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

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<td>Brazos Valley Community Action Agency (BVCAA) WIC</td>
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<td>BVCAA Rotation Schedule</td>
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<tr>
<td>Pregnancy weight gain</td>
<td>20</td>
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<td>Girls age 0-36 months</td>
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<tr>
<td>Boys age 0-36 months</td>
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<tr>
<td>Girls 2-5 years</td>
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<td>Boys 2-5 years</td>
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</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
# WIC Community Rotation Calendar (Tentative)

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>--Review of Information</td>
<td>--Clinic Exposure</td>
<td>--High Risk Counseling</td>
<td>AM--Anthropometrics</td>
<td>--Presentation Preparation Time</td>
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<tr>
<td>--Presentation Topic Assigned</td>
<td>--Cooking Class Preparation/Teaching</td>
<td>--Growth XP</td>
<td>--Human Resource Management</td>
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<tr>
<td>--Choose Brochure, Handout or Marketing Activity</td>
<td>--2 hour block for presentation preparation</td>
<td>--Hand graphing/problem solving</td>
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<tr>
<td><strong>AM</strong>—Staff Luncheon Preparation</td>
<td><strong>AM</strong>—Prepare for Staff Presentation</td>
<td><strong>PM</strong>—Work on Brochure</td>
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<tr>
<td><strong>PM</strong>—Breastfeeding Expert</td>
<td><strong>PM</strong>—Topic Presentation to Staff</td>
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<td><strong>AM</strong>—Completion of any remaining assignments</td>
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<td><strong>NOON</strong>—Evaluation &amp; Wrap up with Preceptor</td>
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--Additional Project Preparation

--High Risk Counseling
Define these terms:

LLL:

IBCLC:

GERD:

GER:

AAP:

SIDS:

RSV:

FGR:

IUGR:

FTT:

LBW:
VLBW:

SGA:

LGA:

SNS:

NEC:

Prolactin:

Oxytocin:

Non-nutritive sucking:

Tandem nursing:

Gravida:

Para:
Breastfeeding overview
Compare colostrum to 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?
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 to NOT breastfeed her baby?

What are the WHO and AAP recommendations for breastfeeding?

List three ways to deliver expressed breast milk without using a bottle.

**Breast Milk versus Formula Choices**
Discuss signs and symptoms of physiologic and pathologic breast milk jaundice in the newborn.
Identify the types of formula/artificial milk (ie milk based, hypoallergenic, etc.) and their indications for usage below.

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<tr>
<th>Type</th>
<th>Indication for usage</th>
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<td>Similac Advance</td>
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<td>Enfamil Infant</td>
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<td>Neosure</td>
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<td>Enfamil Gentlease</td>
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<td>Similac Isomil Soy</td>
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<td>Nutramigen LGG</td>
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<td>Alimentum</td>
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<td>Similac Sensitive</td>
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<td>Similac for Spit Up</td>
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Under what circumstances might one use the following formulas?

- Pediasure:
- Isomil DF:
- Enfamil AR:
- Enfamil Enfacare:
- 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. At what ages should certain foods be introduced? What foods are included in each stage?
How many kcal/oz does breast milk have?

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

  - Standard powder formula:

How do you prepare powder formula to 22 kcal/oz or 24 kcal/oz?
  - 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:

  - 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

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:

• Pre-pregnancy underweight:

• Pre-pregnancy obese:

• Low maternal weigh gain with weight loss:

• Sudden, rapid weight gain during pregnancy:

• Teenage pregnancy:
- Hyperemesis Gravidarum:

- Pregnancy Induced Hypertension:

- Exclusively breastfeeding:

- Breastfeeding during pregnancy:

- Tandem nursing:

- Low Birth Weight infant:

- Premature birth:

- Large for Gestational Age infant:

- Closely spaced pregnancies:

- Multi-fetal gestation:

- Inadequate folic acid intake:

- Alcohol use:

**Overweight/Obese Status**
Consider the following questions when an overweight/obese child comes in for an appointment.

What environmental factors might play a role in the child’s weight status?

What questions might you want to discuss with the parents when addressing the weight?

What dietary changes might you want to implement to affect weight status?
What are current children’s dietary recommendations (ages 2-5) for the dietary changes addressed above? (milk, juice, food group quantities)

**Underweight Status**
Consider the following questions when an underweight child comes in for an appointment.

What environmental factors might play a role in the child’s weight status?

What questions might you want to discuss with the parents when addressing the weight?

What dietary changes might you want to implement to affect weight status?

**WIC Services/Funding**

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?

If you are teaching a client about a specific topic, 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 19? 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? (bvcaa.org is our parent company website)
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?
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
**RECOMMENDED WEIGHT GAIN**

- **25 – 35 pounds total gain**
  - 2.2 – 6.6 pounds
  - 1 pound per week

- **15 – 25 pounds total gain**
  - 2.2 – 6.6 pounds
  - 0.6 pound per week

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**NORMAL WEIGHT AND OVERWEIGHT**

<table>
<thead>
<tr>
<th>BMI WEIGHT CATEGORY</th>
<th>POUNDS GAINED DURING PREGNANCY</th>
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<tbody>
<tr>
<td>Normal weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
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</tbody>
</table>

**BMI WEIGHT CATEGORY**

- **Normal weight**
  - 1st trimester
  - 2nd & 3rd trimesters
- **Overweight**
  - 1st trimester
  - 2nd & 3rd trimesters

**BMI FORMULA**

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

**BMI WEIGHT CATEGORY**

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

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# Prenatal Weight Gain Grid – Singleton

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<th>UNDERWEIGHT AND OBSESE</th>
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<tbody>
<tr>
<td>NAME:</td>
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<td>TODAY’S DATE:</td>
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<tr>
<td>PRE-PREGNANCY WEIGHT:</td>
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<td>CURRENT WEIGHT:</td>
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<td>CURRENT WEEK GESTATION:</td>
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<td>DUE DATE:</td>
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<td>BMI:</td>
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<tr>
<td>CURRENT WEIGHT GAIN:</td>
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<tr>
<td>HEIGHT:</td>
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**Body Mass Index (BMI) Formula:**

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

**BMI Weight Category:**

- **Underweight**
  - 1st trimester
  - 2nd & 3rd trimesters

- **Obese**
  - 1st trimester
  - 2nd & 3rd trimesters

**Recommended Weight Gain:**

- **Underweight**
  - 28 – 40 pounds total gain
  - 2.2 – 6.6 pounds
  - 1 pound per week

- **Obese**
  - 11 – 20 pounds total gain
  - 1.1 – 4.4 pounds
  - 0.5 pound per week

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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).
Length-for-age and weight-for-age percentiles
GIRLS: 2-5 YEARS

Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>AGE (YEARS)</th>
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BMI = \frac{wt. \text{ lb}}{ht. \text{ in}} \times 703

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

Name ___________________________ Record # __________________

Body mass index-for-age percentiles

<table>
<thead>
<tr>
<th>AGE (YEARS)</th>
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<td>BMI (kg/m²)</td>
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English Formula:

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).
WIC Community Rotation & Preceptor Evaluation

Rating scale – Please rate this community rotation and preceptor on each of the parameters listed.

1. 5 – Exceeds Expectations.
2. 4 – Satisfactory. Meets expectations.
3. 3 – Neutral. Neither Good nor Bad.
4. 2 – Needs Significant Improvement
5. 1 – Dissatisfactory

1. This rotation was well organized and structured.

1   2   3   4   5

2. The assignments were relevant to community nutrition, and I have learned a significant amount about WIC during this short time.

1   2   3   4   5

3. My preceptor was organized, providing leadership, and necessary tools I would need to be a WIC Dietitian.

1   2   3   4   5
4. My preceptor supported me, guided me, and made this a positive experience for me.

5. My experience was pleasant, with staff making me feel comfortable during this time.

6. I was exposed to several aspects of nutrition over the past weeks, with a good variation in activities performed.

7. My favorite part of the community rotation was:

   Why?
8. My favorite assignment was:

Why?

9. My least favorite part of the community rotation was:

Why?

10. If there were any recommendations to improve the rotation, it would be:

11. Additional comments/concerns or further explanations on scoring or questions asked:
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.
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>Plan</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>Design</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>Implement</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>Measure/Evaluate</td>
<td>Review evaluation methods and instruments. Evaluate program.</td>
<td>Analyze evaluation data</td>
<td>Danielle Krueger</td>
</tr>
<tr>
<td>Interpret</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.

Created June 2014
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**
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
- inservices 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.
TEXAS A&M UNIVERSITY DIETETIC INTERNSHIP
ROTATION INFORMATION:
Outpatient Clinic, CTVHCS

NUTRITION CLINIC: Location: VA Temple
Dietitian’s office: Bld 204, 5J19
Phone 1-800-423-2111 Ext. 41999
Duration: 40-80 hours

Goal: Gain skill in assessing nutrition education needs for outpatients and planning and providing education to meet those needs. Enhance listening, interviewing, and communication skills. Develop ability to translate technical nutrition information into patient counseling and group teaching.

I. ROTATION PREPARATION
   A. Contact dietitian prior to start of rotation.
   B. Read articles in rotation packet.
   C. Review nutrition education materials in outpatient clinic.
   D. Prepare personal goals for rotation and submit on day one.
   E. Complete workbook assignment and submit on day one.
   F. Complete other assignments as outlined by precepting dietitian.

II. ROUTINE DUTIES
   A. Work hours are 7:30AM – 4:00PM
   B. Provide patient diet instructions.
   C. Participate and provide group nutrition education.
   D. Complete computer documentation.

III. ASSIGNMENTS
   A. Quiz/Role play – day 1 (or during down times).
   B. Special project (examples include bulletin board, presentation, handout, National Nutrition Month project) as specified by precepting dietitian.

IV. EVALUATION
   A. Ability to effectively interview and counsel patient(s).
   B. Ability to develop appropriate nutrition plan and goals for patient(s).
   C. Ability to document education in patient’s computer medical record.
   D. Quality and timeliness of completed assignments.
   E. Schedule and complete evaluation for last day of rotation.
   F. Submit completed evaluation forms to Internship Director.

Revised June 2014
Nutrition Clinic (Temple) Reading List


MOVE (Managing Overweight/Obesity for Veterans Everywhere) website: www.move.va.gov

American Heart Association website: www.heart.org

American Diabetes Association website: www.diabetes.org

National Kidney Foundation: www.kidney.org
I. **Medical Terminology/Abbreviations:**

Define in writing the following terms.

- DM Type 1, Type 2
- Diabetes Ketoacidosis
- Hypoglycemia
- Hyperglycemia
- Morbid Obesity
- Metabolic Syndrome
- Cholesterol
- Triglyceride
- HDL, LDL
- BMI
- Sodium Sensitivity
- Hypertension
- Nephropathy/CKD
- GERD
- Hepatitis C

II. **Medications:**

The following medications are commonly used to treat patients seen in the clinic. Identify the drugs as well as any food drug interactions. When appropriate give brand/generic names also.

- Acarbose
- Atorvastatin
- Cholestyramine
- Coumadin
- Genfibrozil
- Glipizide
- Glyburide
- Lasix
- Glimepiride
- Lovastatin
- Metformin
- Nicotinic Acid
- NPH
- Phenytoin
- Simvastatin
- Aspart/Novolog
- Pioglitazone
- Rosiglitazone
- Glargine/Lantus
- Repaglinide
- Detemir/Levemir

III. **Laboratory Values:**

List the normal range for each of the following laboratory values. Briefly explain diet intervention if lab values are out of normal range.

- Albumin
- Cholesterol
- Glucose
- Glycohemoglobin (HgA1c)
- BUN, Creatinine
- HDL
- LDL
- eGFR
- Potassium
- Triglyceride
Patients sign up for a time slot on the clipboard at Maroom Team clerk desk. The **sign-up sheet** should be placed daily before 8:30 a.m. Check the clipboard periodically (every 15-30 minutes).

Greet the pt and lead them to clinic. Introduce yourself and ask the pt for name and last 4 of the social security number; use slips of paper in middle drawer to write down information on pt. Use a separate slip of paper for each pt you see; this keeps you organized if you see several pts in a row and have to enter progress notes late in the day.

Ask the patient how you can help him/her today. Look up the most recent physician notes using CPRS in computer. Scan the record for information such as height, weight, labs, and nutritional problems (why the patient needs nutrition counseling).

Discuss with the patient why the physician has recommended nutrition counseling. Obtain a brief diet history (usual eating habits of patient), including intake of beverages and alcohol, use of tobacco, and exercise habits. Determine whether pt lives alone, has help from family members, uses restaurants, etc. Listen to the pt, but keep in mind you have a limit of 30 minutes per pt.

Most frequently, patients are sent to Nutrition Clinic for education on diabetes, cholesterol, hypertension, and weight control.

**Handout suggestions:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>handouts</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>Lab values explanation</td>
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<td></td>
<td>Healthy Eating: Controlling Carbohydrate and Fat;</td>
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<td></td>
<td>Guide to Healthy Eating;</td>
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<td></td>
<td>Meal Planners (1200, 1500, 1800 calories)</td>
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<tr>
<td>Cholesterol/Lipids</td>
<td>Low Fat/Low Cholesterol /High Fiber</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Low Sodium</td>
</tr>
<tr>
<td>Weight Control</td>
<td>MOVE! Interest sheet; MOVE packet</td>
</tr>
<tr>
<td></td>
<td>Meal Planners</td>
</tr>
<tr>
<td>Underweight or weight loss</td>
<td>Nutrition Buildup; How to Mix Ensure Powder</td>
</tr>
</tbody>
</table>

With any of the above instructions, use **visuals** you think are appropriate (for example, food models, food labels, dishes, and posters).

**Do food/drug education** (see handouts) if a patient is on:

Diabetic medication (oha or insulin)  Seizure medication (dilantin, phenytoin)
Blood thinner (coumadin or warfarin)  MAO inhibitor

*Revised January 2011*
**Ensure powder**
Supplements are provided by our outpatient pharmacy, if deemed necessary by the dietitian. Patients are provided Nutrition Buildup education and given instructions on how to use **Ensure powder**. The patient can be given 30 days worth of supplement; they must call or return to see the RD for additional supplement. Often you will get phone calls requesting renewals of Ensure powder; patients can renew by telephone but need to come in periodically to be weighed and re-evaluated by RD. Supplements can either be picked up at the pharmacy the same day, or can be mailed to the patient (this takes 7-10 days). See the “Ensure Powder” card on the Nutrition Clinic bulletin board for easy reference on how much to order for the patient.

**Liquid Ensure** should only be given when pt cannot tolerate Ensure powder (for example, patient experiences diarrhea with the powdered form).

**Home tube feedings** are liquid formulas (not powdered) provided in same manner as Ensure powder. However, the tube feeding formulas can be provided for 30 days with 2 refills (total of 90 days of formula). Tubing and bags can also be ordered by an RD.

**Other patient education topics that are less frequent:** GERD, gout, potassium restriction, renal diet, fiber, etc. – there are handouts in the clinic for almost every topic. If there is no handout, do a quick search online to find the pt info to take home.

**End of the education session:**
Establish **goals** with the patient during session and review before they leave. Provide **return information**. Most patient handouts have Nutrition Clinic phone numbers; remind the patient they are welcome to call or return to clinic for further information. Many patients with need for ongoing education (weight control, diabetes, hypertension) should be reminded to return for additional education in 3-6 months. They may return to Nutrition Clinic on a walk-in basis.

We can also schedule patients into **group classes** for diabetes, cholesterol, and weight control. Appointments are necessary for these classes. See group class listing in packet.

**Documentation:**
Enter Even Capture prior to Progress Note, which creates "clinic" appointment used to tie Progress note. Use CPRS templates for Nutrition Clinic; they help you include all the necessary elements of the note. Before signing the note, you will need supervisors permission to sign, as no changes can be made once you sign. Any paper with pt name/social security number needs to be in the drawer (filed) or shredded at the end of the day. Lock the computer when stepping away from the desk, and log out of computer when leaving for longer periods.

*Revised January 2011*