# Texas A&M Dietetic Internship Dietetic Program

## Community Nutrition Rotation Descriptions

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TEXAS A&M UNIVERSITY DIETETIC INTERNSHIP
ROTATION INFORMATION: Brazos Valley Community Action Agency WIC

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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<td>--Presentation Topic Assigned</td>
<td>--Cooking Class Preparation/Teaching</td>
<td>AM--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>
<td>AM--Prepare for Staff Presentation</td>
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<tr>
<td><strong>AM</strong>--Staff Luncheon Preparation</td>
<td>AM--High Risk Counseling</td>
<td><strong>PM</strong>--Work on Brochure</td>
<td>AM--Complete remaining assignments</td>
<td><strong>AM</strong>--Completion of any remaining assignments</td>
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<td><strong>PM</strong>--Breastfeeding Expert</td>
<td><strong>PM</strong>--Clinic Exposure</td>
<td><strong>PM</strong>--Topic Presentation to Staff</td>
<td><strong>PM</strong>--Topic Presentation to Staff</td>
<td><strong>NOON</strong>--Evaluation &amp; Wrap up with Preceptor</td>
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<td></td>
<td><strong>PM</strong>--Cooking Class Preparation/Teaching</td>
<td>AM--Prepare for Staff Presentation</td>
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<td><strong>PM</strong>--Quality Assurance</td>
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Dietetic Intern Workbook
WIC Rotation

Define these terms:

LLL:

IBCLC:

GERD:

GER:

AAP:

SIDS:

RSV:

FGR:

IUGR:

FTT:

LBW:

Revised 12/2015
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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Indication for usage</th>
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<tbody>
<tr>
<td>Similac Advance</td>
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<td>Enfamil Infant</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 kcals/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?
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
PRENATAL WEIGHT GAIN GRID — SINGLETON

UNDERWEIGHT AND OBESE

<table>
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<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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BODY MASS INDEX (BMI) FORMULA: \( \text{BMI} = \frac{\text{wt. (lb.)}}{\text{ht. (in.)}} + \frac{\text{ht. (in.)} \times 703}{\text{wt. (lb.)}} \)

BMI WEIGHT CATEGORY
- Underweight: \(<18.5\)
- Obese: \(\geq 30.0\)

RECOMMENDED WEIGHT GAIN
- Underweight
  - 1st trimester: 2.2 – 6.6 pounds
  - 2nd & 3rd trimesters: 0.5 pound per week
- Obese
  - 1st trimester: 1.1 – 4.4 pounds
  - 2nd & 3rd trimesters: 0.5 pound per week

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<th>6</th>
<th>9</th>
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**COMMENTS**

**DATE**  | **AGE**  | **LTH** | **WT** | **HC**
---|---|---|---|---
Birth |   |   |   |   
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-10W  Revised 11/04
GIRLS: 2-5 YEARS

Body mass index-for-age percentiles

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<td>BMI</td>
<td>20</td>
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English Formula:

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

(fractions and ounces must be converted to decimal values)

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<th>WEIGHT</th>
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COMMENT
BODY MASS INDEX FOR-AGE PERCENTILES

BOYS: 2-5 YEARS

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28
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 Hall, 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, 2014 sections related to demographics and diet/physical activity related diseases.
C. Read Creating Excellent Programs.
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 event and be prepared to discuss your experiences, learnings and applications.
B. Schedule and complete evaluation for last day of rotation and submit completed evaluation forms to Internship Director.
<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Welcome</td>
<td>Dr. Anding</td>
<td>Ms. Keuger</td>
<td>Ms. Prouse</td>
<td>Dr. Robinson</td>
<td>Ms. Scott</td>
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<tr>
<td></td>
<td></td>
<td>PLAN – Community assessment</td>
<td>Observe FPM agent training</td>
<td>PLAN – Program models and theory</td>
<td>Observe EFNEP Educational events</td>
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<tr>
<td>6</td>
<td>7</td>
<td>PLAN – Audience, goals and objectives</td>
<td>PLAN – Community assessment II/review and revise portion program</td>
<td>DESIGN – Adult learner and facilitated methods</td>
<td>DESIGN – Social media</td>
<td>EVALUATE – Assessment principles</td>
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<td>Dr. Robinson</td>
<td>Ms. Scott</td>
<td>Ms. Scott</td>
<td>Ms. Keuger</td>
<td>Ms. Keuger</td>
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<td>13</td>
<td>14</td>
<td>IMPLEMENT – Grimes County Education Event</td>
<td>IMPLEMENT – Grimes County Education event</td>
<td>EVALUATE – Assessment follow up and social media</td>
<td>INTERPRETATION – Design and practice exit seminar</td>
<td>Interpretation and Exit interview</td>
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<td></td>
<td></td>
<td>Mr. Williams</td>
<td>Mr. Williams</td>
<td>Ms. Kreuger</td>
<td>Dr. Robinson</td>
<td>Dr. Robinson</td>
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</tbody>
</table>
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

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: 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 precepting dietitian 2 weeks prior to start of rotation.
   B. Complete workbook assignments and submit on Day 1 (sources must be listed).
   C. Prepare personal goals for rotation and submit on Day 1.
   D. Read articles outlined in rotation packet.
   E. Review nutrition education materials in outpatient clinic.
   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 and nutrition counseling.
   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.
OUTPATIENT ROTATION WORKBOOK

I. Disease Processes:

Complete all sections of the workbook prior to the start of the rotation. If you have questions, complete the assignment as best you can. We will review on Day 1 and/or as clinic allows.

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 or any nutritionally significant side effects. When appropriate give brand/generic names also.

<table>
<thead>
<tr>
<th>Atorvastatin</th>
<th>Cholestyramine</th>
<th>Coumadin</th>
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<tbody>
<tr>
<td>Gemfibrozil</td>
<td>Lasix</td>
<td>Lovastatin</td>
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<tr>
<td>Nicotinic Acid</td>
<td>Phenytoin</td>
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<td>Mirtazapine</td>
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<td>Gabapentin</td>
<td>Hydrochlorothiazide</td>
<td>Pravastatin</td>
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<td>Risperidone</td>
<td>Lisinopril</td>
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- Overweight/Obesity -

Resources:
AND Nutrition Care Manual
CDC Obesity: Halting the epidemic by making health easier Obesity 2009 (PDF)
Obesity and overweight: Introduction. Division on Nutrition, Physical Activity, and Obesity
MOVE (Managing Overweight/Obesity for Veterans Everywhere) website: MOVE!
Journal Article: Shai, R.D., Ph.D., Iris: Weight Loss with a Low Carb, Mediterranean Diet

1. Define Obesity. Discuss etiology of overweight/obesity.

2. Define BMI. State the BMI range for the following: Underweight, Healthy Weight, Overweight, Obese.

3. Describe Metabolic Syndrome. What risk factors must be present for the diagnosis of Metabolic Syndrome? How can Metabolic Syndrome be managed?

4. According the AND Nutrition Care Manual, what are the 5 categories of obesity-related complications? Give examples of each

5. What labs would be good to review for an overweight/obese patient? List the lab normal ranges of the labs. What could the labs indicated if elevated or depressed?

6. What is the best predictive equation to use to estimate RMR for overweight/obese patients in outpatient setting?

7. What are 3 main components of successful weight loss? (HINT: nutrition intervention section of AND NCM)

8. What would be a safe rate of weight loss?
- Motivational Interviewing -

Resources:
PayneC Motivational Interviewing (PDF)
Stages of Change in Clinical Nutrition Practice (PDF)

1. Describe Motivational Interviewing (MI).

2. What is the spirit of MI?

3. What kind of attitudes must the counselor have in order to be successful with the patient? Describe each (3).

4. VA expressed the main principles of MI in an acronym “RULE”. Describe the main principles of MI and how they are applied to counseling.

5. There are 4 basic counseling skills in the practice of MI. Describe these skills and how they are applied.

6. What is Change Talk. How important is Change Talk in predicting a client’s outcome of the counseling therapy?

7. What are the Stages of Change. Describe each.

8. What are some strategies for helping patients advance through the stages of change?

9. How can Motivational Interviewing and The Stages of Change theories be applied to Nutrition Counseling? What would be the expected outcomes?
- Diabetes -

**Resources:**
- ADA Diabetes Standards of Medical Care Pocket Guide: [ADA 2015 Guidelines Medical Care](#)
- CDC 2104 National Factsheet Diabetes: [2014 Diabetes Factsheet](#)
- AND Nutrition Care Manual
- ADA Nutrition Recommendations and Interventions for Diabetes (PDF)
- AND RD Pocket Guide
- ADA All About Carb Counting (PDF)

1. State and describe the three classifications of DM.
   1) Type 1 DM
   2) Type 2 DM
   3) Gestational DM

2. What is the primary defect in type 1 DM? How does beta cell destruction occur? Over what period of time?

3. The most powerful risk factor in the pathogenesis of Type 2 DM is __.

4. What are the criteria for the diagnosis of DM?

5. What is the concentration of glycosylated hemoglobin (HgbA1C)?

6. What are the glycemic goals for nondiabetic and diabetic patients:

<table>
<thead>
<tr>
<th>Biochemical Index</th>
<th>Nondiabetic</th>
<th>Diabetic</th>
<th>Add’l Action Suggested</th>
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</thead>
<tbody>
<tr>
<td>Fasting/Pre-prandial Glucose</td>
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<td>Bedtime Glucose</td>
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<tr>
<td>HbA1C (%)</td>
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</table>

7. For patients with impaired glucose tolerance (IGT), impaired fasting glucose (IFG), or a HgbA1C of 5.1-6.4%, what is recommended to prevent or delay Type 2 DM?

8. Describe the benefits of consuming a consistent carbohydrate diet for a patient with DM. How many carbohydrates per meal should the individual consume? What is considered 1 serving of Carbohydrates?

9. State the (4) updated goals of MNT for adults with diabetes.

10. Describe DSME? What are its overall objectives?
11. Hepatic glucose output decreases after nutrient ingestion. How?

12. State the symptoms of hypoglycemia. At what blood glucose level does a patient technically experience a hypoglycemic event?

13. What should an individual carry to treat potential insulin reactions? What is the “Rule of 15”?

14. Why should chocolate and ice cream be avoided when treating a hypoglycemic episode?

15. State advantages of SMBG.

16. Most adults with DM can drink alcohol in moderation, state exceptions.

17. What benefits can exercise provide to patients with DM?

18. Describe in detail 5 of the most common complications of DM in the US along with preventive care practices for each.

Define:
1. Dawn Phenomenon:
2. Somogyi effect:
3. Intensive management:
4. Basal Insulin:
5. Bolus Insulin:
6. Diabetic Ketoacidosis:
7. Insulin Resistance:

Lab Values. Fill in the Normal ranges and effects of DM.

<table>
<thead>
<tr>
<th>Test</th>
<th>Normal</th>
<th>What effect does diabetes have on this lab value? (raises or lowers – choose one)</th>
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</thead>
<tbody>
<tr>
<td>Blood Glucose – Fasting</td>
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<td>Random BG</td>
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<tr>
<td>HbA1c</td>
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<tr>
<td>Urine sugar</td>
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<td>Urine Acetone</td>
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<td>Cholesterol – Total</td>
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<td>LDL</td>
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<td>HDL</td>
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<td>Triglycerides</td>
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<td>Na</td>
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<td>CO2</td>
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</tbody>
</table>

**Medications:** State the mode of action for each class of OHA. Include target organ.

**Oral Hypoglycemic Agent**  
**Brand Name**  
**Dosage Range**  
**Duration (hrs)**

**Secretagogues:**
- **Sulfonylureas - Second Generation**

**Insulin Sensitizers:**
- **Biguanides**

**DPP-4 Inhibitor:**

**Insulin:**

Fill in the Table

<table>
<thead>
<tr>
<th>Insulin Preparations</th>
<th>Onset (hrs)</th>
<th>Peak (hrs)</th>
<th>Duration (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rapid-Acting</strong></td>
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</tr>
<tr>
<td>1. Lispro (Humalog)</td>
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<td>2. Aspart (Novolog)</td>
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<tr>
<td><strong>Short-Acting</strong></td>
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<tr>
<td>1. Regular (Humulin R, Novolin R)</td>
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<tr>
<td><strong>Intermediate-Acting</strong></td>
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<tr>
<td>1. NPH</td>
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<tr>
<td>2. (Humulin N, Novolin N)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Long-Acting</strong></td>
<td></td>
<td></td>
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<tr>
<td>1. Glargine (Lantus)</td>
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<tr>
<td>2. Detemir (Levemir)</td>
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</tr>
<tr>
<td><strong>Mixed Insulin</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. Humulin 50/50</td>
<td></td>
<td></td>
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<tr>
<td>2. Humulin 70/30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. Novolin 70/30
4. Humalog Mix 75/25
5. Novolog Mix 70/30

**Case study #1:**
Mr. PJ, 48 year old African American male, BMI 33, presents to clinic and reports the following “typical” PO intake. He reports he has a limited budget for groceries so he typically eats fast food. He does not exercise at this time. He takes 1000 mg of Metformin BID and 5mg of Glipizide BID; however he often takes Metformin and Glipizide after he eats.

1. Please evaluate the following dietary recall for total carbohydrates consumed without assistance from reference materials (give it your best guess!).

<table>
<thead>
<tr>
<th>MEAL 1</th>
<th>Food</th>
<th>Carbohydrates (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8 oz. 2% milk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Sausage, Egg, and Cheese Biscuit</td>
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<table>
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<tr>
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<tbody>
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<tbody>
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</tr>
<tr>
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**TOTAL CARBS:**

2. If you were providing nutrition education to Mr. PJ, what are some recommendations you would make to help him control his carbohydrate intake? Would you address the timing of his medication? Explain.
- GERD -

**Resources:**
AND Nutrition Care Manual

1. Define GERD. What are causes of GERD?

2. What are symptoms of GERD?

3. What are possible complications of GERD?

4. What are nutrition/lifestyle recommendations that can help alleviate/eliminate symptoms of GERD?
1. A) Describe cirrhosis.
   B) What are complications of cirrhosis that can arise and impact nutrition status?
   C) How can these complications be managed with nutrition?

2. What are goals of nutrition intervention for patients with cirrhosis?
1. What is inflammatory bowel disease?

2. What is irritable bowel syndrome (also known as spastic colitis)?

3. What are symptoms of IBS?

4. What are major differences between IBS and IBD? What symptoms do the two conditions have in common?

5. According the AND Nutrition care manual, what are the ROME III and ACG definitions of IBS?

6. How can IBS be managed with nutrition therapy?

7. What are identified contributing factors for IBD (e.g. causes/risk factors)?

8. What part of the gastrointestinal tract does ulcerative colitis affect? What are symptoms of UC?

9. What part of the GI tract does Crohn’s affect? What are symptoms of Crohn’s?

10. What are some complications of Crohn’s disease?

11. What are some potential nutritional deficiencies that can occur with IBD?

12. What is the nutrition prescription/recommendations when someone is having an exacerbation of IBD (e.g. “flare-up”)?

13. What is the nutrition prescription/recommendations during remission of IBD flare (e.g. normal intake)?
1. Describe to following:
   A) Dyslipidemia/Hyperlipidemia (HLD) -
   B) Sodium Sensitivity –
   C) Metabolic Syndrome –

2. What are the risk factors for CVD?

3. List the lab values indicative of dyslipidemia:

4. Outline the following for each of the lab values you listed in #3:
   State what the lab values indicate.
   State the normal ranges of the lab values.

<table>
<thead>
<tr>
<th>Labs</th>
<th>Normal Ranges</th>
<th>Indications:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

5. Describe the following fats and identify food sources of each group:
   a. Monounsaturated Fatty Acids (MUFAs)–
   b. Polyunsaturated Fatty Acids (PUFAs)–
   c. Saturated Fatty Acids (SFAs)–

6. Why are fats essential to our diet?

7. What are the benefits of consuming Omega-3s?

8. Describe the Mediterranean Dietary Pattern?

9. Describe a high fiber diet for men and women. How does consuming a high fiber diet help to prevent CVD? What are ways to increase dietary fiber consumption?

10. Identify target BP target ranges for individuals <60 yo and >60 yo with / without chronic disease(s). If BP is uncontrolled, what are likely complications?
11. For pts that are salt sensitive, what is the recommended daily sodium intake? Why are salt substitutes not typically safe to consume?

12. Define the following “low salt” market terms:
   1) Sodium-free:
   2) Very low sodium:
   3) Low-sodium:
   4) Reduced (or less) sodium:
   5) Light (for sodium-reduced products):
   6) Light in sodium:

13. Describe insulin resistance. How does insulin resistance and dyslipidemia put patients at risk for CVD? How can the dietitian screen for insulin resistance and prevent CVD and DM? (Hint: Do some of your own research to answer this question.)
1. List and discuss 5 functions of the kidneys.

2. Outline the following for each of the lab values you listed in #2:
   - State what the lab values indicate
   - State the normal ranges of the lab values
   - State acceptable ranges of the lab values for renal patients

<table>
<thead>
<tr>
<th>Labs</th>
<th>Normal Ranges</th>
<th>Renal Ranges</th>
<th>If Elevated:</th>
<th>If Low:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGFR</td>
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<tr>
<td>Creat</td>
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<td>BUN</td>
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<td>K+</td>
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<td>PO₄</td>
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<td>Na+</td>
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<td>Alb</td>
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<td>Ca²⁺</td>
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<td>PTH</td>
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<td>Transferrin</td>
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<tr>
<td>Ser. Ferritin</td>
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<td>Hgb</td>
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<tr>
<td>Bld glu</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hgb A1C</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3. What is the definition of CKD?

4. List the nutritional guidelines for a patient on a renal diet.

5. Describe the importance of adequate calorie intake in renal patients.

6. Describe the reason behind limiting protein intake in earlier stages of CKD vs. ESRD.

7. What is the recommended dietary protein intake in stable non-dialysis CKD patients with eGFR <45 mL/min?
8. Describe the relationship between diabetes and chronic kidney disease.


10. Describe the importance of adequate sodium intake.
Identifying Malnutrition

Resources:
AND Nutrition Care Manual
AND RD Pocket Guide
Screening Tool for Malnutrition (PDF)
Nutrition-Focused Physical Exam Chart (PDF)

1. Define Malnutrition.

2. What are the 2 areas of focus when conducting a nutrition-focused physical exam?

3. What are some common physical indicators of malnutrition? Explain.

4. MNT can help underweight patients gain weight by consuming more calories. List at least 6 ways patients can increase their caloric intake.

5. Nutrition Supplements are often used to support adequate intake until the patient can maintain his/her weight with foods alone. Identify the calorie, protein, carbohydrate, fat, fluid, fiber, potassium, sodium, and phosphorus content of the following oral nutritional supplements. Describe which patients would be appropriate for each supplement:
   1) Ensure Powder
   2) Ensure Plus
   3) Ensure Clear
   4) Boost Plus
   5) Boost Glucose Control
   6) Nepro
   7) Suplena
   7) Beneprotein

6. What are the guidelines for significant weight loss in 1 week, 1 month, 3 months, 6 months, and 1 year?

7. Mr. P.F. is 5’ 8” and weighs 110 lbs today. He usually weighs 145 lbs. At his last visit 1 month ago, he weighed 116 lbs. Calculate IBW, % IBW, % UBW, and % Weight Change. Is his weight loss significant?
NUTRITION clinIC: Location: VA Waco: 4800 Memorial Dr

Dietitian’s office/Nutrition Clinic: Bld 4, RM 129-A

Phone 1-800-423-2111 Ext. 53212 or 254-297-3212

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 precepting dietitian 2 weeks prior to start of rotation.
      Amber.Everett@va.gov
   B. Complete workbook assignments and submit on Day 1 (sources must be listed).
   C. Prepare personal goals for rotation and submit on Day 1.
   D. Read articles outlined in rotation packet.
   F. Complete other assignments as outlined by precepting dietitian.

II. ROUTINE DUTIES
   A. Work hours are 8:00AM – 4:00PM (arrive by 7:50AM)
   B. Provide patient diet instructions and nutrition counseling.
   C. Participate and provide group nutrition education and education via telehealth.
   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 creation or revision, National Nutrition Month or other health-related monthly observance 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).

Revised June 2016
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.

Texas A&M University Dietetic Internship
Rotation Information: Outpatient Nutrition Clinic – VA

OUTPATIENT ROTATION WORKBOOK

I. Disease Processes:

Complete all sections of the workbook prior to the start of the rotation. If you have questions, complete the assignment as best you can. We will review on Day 1 and/or as clinic allows. Please keep the workbook organized and neat. You may want to consider keeping in a binder with marked tabs for easy reference and discussion.

II. Medications:

The following medications are commonly used to treat patients seen in the clinic. Familiarize yourself with the drugs as well as any food-drug interactions or any nutritionally significant side effects. No documentation required in this section but recommended.

Atorvastatin  Cholestyramine  Coumadin
Gemfibrozil    Lasix         Lovastatin
Nicotinic Acid Phenytoin    Simvastatin
Mirtazapine   Venlafaxine   Carbamazapine
Sertraline    Risperadone   Olanzapine
Fluoxetine    Pantoprazole  Omeprazole
Esomeprazole  Ranitidine    Prazosin
Gabapentin    Hydrochlorothiazide  Pravastatin
Risperidone   Lisinopril

Revised June 2016
- Overweight/Obesity -

**Resources:**
AND Nutrition Care Manual

CDC Obesity: Halting the epidemic by making health easier *Obesity 2009* (PDF)

Obesity and overweight: Introduction. *Division on Nutrition, Physical Activity, and Obesity*

MOVE (Managing Overweight/Obesity for Veterans Everywhere) website: MOVE!

Journal Article: Shai, R.D., Ph.D., Iris: *Weight Loss with a Low Carb, Mediterranean Diet*

1. Define Obesity. Discuss etiology of overweight/obesity.

2. Define BMI. State the BMI ranges:

3. According the AND Nutrition Care Manual, what are the 5 categories of obesity-related complications?

4. What labs would be good to review for an overweight/obese patient? What could the labs indicated if elevated or depressed?

5. What is the best predictive equation to use to estimate RMR for overweight/obese patients in outpatient setting?

6. What are 3 main components of successful weight loss? (HINT: nutrition intervention section of AND NCM)

7. What would be a safe rate of weight loss?
1. Describe Motivational Interviewing (MI).

2. VA expressed the main principles of MI in an acronym “RULE”. Describe the main principles of MI and how they are applied to counseling.

3. What is Change Talk. How important is Change Talk in predicting a client’s outcome of the counseling therapy?

4. What are some strategies for helping patients advance through the stages of change?
- Diabetes -

Resources:
ADA Diabetes Standards of Medical Care Pocket Guide: ADA 2015 Guidelines Medical Care
CDC 2104 National Factsheet Diabetes: 2014 Diabetes Factsheet
AND Nutrition Care Manual
ADA Nutrition Recommendations and Interventions for Diabetes (PDF)
AND RD Pocket Guide
ADA All About Carb Counting (PDF)

1. State and describe the classifications of DM.
   1) Type 1 DM
   2) Type 2 DM
   3) Gestational DM

2. The most powerful risk factor in the pathogenesis of Type 2 DM is __.

3. What are the criteria for the diagnosis of DM?

4. What is the HgbA1C?

5. What are the glycemic goals for nondiabetic and diabetic patients:

<table>
<thead>
<tr>
<th>Biochemical Index</th>
<th>Nondiabetic</th>
<th>Diabetic</th>
<th>Add’l Action Suggested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting/Pre-prandial Glucose</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bedtime Glucose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1C (%)</td>
<td></td>
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</tr>
</tbody>
</table>

6. For patients with impaired glucose tolerance (IGT), impaired fasting glucose (IFG), or a HgbA1C of 5.1-6.4%, what is recommended to prevent or delay Type 2 DM?

7. Describe the benefits of consuming a consistent carbohydrate diet for a patient with DM. How many carbohydrates per meal should the individual consume? What is considered 1 serving of Carbohydrates?

8. State the (4) updated goals of MNT for adults with diabetes.

9. Hepatic glucose output decreases after nutrient ingestion. How?
10. State the symptoms of hypoglycemia. At what blood glucose level does a patient clinically experience a hypoglycemic event?

11. What should an individual carry to treat potential insulin reactions? What is the “Rule of 15?”

12. Why should chocolate and ice cream be avoided when treating a hypoglycemic episode?

13. State advantages of SMBG.

14. What benefits can exercise provide to patients with DM?

15. Describe 5 of the most common complications of DM in the US.

Define:
1. Dawn Phenomenon:

2. Somogyi effect:

3. Basal Insulin:

4. Bolus Insulin:

5. Diabetic Ketoacidosis:

6. Insulin Resistance:

Lab Values. Fill in the Normal ranges and effects of DM:

<table>
<thead>
<tr>
<th>Test</th>
<th>Normal</th>
<th>What effect does diabetes have on this lab value? (raises or lowers – choose one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Glucose – Fasting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Random BG</td>
<td></td>
<td></td>
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<tr>
<td>HbA1c</td>
<td></td>
<td></td>
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<tr>
<td>Urine sugar</td>
<td></td>
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<tr>
<td>Urine Acetone</td>
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<tr>
<td>Cholesterol – Total</td>
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<td>LDL</td>
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<tr>
<td>HDL</td>
<td></td>
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<tr>
<td>Triglycerides</td>
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<td>Na</td>
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<td>Cl</td>
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<td>P</td>
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<tr>
<td>CO2</td>
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</tr>
</tbody>
</table>

Revised June 2016
Medications: State the mode of action for each class of OHA. Include target organ.

<table>
<thead>
<tr>
<th>Oral Hypoglycemic Agent</th>
<th>Brand Name</th>
<th>Dosage Range</th>
<th>Duration (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretagogues:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sulfonylureas - Second Generation</td>
<td></td>
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<tr>
<td>Insulin Sensitizers:</td>
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<tr>
<td>- Biguanides</td>
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<tr>
<td>DPP-4 Inhibitor:</td>
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<tr>
<td>Insulin:</td>
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<tr>
<td>Fill in the Table</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Insulin Preparations</th>
<th>Onset (hrs)</th>
<th>Peak (hrs)</th>
<th>Duration (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid-Acting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Lispro (Humalog)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Aspart (Novolog)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-Acting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Regular (Humulin R, Novolin R)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intermediate-Acting</td>
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</tr>
<tr>
<td>1. NPH</td>
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<td></td>
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1. Please evaluate the following dietary recall for total carbohydrates consumed without assistance from reference materials (give it your best guess!).

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TOTAL CARBS:

2. If you were providing nutrition education to Mr. PJ, what are some recommendations you would make to help him control his carbohydrate intake? Would you address the timing of his medication? Explain.
- Cirrhosis -

**Resources:**

AND Nutrition Care Manual

1. A) Describe cirrhosis.
   B) What are complications of cirrhosis that can arise and impact nutrition status?
   C) How can these complications be managed with nutrition?

2. What are goals of nutrition intervention for patients with cirrhosis?
- Irritable Bowel Disease and Irritable Bowel Syndrome -

Resources:
AND Nutrition Care Manual

1. What is inflammatory bowel disease?

2. What is irritable bowel syndrome (also known as spastic colitis)?

3. What are symptoms of IBS?

4. What are major differences between IBS and IBD? What symptoms do the two conditions have in common?

5. According the AND Nutrition care manual, what are the ROME III and ACG definitions of IBS?

6. How can IBS be managed with nutrition therapy?

7. What part of the gastrointestinal tract does ulcerative colitis affect? What are symptoms of UC?

8. What part of the GI tract does Crohn’s affect? What are symptoms of Crohn’s?

9. What are some complications of Crohn’s disease?

10. What are some potential nutritional deficiencies that can occur with IBD?

11. What is the nutrition prescription/recommendations when someone is having an exacerbation of IBD (e.g. “flare-up”)?

12. What is the nutrition prescription/recommendations during remission of IBD flare (e.g. normal intake)?
- Cardiovascular -

Resources:
AND Nutrition Care Manual
AND Position: Dietary Fatty Acids for Healthy Adults (PDF)
AND Position: Health Implications of Dietary Fiber (PDF)
American Heart Association: Don’t Let Salt Sneak Up on You
American Heart Association Journal Article: Salt Sensitivity in Humans

1. **Describe to following:**
   A) Dyslipidemia/Hyperlipidemia (HLD) –
   B) Sodium Sensitivity –
   C) Metabolic Syndrome –

2. What are the risk factors for CVD?

3. List the lab values indicative of dyslipidemia:

4. Outline the following for each of the lab values you listed in #3:
   State what the lab values indicate
   State the normal ranges of the lab values

<table>
<thead>
<tr>
<th>Labs</th>
<th>Normal Ranges</th>
<th>Indications:</th>
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5. Describe the following fats and identify food sources of each group:
   a. Monounsaturated Fatty Acids (MUFAs)–
   b. Polyunsaturated Fatty Acids (PUFAs)–
   c. Saturated Fatty Acids (SFAs)–

6. Why are fats essential to our diet?

7. What are the benefits of consuming Omega-3s?

8. Describe the Mediterranean Dietary Pattern?

9. Describe a high fiber diet for men and women. How does consuming a high fiber diet help to prevent CVD? What are ways to increase dietary fiber consumption?

10. Identify target BP target ranges for individuals <60 yo and >60 yo with / without chronic disease(s).
11. For pts that are salt sensitive, what is the recommended daily sodium intake? Why are salt substitutes not typically safe to consume?

12. Define the following “low salt” market terms:
   1) Sodium-free:
   2) Very low sodium:
   3) Low-sodium:
   4) Reduced (or less) sodium:
   5) Light (for sodium-reduced products):
   6) Light in sodium:

13. Describe insulin resistance. How does insulin resistance and dyslipidemia put patients at risk for CVD? How can the dietitian screen for insulin resistance and prevent CVD and DM? (Hint: Do some of your own research to answer this question)
1. List and discuss 5 functions of the kidneys.

2. Outline the following for each of the lab values you listed in #2:
   - State what the lab values indicate
   - State the normal ranges of the lab values
   - State acceptable ranges of the lab values for renal patients

<table>
<thead>
<tr>
<th>Labs</th>
<th>Normal Ranges</th>
<th>Renal Ranges</th>
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<th>If Low:</th>
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3. Describe the importance of adequate calorie intake in renal patients.

4. Describe the reason behind limiting protein intake in earlier stages of CKD vs. ESRD.

5. What is the recommended dietary protein intake in stable non-dialysis CKD patients with eGFR <45 mL/min?

6. Describe the relationship between diabetes and chronic kidney disease.


*References:*
- Renal Calculations Page 1 & 2 (PDF)
- RD Pocket Guide
- AND Nutrition Care Manual
- NIDDK Health Information *Diet and Lifestyle Changes*

Revised June 2016
- Identifying Malnutrition -

**Resources:**
AND Nutrition Care Manual
AND RD Pocket Guide
Screening Tool for Malnutrition (PDF)
Nutrition-Focused Physical Exam Chart (PDF)

1. Define Malnutrition.

2. What are the 2 areas of focus when conducting a nutrition-focused physical exam?

3. What are some common physical indicators of malnutrition? Explain.

4. MNT can help underweight patients gain weight by consuming more calories. List at least 6 ways patients can increase their caloric intake.

5. Nutrition Supplements are often used to support adequate intake until the patient can maintain his/her weight with foods alone. Identify the calorie, protein, carbohydrate, fat, fluid, fiber, potassium, sodium, and phosphorus content of the following oral nutritional supplements. (can put in chart form) Describe which patients would be appropriate for each supplement:
   1) Ensure Powder
   2) Ensure Plus
   3) Ensure Clear
   4) Boost Plus
   5) Boost Glucose Control
   6) Nepro
   7) Suplena
   8) Beneprotein

6. What are the guidelines for significant weight loss in 1 week, 1 month, 3 months, 6 months, and 1 year?

7. Mr. P.F. is 5’ 8” and weighs 110 lbs today. He usually weights 145 lbs. At his last visit 1 month ago, he weight 116 lbs. Calculate IBW, % IBW, % UBW, and % Weight Change? Is his weight loss significant?