatives for what Lauren is already eating? Create a meal plan determining calorie level and number of carbohydrate servings per meal/snack. Also, please provide a three day sample menu.
Child II Case Study

Matthew Blue is a 2 year, 9 months old participant who is here with his mother for high risk counseling. Mother tells you he is a very picky eater and gags when eating ground beef and some fresh fruit, particularly oranges, strawberries, and bananas. She is very concerned about Matthew’s eating habits because he eats very little at meal times. She has tried a pediatric supplement but he does not drink them very well.

24 hr recall (from mom)
B: 4 oz juice, ½ c applesauce
S: 4 oz juice
L: ¼ c ravioli, 1 saltine crackers, water
S: none
D: ¼ c. mashed potatoes, few bites of plain bread, 2 bites of baked chicken, 6 oz juice

In his chart you see he is:
- Weight: 24 pounds 6 oz
- Height: 35 inches 4/8

Plot his height/age, weight/age and BMI on the appropriate growth chart.
Write a PES statement for this participant.

What are your concerns?

What are your recommendations?

Revised July 2011
## Prenatal Weight Gain Grid — Singleton

### Normal Weight and Overweight

<table>
<thead>
<tr>
<th>Name:</th>
<th>Today's Date:</th>
<th>Pre-Pregnancy Weight:</th>
<th>Current Weight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Week Gestation:</td>
<td>Due Date:</td>
<td>BMI:</td>
<td>Current Weight Gain:</td>
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</table>

### Body Mass Index (BMI) Formula

\[
BMI = \frac{\text{wt. (lb.)}}{\text{ht. (in.)}^2} \times 703
\]

### BMI Weight Category

- **Normal weight**: 18.5 – 24.9
- **Overweight**: 25.0 – 29.9

### Recommended Weight Gain

- **Normal weight**:
  - 1st trimester: 2.2 – 6.6 pounds
  - 2nd & 3rd trimesters: 1 pound per week
- **Overweight**:
  - 1st trimester: 2.2 – 6.6 pounds
  - 2nd & 3rd trimesters: 0.6 pound per week

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WIC-4 rev. 10/10
# Prenatal Weight Gain Grid — Singleton

## Underweight and Obese

<table>
<thead>
<tr>
<th>NAME:</th>
<th>TODAY'S DATE:</th>
<th>PRE-PREGNANCY WEIGHT:</th>
<th>CURRENT WEIGHT:</th>
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<tbody>
<tr>
<td>CURRENT WEEK GESTATION:</td>
<td>DUE DATE:</td>
<td>BMI:</td>
<td>CURRENT WEIGHT GAIN:</td>
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</table>

**Body Mass Index (BMI) Formula:**

\[
BMI = \frac{wt. \ (lb.)}{ht. \ (in.) \times 703}
\]

**BMI Weight Category**

- **Underweight**: \( < 18.5 \)
- **Obese**: \( \geq 30.0 \)

## Recommended Weight Gain

**BMI Weight Category**

- **Underweight**
  - 1st trimester
  - 2nd & 3rd trimesters
  - 28 – 40 pounds total gain
  - 2.2 – 6.6 pounds
  - 1 pound per week

- **Obese**
  - 1st trimester
  - 2nd & 3rd trimesters
  - 11 – 20 pounds total gain
  - 1.1 – 4.4 pounds
  - 0.5 pound per week

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GIRLS: BIRTH TO 36 MONTHS

Length-for-age and weight-for-age percentiles

Adapted from NCHS in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

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CH-9W Revised 8/04
<table>
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<th>AGE (YEARS)</th>
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<td>BMI</td>
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<tr>
<td>BMI kg/m²</td>
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**English Formula:**

\[
BMI = \frac{\text{wt. lb}}{\text{ht. in}} \div \text{ht. in} \times 703
\]

(fractions and ounces must be converted to decimal values)
Body mass index-for-age percentiles

English Formula:

\[
\text{BMI} = \frac{\text{wt. lb}}{\text{ht. in} \times 703}
\]

(fractions and ounces must be converted to decimal values)
BOYS: 2-5 YEARS

Height-for-age percentiles

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Weight-for-age percentiles

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Adapted from NCHS in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
TEXAS A&M UNIVERSITY DIETETIC INTERNSHIP
EXTENSION ROTATION INFORMATION

Texas A&M AgriLife Extension Service
Texas A&M University System

I. EXTENSION
Location: Texas A&M AgriLife Extension Service
Texas A&M University, Cater-Mattil Room 120
Duration: 120 hours

Goal 1: Become aware of the land grant history; Extension mission and goals; Family and Consumer
Program Planning; and Food and Nutrition Unit programs such as SNAP-ED, EFNEP, and
FPM.

Goal 2: Understand and experience the Extension Program Planning Process.

II. ROTATION PREPARATION (Complete prior to starting rotation)

A. Contact preceptor one week prior to rotation to make necessary arrangements: (979) 845-0864.
B. Read The Health Status of Texas sections related to demographics and diet/physical activity
related diseases.
C. Be familiar with demographic and health data related to the following counties: Brazos, Grimes,
Burleson and Washington.
D. Prepare a personal goal and objectives for this Extension rotation to discuss with preceptor(s).

III. ROUTINE DUTIES
Plan, design, implement, measure and interpret nutrition education. Adhere to documentation,
confidentiality, and quality assurance requirements, and perform special projects as assigned
by preceptor(s).

IV. PLANNED ASSIGNMENTS

A. Plan Nutrition Extension Outreach. Conduct needs assessment; identify key messages and
behavior goals for targeted audience grounded in evidence-based research on assigned topic area.
B. Design Nutrition Education Materials. Develop educational resources based on outcomes from
planned nutrition Extension outreach.
C. Implement County Programs. Observe and deliver county Extension education.
D. Measure/Evaluate Effectiveness. Review and prepare evaluation instruments. Obtain client and
peer feedback.
E. Interpret Results. Provide an interpretation event on rotation outcomes and learnings to Food and
Nutrition Extension Unit members and others.

V. EVALUATION

A. Prepare and present an interpretation presentation reviewing your experiences, learnings and
applications.
B. Schedule and complete evaluation for last day of rotation and submit completed evaluation forms to
Internship Director.

Revised June 2014
# 2014 Fall Dietetic Intern Extension Rotation Schedule

## Prior to Rotation:
1. **Read Health Status of Texas**
2. **Review demographic and health data for the following counties: Brazos, Grimes, Burleson and Washington.**

<table>
<thead>
<tr>
<th>Programing</th>
<th>Objectives</th>
<th>Tasks</th>
<th>Preceptor/Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan</strong> Pages 16-18; 41-45*</td>
<td>Plan program based on assigned topic. Review intervention models.</td>
<td>Conduct needs assessment, identify research and target audience(s) Develop behavior goals and key messages Create marketing flyer and introduction bio Review community teaching methods and 4A</td>
<td>Sharon Robinson</td>
</tr>
<tr>
<td><strong>Design</strong> Pages 19, 22-24; 46-47*</td>
<td>Develop subject matter education for different audiences.</td>
<td>Complete reading assignment on the Adult Learner Develop lesson plan Review and prepare evaluation instruments Write press release(s) Craft social media communication</td>
<td>Amanda Scott Danielle Krueger</td>
</tr>
<tr>
<td><strong>Implement</strong> Pages 25-26*</td>
<td>Discuss the how, when and why of program delivery.</td>
<td>Deliver program Obtain client and peer feedback Complete self-assessment instrument</td>
<td>Julie Prouse</td>
</tr>
<tr>
<td><strong>Measure/Evaluate</strong> Pages 27-30*</td>
<td>Review evaluation methods and instruments. Evaluate program.</td>
<td>Analyze evaluation data</td>
<td>Danielle Krueger</td>
</tr>
<tr>
<td><strong>Interpret</strong> Pages 31-32*</td>
<td>Prepare interpretation event with handout and presentation on rotation experience.</td>
<td>Complete interpretation summary and presentation Deliver interpretation event to unit</td>
<td>Sharon Robinson</td>
</tr>
</tbody>
</table>

*Creating Excellent Programs E-354*
Texas A&M Student Health Services Rotation Information

I. Location: Texas A&M Student Health Services
   A.P. Beutel Health Center
   1264 TAMU
   College Station, TX 77843

   Duration: 40-80 hours

   Goal 1: Increase knowledge and skills to provide nutrition education and counseling to college-age students with a wide variety of nutrition-related conditions.

   Goal 2: Develop creative ways to interact with college-age students and prepare effective nutrition-based programs.

II. Rotation Preparation
   a. Contact preceptor one week prior to rotation to make necessary arrangements: 979-458-8327.
   b. Review Academy of Nutrition and Dietetics eating disorder practice and position papers.
   c. Prepare a written list of personal goals and objectives for the rotation to discuss with preceptor on day one.

III. Routine Duties
   a. Participate in nutrition counseling sessions with patients regarding various topics including: eating disorders, weight management, abnormal blood lipids, diabetes management, and others.
   b. Participate in nutrition education events on and off campus, as assigned.
   c. Adhere to documentation, confidentiality and quality assurance requirements, and perform special projects as assigned by preceptor.

IV. Planned Assignments
   a. Observe Registered Dietitian and become familiar with college health model.
   b. Conduct dietary recalls with patient during nutrition education sessions.
   c. Learn the basics of EMR charting and complete documentation on patient charts.
   d. Observe interdisciplinary approach to treatment of eating disorders.
   e. Develop an article to be published on *The Good Calorie*.
   f. Organize, prepare and lead a grocery store tour at the local HEB.
   g. Observe Bod Pod device as a way to measure body composition and provide feedback for protocol.
   h. Create handouts and materials to be used during nutrition counseling sessions.
   i. Develop an educational model (article, nutrition power point presentation) or other resource, using appropriate format as assigned.
   j. Participate in conferences/meetings as appropriate.
V. **Evaluation**
   a. Complete assignments as given by preceptor.
   b. Schedule and complete evaluation for last day of rotation.
   c. Submit completed evaluation forms to Internship Director.

VI. **Required Reading**
Texas A&M University Dietetic Internship  
Rotation Workbook: Excellence in Health  
Community/Consultation & Business Practice

I. Rotation Information:

Dietitians
Lisa Hoelscher, MS,RD,LD  
Lisa.hoelscher@yahoo.com  
5033 Rosenthal Parkway  
Lorena, TX 76655-4016  
ph/fax 254-881-7341  
cell 254-715-1938

Tiffany Glenn, MS,RD,LD  
254-716-0332

Meradith Stein, RD,LD  
254-315-4305

Susan Fogleman, RD,LD,CDE  
254-899-0449

Ronda Hanley, RD,LD  
254-396-0868

Jackie Hill, MS,RD,LD  
254-366-2154

Location/Logistics
Rotation experiences will be completed at various healthcare sites in the central Texas area. A tentative schedule will be provided prior to the rotation. Travel capabilities within the Temple/Waco area will be necessary.

*** Contact must be made with Lisa Hoelscher 7-10 days prior to beginning the rotation. (Email is ok!!)

II. Rotation Preparation (must completed by end of rotation)

A. Review The Entrepreneurial Nutritionist by Kathy King Helm; carefully read the following sections:
   2: Business Ventures in Dietetics
   3: Building a Strong Foundation
   4: Starting Your Business Venture
       Chapter 30 - Media Savvy
B. Create a business plan; include a business name/logo and a brochure to market you and your services. Use computer graphics or sketching and printing.

**Note:** For B, use these instructions if *Entrepreneurial Nutr.* is not available:

**Business Plan:**
Create a summary of the nutrition-related business idea of your choice. In the summary, include goal/purpose of the business, proposed costs to start-up and operate, plans for financing, location/office space, equipment needs, expected revenue, organizational structure and staffing plans, prospective clients, marketing strategies and as many other details as you can imagine.

**Name/Logo:**
Create a business name and logo for your company; use computer graphics or sketch your idea and sample business card.

**Marketing Brochure:**
Develop a brochure that you could use to advertise your business (a bifold or trifold usually works best). Use desk-top publishing or hand-write/sketch it.

C. Develop a news release for a community-based nutrition program (sample enclosed).

D. Develop a two page nutrition newsletter for seniors and a one page lesson plan (very simplified -- see sample enclosed); target seniors living at home receiving meals-on-wheels; **check topic with Lisa prior to beginning; provide in black/white copy or on disc w/program compatible w/Microsoft Word.**

III. Routine Duties

A. Teach classes
- in-services for dietary staff; will use same topic for several facilities; may choose sanitation/safety, meal service or nutrition topics; 30-45 minutes; include handout, visual aides and quiz; **check topic with Lisa before beginning**

- dietary manager program; will teach a segment of the class; may be sanitation/safety or nutrition; may not be included, depending on date of rotation; **Lisa will give you topic/ideas**

B. Conduct chart reviews and nutritional assessments; document in medical record/care plan, etc
C. Participate in care plan meetings
D. Conduct sanitation inspections/reviews; evaluate meal service
E. Participate in conferences/meetings as appropriate

IV. Submit completed assignments by morning of last day of rotation. Evaluation (use short-form) will be completed on last day of rotation.