

Clinical Task Checklist for (facility): _____

Intern Name: _____

Please initial and date when each of the following tasks have been completed by the intern and observed by the RD

TASK	Verification of completion signature/date	Verification of completion signature/date	Verification of completion signature/date
THE INTERN IS ABLE TO:			
Explain to the Diet office staff the meal delivery system(1 time)			
Explain the procedure used to generate a diet order including communication between food service and nursing units (1 time)			
Locate the diet manual, identify when and how to use it (2 times)			
Explain the procedures used for nourishment requests and delivery (2 times)			
Discuss the oral and enteral formulary with the RD including the ____ available formulas, the ____ ordering procedures and the ____ general costs and ____ indications for use. (RD please date the above blanks indicating when each was completed)			
Completes meal rounds by visiting at a minimum (4 patients per week while they are eating.)			
Accurately screen charts including assessing level of care or risk level (RD to confirm this by conducting a minimum of 3 audits)			
Accurately gathers assessment information from the medical record including diagnosis, anthropometrics, medications, labs, PMH and socioeconomic data (RD audit a minimum of 3 times)			
Participate in patient rounds, care planning or discharge planning meetings (3 times)			
Observe the RD conducting a minimum of 2 diet histories			
Conduct a diet history while being observed by the RD a minimum of 3 times			
Observe the RD conducting a diet education a minimum of 2 times			
Conduct diet education while being observed by the RD a minimum of 2 times			

TASK	Verification of completion signature/date	Verification of completion signature/date	Verification of completion signature/date
Calculate and document nutrient needs for patient receiving ___ ___ Oral intake ___ ___ Enteral feeding ___ ___ TPN			
Calculate actual calories and macronutrient intake patient received via nutrition support <i>(RD please evaluate a minimum of 2 times)</i>			
Develop an appropriate plan of care <i>(RD audit a minimum of 2 care plans per acuity level)</i> ___ ___ Low Risk ___ ___ Moderate Risk ___ ___ High Risk			
Write appropriate chart notes that address the critical nutrition issues <i>(RD audit in depth a minimum of 2 chart notes per rotation)</i>			
Conduct a minimum of 1 diet education on each of the following diets <i>(RD please write the dates that they were completed on the blanks below)</i> ___ ___ Modified sodium ___ ___ Fiber ___ ___ Cardiac ___ ___ Diabetic ___ ___ Other: _____			
Appropriately refer to at least 2 health care or community service providers			
Communicate effectively with nursing staff on a daily basis			
Discuss with MD any pertinent nutrition related issues <i>(RD please verify that the intern has spoken to the MD at least 2 times per rotation)</i>			

The above minimums are for internship documentation purposes only. It is understood that the accuracy & appropriateness of **all** of the intern's work is being evaluated by the staff RD on a daily basis to assure the safety of patient care.