Showcasing Innovation as Future Education Model Demonstration Programs

Accreditation Council for Education in Nutrition and Dietetics

the accrediting agency for the Academy of Nutrition and Dietetics

ACEND Welcome

Wanda Eastman, PhD, RD, LD ACEND Chair



- Provide an overview of ACEND
- Differentiate the 2017 Accreditation Standards and the Future Education Model Accreditation Standards
- Discuss the future education model demonstration program process
- Describe competency-based education and competency assessment
- Share examples of assessment strategies
- Answer questions

Accreditation Council for Education in Nutrition and Dietetics (ACEND)





- Mission:
 - Ensure the quality of nutrition and dietetics education to advance the practice of the profession
- Responsibilities:
 - Set national standards for education accreditation
 - Evaluate education programs
- Recognition/Accreditation
 - US Department of Education
 - Functions autonomously



ACEND Board

- Chairs:
 - Wanda Eastman, NM (Chair)
 - Chris Hartney, IL (Vice)
 - Sharon Schwartz, NC (Past)
- Practitioner Representatives:
 - Michelle Clinton-Hahn, CA
 - Debra Geary-Hook, CA
- Public Members:
 - Janet Bezner, TX
 - Anita Reinhardt, NM
- Student Members:
 - Alyssa Archdeacon, OH
 - Chiodo Carina, CA (elect)

- Program Representatives:
 - Rayanne AbuSabha, WI
 - Cheryl Bacon, IL
 - Jennifer Bueche, NY
 - Jamie Erskine, CO
 - Barbara Hopkins, GA
 - Janet Johnson, IA
 - Alida Herling, WI (elect)
 - Sue Leson, OH (elect)
 - James Swain, OH (elect)

Great Opportunity!

Positive role models

Find-a-Preceptor Database www.eatrightpro.org/preceptors

ACEND accredited programs www.eatrightpro.org/ACEND



ACEND Program Reviewers

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Accademy of Nutrition and Dietetics

Current Reviewers Needed for Future Education Model

- email <u>futuremodel@eatright.org</u>
- Great Opportunity!
 - Networking
 - Benefit to learn from others
 - Learn standards

Responsibilities:

- Self studies/site visits (2/year)
- Program reports (2-4/year)

Application on ACEND website <u>www.eatright.org/acend</u>



- ACEND Nominating Committee is seeking nominations for board positions:
 - Student representative
 - Public member
 - DPD, DI and At-Large Program representatives
- Qualifications and nomination process on ACEND website <u>www.eatright.org/acend</u>
- Nominations due November 1, 2017.

Educator Round Table

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics

- Monday, October 23
- 11:00 12:30
- Hyatt Regency McCormick
- Regency Ballrooms AB

- Minor revisions to 2017 Accreditation Standards released for public comment

 – Changes to RE 3.3, 3.4, 4.2, 5.1, 5.2
- Revisions posed on website: <u>www.eatrightpro.org/2017Standards</u>
- Public comments until December 4, 2017 at: <u>https://www.surveymonkey.com/r/2017StdComments</u>

- ACEND Standards Update Newsletter (monthly)
 - Back issues posted on ACEND Website
- Virtual Town Hall (monthly)
 - 2nd Thursday at 1:00 pm CT
 - Directions for joining on the ACEND website

ACEND Staff

- 800-877-1600 x5400
- <u>acend@eatright.org</u>

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition right. and Dietetics

Speakers

- Mary Gregoire, PhD, RD, LD
 - Executive Director, ACEND
- Leanne Worsfold, RPN
 - Director, Quality Programs
 - iComp Consulting

ACEND Future Education Model Update



• Standards Committee:

- Rayane AbuSabha Chair
- Michelle Clinton-Hahn Cochair
- Wanda Eastman
- Alyssa Archdeacon
- James Swain
- Janet Bezner
- Suzanne Leson

• Others:

- Kathleen Creedon
- Maxine McElligott
- Joan Straumanis
- Regin Gallagher

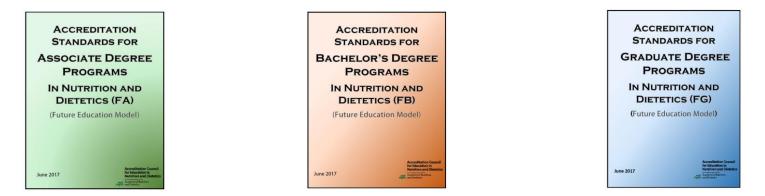
Accreditation Council for Education in Nutrition and Dietetics

the accrediting agency for the Academy of Nutrition and Dietetics

Standards



2017 Accreditation Standards CP, DPD, DI, DT, FDE, IDE



Future Education Model Accreditation Standards Associate, Bachelor's, Graduate

ACEND Standards

2017 Accreditation Standards

- Available for all programs
- Do not require master's for RDN
- Do not require bachelor's for NDTR

Future Education Model Accreditation Standards

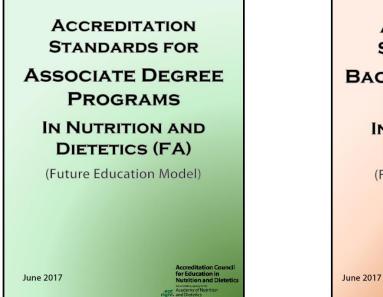
- Available for demonstration programs only
- Programs includes didactic and supervised experiential learning
- Require minimum of a master's for RDN
- Require minimum of a bachelor's for NDTR
- Nutrition Health Associate
 at associate level

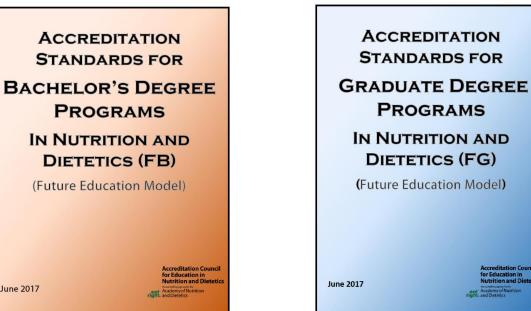
- 1. Make No Change to Current Program
 - CP, DPD, DI, DT, FDE, IDE programs continue to be accredited under 2017 Accreditation Standards
 - Discuss with students options for meeting the CDR registration exam eligibility requirements

2. Request a Substantive Program Change

- Program change to incorporate a master's degree in current accredited program
- 3. Apply to be a Demonstration Program
 - Demonstration programs will be accredited under the *Future Education Model Accreditation Standards*

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics





reditation Counci

ion and Di

Nutrition Health Associate



• Services performed:

- Collect data and assist with screening
- Assist in label reading, food selection, food preparation and food access
- Support regular visits to health care team and report observations to health care team members
- Assist with community events such as health fairs and famer's markets.

Settings for practice

- Community/Social Service Agencies
- Healthcare Organizations
- Home Health Agencies

Nutrition and Dietetics Technician

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition right. and Dietetics



Services performed

- Manage purchasing, production and service of food and the personnel involved in those operations
- Educate clients/patients on healthful food choices,
- Assist RDN with client/patient screening, nutrition intervention and client/patient education
- Settings for practice
 - Healthcare institutions
 - Schools, colleges, universities
 - Community organizations
 - Health club, grocery store

Dietitian Nutritionist



Services performed

- Manage nutrition care of clients/patients
- Provide counseling to affect behavior change
- Implement community programs
- Lead interprofessional teams
- Manage food and nutrition departments
- Conduct research
- Educate future professionals
- Settings for practice
 - Healthcare institutions
 - Schools, colleges, universities
 - Community organizations,
 - Research centers

Demonstration Program Project

Aim Statement

 To assure the public and confirm confidence that ACEND-accredited programs produce graduates that are adequately prepared for future practice in nutrition and dietetics.

Project Goal

• Engage demonstration sites in a process to measure program and graduate outcome under the *Future Education Model Accreditation Standards*.

Objectives

- Identify and select demonstration sites who are willing and have the capability to implement future education model accredited programs.
- Obtain a representative sample of demonstration programs in terms of geographic location, program size, and proposed program structure.
- Evaluate the impact of the *Future Education Model Accreditation Standards* on participating programs and students.
- Identify opportunities and challenges faced by programs and management strategies used to implement and meet the *Future Education Model Accreditation Standards*.

Objectives

- Measure program outcomes based on Standard 2 outcome indicators (e.g. program completion rate, exam pass rate, graduate employment).
- Create a community of early adopters to network and develop competency-based program materials, templates and structures.
- Obtain evaluation data to inform potential revisions to the *Future Education Model Accreditation Standards*.
- Evaluate the employability and job preparedness of program graduates and the perceptions of employers and graduates.

- Identify similarities and differences among programs in meeting the Future Education Model Accreditation Standards.
- Compare program outcomes and graduate competence of future education model programs with those of other ACEND-accredited programs.
- Publish demonstration program project data.

Demonstration Program Benefits

Accreditation Council for Education in Nutrition and Dietetics the accreding agency for the Academy of Nutrition the and Dietetics

- Training and Coaching
 - Access to competency-based education (CBE) support materials
 - Participation in online and in-person training on competency-based education, competency assessment planning
- National Recognition
 - Recognition as a leader in the implementation of the future education model.
 - Opportunity to promote your organization as a leader and early adoptor

Demonstration Program Benefits

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics

- Networking Opportunities
 - Part of a network of educators exploring ways to implement the *Future Education Model Accreditation Standards*
 - Participation in tele-networking and in-person meetings with other demonstration program directors.
- Evaluation
 - Evaluate the Future Education Model Accreditation Standards.
 - Access to collated data from demonstration programs to inform enhancements of your program

- Financial
 - Fees waived for demonstration programs:
 - Program change fee (\$250)
 - Candidacy application fee (\$2500)
 - One year annual accreditation fee (\$1975)
 - Travel and registration for in-person training on competency-based education and assessment

Demonstration Programs

- Application and Guidance Document available at: <u>www.eatrightpro.org/FutureModel</u>
- Demonstration Program Application
 - Call for applications: Early 2018
- ACEND seeking representative sample of programs in terms of geographic location, program size, and proposed program structure

Data to be Collected

- Program information to ACEND annually
 - Program evaluation data
 - Student competency assessment data
 - Records of amount of experiential learning time required by students to meet competencies
 - Benefits and challenges with implementing the Future Education Model Accreditation Standards

- Outcomes data to be collected
 - Employment of graduates and information about the position each holds
 - Graduate perception of preparedness for position
 - Employer satisfaction with graduate preparedness
 - Faculty and preceptor evaluation of process and student competence

Next Steps

Spring 2018

- Train reviewers for future education model programs
- Open applications for second cohort of demonstration programs

Fall 2018

- Demonstration Programs begin admitting students

2019 and beyond

Data collected from programs, faculty, preceptors, graduates and employers

Competency Based Education Competency Assessment



 Competency-based education (CBE) provide insight in: what the students knows, still needs to learn, has learned, and where the program can improve.

• Competence is not achieved immediately but over time.

• Competency assessment is multi-faceted.

Competence and Employability

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics

- **Competence** demonstrate the required knowledge, skill, judgment and attitude needed to perform the role at entry-level practice.
- **Competencies** describes the essential knowledge, skill and judgment requirements to practice safely and ethically.
- Employability "the skills, understandings and personal attributes that make students more likely to secure employment and be successful in their chosen occupations to the benefit of themselves, the workforce, the community and the economy" (Oliver, B. 2015).

Competence and Employability

- Increasingly, employers see potential value in better understanding the alignment of academics with the skills they seek in applicants.
- CBE programs are uniquely positioned to convey a student's spectrum of skills (competencies) more accurately than traditional degree programs. (C. Franklin and R. Lytle 2015).
- Build exactly the kinds of competency map that lies at the core of the program.

Nutrition and Dietetics the accediting agency for the Academy of Nutrition right. and Dietetics

er + Clinical Rotation					Rotation: SubRotatio	CI n:
+ Pre Orientation Assignme	ents		Rotatio SubRo	n: General tation: Pre-orie	Orientatio ntation As	
etic + Pre Orientation Document	ts		Rotatio SubRo	n: General tation: Pre-orie	Orientatio ntation As	
- Test Clinical					Rotation: SubRotatio	CI n:
st 1.2 Apply Evidenced Based Guidelines, Systematic anne Reviews and Scientific Literature	1.2.2 Describe relevance of nutrition in 1.2.3 Monitoring and Evaluation: discu					
2.2 Demonstrate Professional Writing Skills in Preparing Professional Communications	1.2.4 Develop nutrition care plans base culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com	past medical conditions, social ations and appropriate medica munication skills and techniqu	and economic considerations I terminology.		eds based o	on age,
2.2 Demonstrate Professional Writing Skills in Preparing Professional Communications	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	past medical conditions, social ations and appropriate medica munication skills and techniqu	and economic considerations I terminology. es.	; etc.		
	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	past medical conditions, social ations and appropriate medica munication skills and techniqu	and economic considerations I terminology.		Results	
Preparing Professional Communications	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	past medical conditions, social ations and appropriate medica munication skills and techniqu ities	and economic considerations I terminology. es. Due Date	; etc. Status	Results	
Preparing Professional Communications Nar 1.1 Pre Clinical- Medical Terminolgy List	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017	and economic considerations I terminology. es. Due Date Completed	s, etc. Status Passed	Results	
Preparing Professional Communications Nat 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017	and economic considerations I terminology. es. Due Date Completed Assigned	s, etc. Status Passed	Results	
Preparing Professional Communications Nar 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View 1.3 Pre Clinical- Direct Patient Care Quiz	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017 Sep 23, 2017	and economic considerations I terminology. es. Due Date Com pleted Assigned Assigned	s, etc. Status Passed	Results	
Preparing Professional Communications Nat 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View 1.3 Pre Clinical- Direct Patient Care Quiz 1.4 Pre Clinical- NFPA Video One- View	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017 Sep 23, 2017 Oct 12, 2017 Oct 30, 2017	and economic considerations I terminology. es. Due Date Completed Assigned Assigned Assigned	s, etc. Status Passed	Results	
Preparing Professional Communications Nat 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View 1.3 Pre Clinical- Direct Patient Care Quiz 1.4 Pre Clinical- NFPA Video One- View 1.5 Pre Clinical- NFPA Video Two- View Name	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ me Assess	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017 Sep 29, 2017 Oct 12, 2017 Oct 12, 2017 Oct 30, 2017	and economic considerations I terminology. es. Due Date Completed Assigned Assigned Assigned Assigned	; etc. Status Passed Passed	Results (+)	Doo
Preparing Professional Communications Nar 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View 1.3 Pre Clinical- Direct Patient Care Quiz 1.4 Pre Clinical- Direct Patient Care Quiz 1.5 Pre Clinical- NFPA Video One- View 1.5 Pre Clinical- NFPA Video Two- View Name Behavior-based Interview	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ me Assess	ast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017 Sep 23, 2017 Oct 12, 2017 Oct 30, 2017 ments	and economic considerations I terminology. es. Due Date Com pleted Assigned Assigned Assigned Assigned Assigned Due Date	; etc. Status Passed Passed	Results (+)	Doo esults
2.2 Demonstrate Professional Writing Skills in Preparing Professional Communications Nar 1.1 Pre Clinical- Medical Terminolgy List 1.2 Pre Clinical- Direct Patient Care Module- View 1.3 Pre Clinical- Direct Patient Care Quiz 1.4 Pre Clinical- NFPA Video One- View 1.5 Pre Clinical- NFPA Video Two- View Name	culture, religion, current and relevant p 2.2.1 Uses acceptable medical abbrevia 2.2.2 Applies effective and ethical com Activ me Assess	bast medical conditions, social ations and appropriate medica munication skills and techniqu ities Aug 08, 2017 Sep 29, 2017 Sep 29, 2017 Oct 12, 2017 Oct 12, 2017 Oct 30, 2017	and economic considerations I terminology. es. Due Date Completed Assigned Assigned Assigned Assigned	; etc. Status Passed Passed	Results () () () () () () () () () ()	Doc

CBE Competency Profile

the accrediting agency for the Academy of Nutrition and Dietetics

- Test Clinical

Rotation: Clinica SubRotation:

Competencies

1.2 Apply Evidenced Based Guidelines, Systematic Reviews and Scientific Literature2.2 Demonstrate Professional Writing Skills in Preparing Professional Communications

Performance Indicators

1.2.1 Correctly identifies and describes pathophysiology of disease/disorder

1.2.2 Describe relevance of nutrition in relationship to case study disorder/disease

1.2.3 Monitoring and Evaluation: discusses progress, discharge plan, or needs as appropriate.

1.2.4 Develop nutrition care plans based on evidence based guidelines for patients, individualizing for patient's needs based on age, culture, religion, current and relevant past medical conditions, social and economic considerations, etc.

2.2.1 Uses acceptable medical abbreviations and appropriate medical terminology.

2.2.2 Applies effective and ethical communication skills and techniques.

234 Heim Road, Mount Dora Florida 32757

QUALIFICATION SUMMARY

- Successful graduate of a master's level nutrition and dietetic program.
- Commission of Dietetic Registration candidate
- Extensive medical nutrition therapy counselling for individuals, groups and populations

RELEVANT SKILLS

Clinical /Patient Services

- Applies a framework to assess, develop, implement and evaluate products, programs and services.
- Selects, develops and/or implements nutritional screening tools for individuals, groups or populations.
- Utilizes the nutrition care process with individuals, groups or populations in a variety of practice settings.
- Implements or coordinates nutritional interventions for individuals, groups or populations.
- Prescribes, recommends and administers nutrition-related pharmacotherapy.
- Applies nutrition informatics in the decision-making process.

Community and Population Health Nutrition

- Utilize program planning steps to develop, implement, monitor and evaluate community and population programs.
- Engages in legislative and regulatory activities that address community, population and global nutrition health and nutrition policy.

Demonstrates leadership, business and management

- Demonstrates leadership skills to guide practice.
- · Applies principles of organization management.
- · Applies project management principles to achieve project goals and objectives.
- Leads quality and performance improvement activities to measure evaluate and improve a program services products and initiatives.
- · Develops and leads implements risk management strategies and programs.

FIELD PLACEMENT / WORK HISTORY

Robert Plant Health Service – Clinical unit and diabetic education center	Date, 2017
Shand's Community Health Unit – Marketed Food and Nutrition Education Program	Date, 2017

EDUCATION

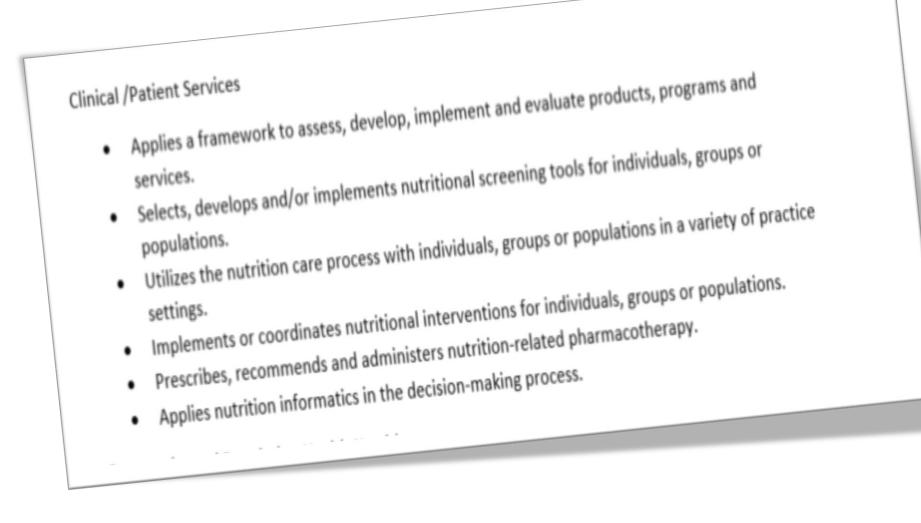
Masters of Science in Nutrition and Dietetics from Shand's University – Florida	Date, 2017
Bachelors of Arts from University of Florida	Date, 2017

Functional Resume

CS

Functional Resume

the accrediting agency for the Academy of Nutrition right. and Dietetics



- More performance indicators to support measurement of competence.
- Not all performance indicators need to be demonstrated to meet the competency.
- Level of performance indicators conscious decision to describe the level of expectation.
- Can be demonstrated in a variety of ways

– classroom work/project work, simulation, labs etc.

Performance Indicators and Illustration

Practice Illustrations

Competencies

right. Academy of Nutrition

encies Performance Indicators

Assessment

Competencies	Performance Indicators	Practice Illustration	Demonstrated/Assessment
3.1 Directs the production and distribution of quantity and quality of food products.	 3.1.1 Manages or oversees the planning, designing and coordination of meals to ensure delivery of nutritionally sound meals. 3.1.2 Analyzes the workflow design and makes recommendations for modifications or approves for implementation. 3.1.3 Communicates the organization's mission and how work activities impact the services and organization. 3.1.4 Establishes and analyzes policies and performance measures for quality and quantity of work. 3.1.5 Implements systems to report on local, state and federal compliance. 	 Prepare an evaluation of the production and distribution processes and makes recommendations for improvements. Review organizational policies and make recommendations for modifications. Collect data and recommend changes based on outcome data. Create an evaluation tool to help staff evaluate productivity and safety; and make recommendations based on outcome data. Design a kitchen considering, safety, workflow, productivity, budget etc. Take steps in a known kitchen to reduce carbon footprint. Create a new meal plan, including budget for a large organization. 	 Project work, course work, mock policies, role play, review, field placement, case studies Capstone meal Develop new policies and education materials to address safety issues, incorporating HACCP principles. Create a new menu for a large employee cafeteria. Conduct <u>a mock</u> <u>kitchen inspections</u>. Prepare staff education materials to support implementation of new processes and policies.

2017 Standards - Competencies

Competencies

Upon completion of the program, graduates are able to:

- CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.
- CRDN 3.2 Conduct nutrition focused physical exams.
- CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
- CRDN 3.4 Design, implement and evaluate presentations to a target audience.
- CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and
- CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.
- wellness and lifestyle management.
- CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.
- CRDN 3.9 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
- CRDN 3.10 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

Future Education Model Standards

Accreditation Council for Education in Nutrition and Dietetics

the accrediting agency for the Academy of Nutrition and Dietetics

Compete		ormance icators		Practice Illustrations				
Competencies 2.4 Implements or coordinates nutritional interventions for individuals, groups or populations.	Performance Indicators Education 2.4.6 Applies education theorie adult learning, pedagogy and education principles when developing, modifying, delivering or implementing education materials. 2.4.7 Assesses audience's readiness to learn and identifies barriers to learning. 2.4.8 Develops or modifies nutrition education materials or delivery methods to meet the need	Practice Illustration Education • Apply educe learning. • Select appreneeds. • Create ed electronice and indivi • Create ed • Give prese • Written p • Create or • education • Develop e	ucational theorie propriate educat ducation materia c, verbal) and de idual session, rad ducation materia entation to a div pre-and post-test adjust existing r n. the population / a to learn.	es and principles for both adult tional materials based on audie als using a variety of modes (pap elivery methods (online, telehea dio / TV broad cast). als at appropriate reading levels verse audience. ts for the target population. materials to support cultural se / audience literacy level, age, de ation methods, and analysis res	ence and per, alth, group s. ensitive eficient(s),			
	of the audience. 2.4.9 Develops and provides evidence-informed nutritional wellness and therapeutic diet education	Create an group Develop e health issue	Create and present a workshop or education session to a comm					

Educator and Preceptor Role in CBE

- Plan for continuous and frequent feedback.
- Provide opportunity for students to deliberately practice application of the competencies.
- Couple assessment, effective feedback and ongoing coaching.
- Provide, track and evaluate both formative and summative feedback.

Evaluation of Student Competence

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition right. and Dietetics

- Summative assessments provide a summary of what a student has learned <u>over a given time period</u>, such as two weeks into the course or over an entire semester.
- Formative assessments are used by teachers to help determine the ideal learning path for their students, helping them to personalize and adjust curriculum, assignments and content to what a given student needs.
 - As an example, if a student turns in an essay and a teacher gives the student a grade and a list of comments that can help them improve the draft, this is a formative assessment.

Assessment Blueprint

- Create a blueprint for the assessment
 - Define what competencies and indicators are to be assessment
 - Define when the competencies will be assessed (didactic or field placement)
 - Related courses/curriculum
 - Assessment types

Assessment Blueprint

Outcome	Step 1 Competency and Performance Indicators	Ster Related Curricu (Abbreviatio Webs	lar Milestones ns on AAIM	Step 3 Assessment Methods/ Tools
1. Manage the care of patients with acute common diseases across multiple care settings	 Internal medicine physicians entering into unsupervised practice are able to diagnose and manage common acute medical symptoms (e.g., joint pain, chest pain, and headache) and conditions (e.g., uncontrolled HTN, decompensated HF, and COPD exacerbation) in community, ambulatory, and hospital settings. The tasks required: Obtain accurate and complete information sufficient to develop differential diagnosis and inform care plan; Knowledge of diseases common to internal medicine; Communicate plans of care to patients, families and care givers Adapt care plans to changing clinical information 	Patient Care (PC) Medical Knowledge (MK) Practice-Based Learning & Improvement (PBLI) Interpersonal & Communication Skills (ICS) Professionalism (P) Systems-Based Practice (SBP)	A2, A3, B1, B2, C2, C3, D1, E1, F8 A2, A3, B1, B3 B1, B2, B3, D4, E1, E2 A3, A4, A5, A7, B1, B3, D3, F1 B1, B3, D2, E1, F1, F2, F3 G2, H1, I1, I2, K3 A3, B2, D2, D4, E1, E3	Multisource feedback Chart stimulated recall Chart audits Direct observations Standardized patient/OSCE In-training examination

Mapping Milestones

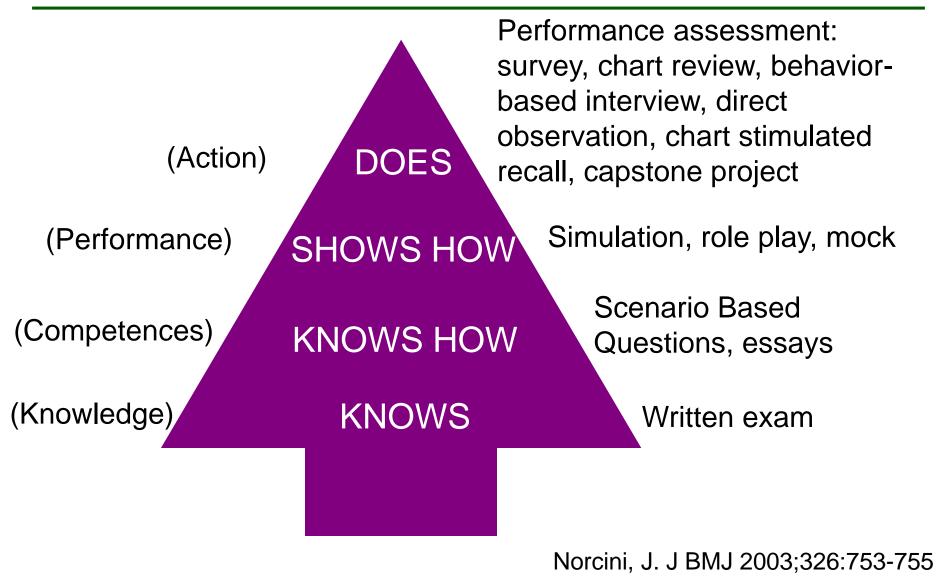
Accreditation Council for Education in Nutrition and Dietetics the accediting agency for the Academy of Nutrition

Academy of Nutrition and Dietetics

SHIRE WORKS CHECKING Ontrum abon Assessific Mart Calle Mer Date Jideo Other Wallow Subcompetencies to Prof. Bure Lot Roation to als AND CHAN CARLON & **Evaluation Methods Map** PC 1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings. PC 2. Cares for patients with chronic conditions PC 3. Partners with the patient, family, and community to improve health through disease prevention and health promotion

Miller's Assessment Pyramid

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics



CBE Assessment Types

- Problem-based learning
 - Case studies / case-based assessments
 - Modified triple jump
- Lab/simulation
- Role playing/mock situations
- Behavior-based Interview
- Professional portfolios
 - Journaling
 - Self-reflection
 - Behavior-based exercises
- Direct observation
- Chart stimulated recall
- Capstone

tics

Conscious Decision Making Framework

This worksheet is based on the Conscious Decision-Making Framework and asks that <u>you</u> <u>demonstrate a commitment to safety</u>. Please note that the questions listed below provide guidance on reflection. Therefore, all questions may not need to be answered or considered in all situations.

OTs are expected real safety probler

Describe a situation where you

Step one: Describe a situation when you incorporated risk management strategies or safety initiatives in your work setting. Consider answering the following questions to help you describe the situation:

- 1. What was the practice environment?
- 2. What was the safety or risk management issue?
- 3. What factors lead you to identifying the issue?
- 4. Who was involved in the situation (staff, colleagues, clients, family supervisors, government, organization, agency, other department professional etc)?
- 5. What role did you play in this situation?
- 6. What timeframe did you have to resolve the situation?



What was...



tics

Competencies and Performance Indicators	Rationale	for Scoring
	Yes	No
Step two: Identify the relevant resources you considered to assist wi	th your deci	sion-making.
D.1 Uses self-evaluation, new learning, and evidence in professional developm	ent.	
D.1.3 Reviews various sources of information and new knowledge and		
determines applicability to work. Cues: research articles, databases, guidelines,		
expert opinion, conferences, discussion groups, critical appraisal.		
E.1 Demonstrates commitment for safety.		
E.1.1 Demonstrates knowledge of policies and procedures as they relate to		
work and work setting.		
Step three: Collect, analyze and synthesize information.		
B.1. Demonstrates sound professional judgment and reasoning in decision	making.	
B1.1 Demonstrates effective and evidence based		
problem solving and judgment. Cues: literature search, best available evidence,		
problem solving and judgment. Odes: mer actie sear cit, best available evidence,		
research, consultation with experts and others, etc.		
research, consultation with experts and others, etc.		
research, consultation with experts and others, etc. B.1.4. Synthesizes and analyzes the information to inform work. Cues: sorting		
research, consultation with experts and others, etc. B.1.4. Synthesizes and analyzes the information to inform work. Cues: sorting		
research, consultation with experts and others, etc. B.1.4. Synthesizes and analyzes the information to inform work. Cues: sorting information, prioritizing information		
research, consultation with experts and others, etc. B.1.4. Synthesizes and analyzes the information to inform work. Cues: sorting information, prioritizing information D.1 Uses self-evaluation, new learning, and evidence in professional		
research, consultation with experts and others, etc. B.1.4. Synthesizes and analyzes the information to inform work. Cues: sorting information, prioritizing information D.1 Uses self-evaluation, new learning, and evidence in professional		

Case-based Questions

For this client ...

- describe the process you used to conduct the nutrition assessment.
- how did the PES statement tie to the nutrition care plan you provided
- tell me about the monitoring plan.

Situation-based Question

Consider a time when...

• *you provided education to a client.* Describe the steps you followed when you provided the education.

Behavior-Based Interview Example

Accreditation Council for Education in Nutrition and Dietetics the accrediting agency for the Academy of Nutrition and Dietetics

Orientation statement

Dietitians are expected to conduct comprehensive nutrition assessments.

Core Question

For this client describe the process you used to conduct the nutrition assessment.

Performance Indicator	Assessment	Probing Question
2.3.2 Takes a food and nutrition related medical history.	Yes / No	Tell me about the medical history you obtained from the client?
2.3.2 Takes a food and nutrition related food history.	Yes / No	Tell me about your communications with the client regarding his/her diet history.
3.2.1 Conducts a nutrition focused physical exam.	Yes / No	What physical characteristics did you consider in your assessment?
2.3.6 Identifies patient appropriate validated formula and performs calculations to determine nutritional requirements.	Yes/No	What anthropometric measure did you take.
1.7 Applies knowledge of eating patterns	Yes / No/NA	How did the client's eating pattern affect the nutrition care plan?

icomphost.com/icomp/lms/srna_specialtypractice/story.html

SRNA RN Specialty Practices

1. Introduction

Menu

- 2. Defining RN Specialty Practices
- 3. Spices

3.1. Critical Thinking

- 3.2. SPICES
- ▶ 3.3. S Scope
- 3.4. P Policy
- ▼ 3.5. I Interest
 - 3.5.1. Comprehensive Assessment
 - 3.5.2. Informed Consent
 - 3.5.3. Practice Snapshot
- 3.5.4. Case Study
- 3.5.5. Practice Scenario

3.5.5.1. Practice Scenario: I - interest

- ▶ 3.6. C Competence
- 3.7. E Environment

3.8. Practice Snapshot

- 3.9. S Situation
- 4. RN Procedures and RN Clinical Protocals

SPICES Practice Scenario: I - Interest

Kevin, a client who has been attending the chemotherapy clinic for the past year, complains to the RN that he feels like a cold is coming on and that he has had a low-grade fever for the past few days. The client expresses concern that if he misses the chemotherapy session his cancer may advance.

The medical directive outlined in the RN Specialty Practice Protocol specifies that blood work and the client's vital signs must be assessed before administering the chemotherapy. The RN confirms that the blood work and the client's vital signs are within normal range. After reviewing the RN Specialty Practices the RN is still unclear

How should practitioner proceed?

Scenario

) a) Follow the orders and administer the chemotherapy.

b) Consider the options to proceeding and the potential consequences to the client if she proceeds when the client is unwell.

c) Ask the team leader to modify the RN Specialty Practice Protocol to address such events.

icomphost.com/icomp/lms/srna_specialtypractice/story.html

- 0 X

Menu

- ▶ 1. Introduction
- 2. Defining RN Specialty Practices
- ▼ 3. Spices
 - 3.1. Critical Thinking
 - 3.2. SPICES

• 3.3. S - Scope

- 3.4. P Policy
- * 3.5. I Interest
 - 3.5.1. Comprehensive Assessment
 - 3.5.2. Informed Consent
 - 3.5.3. Practice Snapshot
 - 3.5.4. Case Study
 - 3.5.5. Practice Scenario

3.5.5.1. Practice Scenario: I - interest

- 3.6. C Competence
- 3.7. E Environment

3.8. Practice Snapshot

- ▶ 3.9. S Situation
- 4. RN Procedures and RN Clinical Protocals

SRNA RN Specialty Practices

Correct

b) is the correct answer. The RN professional judgment. Even with t

Provide instant feedback and rationale for all responses

RN is required to determine if the proposed treatment is appropriate by considering the risks, benefits and associated consequences.

a) is incorrect. Part of an RN's role in following an RN Specialty Practice Protocol is to apply critical thinking and professional judgment. The RN is accountable for providing the client with safe, effective and ethical care.

c) is not the best answer. This answer does not provide an immediate solution to meet current client care needs. Later, it may be appropriate for the RN to provide feedback and suggest changes to the RN Specialty Practice Protocol. However, the presence of a policy, even a detailed policy, does not remove the RN's accountability for applying critical thinking and professional judgment.

Continue

Preceptor Evaluation Forms

Academy of Nutrition and Dietetics

- Map to the competencies.
- Use the performance indicators
- 9 Point Likert Scale
 Below expectations
 1-3
 Met expectations
 4-6
 Exceeded expectations
 7-9

Competency	Criterial	Bel	w		Me	:		Exc	eede	d				
		exp	ectat	ions	exp	ectat	ions	exp	ectat	ions				
CRDN 2.1	Practice in compliance with current fede	ral re	gulat	ions	and s	tate :	statut	tes ar	nd rul	es,				
	as applicable, and in accordance with ac	credit	atior	n stan	dard	s and	the S	cope	of					
	Nutrition and Dietetics Practice and Code	e of E	thics	for th	ne Pro	ofess	ion o	fNut	rition	1				
	and Dietetics.													
2.2.3	Follow infection prevention and control	1	2	3	4	5	6	7	8	9				
	measures (e.g. washes hands, follow													
	isolation precautions)													
2.1.2	Apply principles of informed consent	1	2	3	4	5	6	7	8	9				
	process to ensure the client can accept													
	or refuse the assessment (e.g. explains													
	the purpose of the assessment, what to													
	expect, the right to refuse the													
	assessment, any risks)													
CRDN 3.2	Conduct nutrition focused physical assessment													
3.2.2	Interviews client/patient to collect	1	2	3	4	5	6	7	8	9				
	subjective information considering the													
	determinants of health.													
3.2.3	Completes a thorough review of the	1	2	3	4	5	6	7 8	8	9				
	following examination areas													
	Subcutaneous Fat Loss	1	2	3	4	5	6	7	8	9				
	 Orbital Region 													
	 Upper Arm Region 													
	 Thoracic and Lumbar Region 													
	Muscle Loss	1	2	3	4	5	6	7	8	9				
	Temporal Region													
	Clavicle Bone Region													
	Clavicle and Acromion Bone													
	Region													
	Scapular bone Region													
						1								

Three steps or "jumps"

Step One: Present a written case summary. The student identifies the client issues and an assessment approach.

- **Step Two**: Give the student additional written details on that case. The student works independently to determine recommendations or a treatment plan.
- **Step Three:** The student presents her/his work, and the educator evaluates competence including problem-solving and critical thinking skills.

This approach allows you to evaluate competencies at different stages in the problem-solving process.

S

ccurate historical ata acquire accurate historical information in an organized and relevant histories from information in an organized from patients in an efficient, prioritized and bunothoris subtleties, including sensitive Critical Deficiencies form an thorough or misses Ready for Unsupervised Practice Mappin an organized Aspirational physical exam findings lelies exclusively on ocumentation of thers to generate win database or ifferential diagnosis alis to recognize atient's central linical problems physical exam findings Consistently performs accurate and appropriately thorough physical exams Synthesizes data to generate a prioritized differential diagnosis and problem list Synthesizes history and physical examination skills to minimize the need for further diagnostic testing Role models and teaches the effective use of history and physical examination skills to minimize the need for further	Critical Deficiencies										Ready	for unsu	pervised	practice		Aspiratio	nal
Ata information in an organized external information of there to generate attent's central information of the sector is overly reliant on secondary data information or develops informediation of external information of the sector of the s	oes not collect																
And Performation Application Critical Deficiencies Form an thorough or missed Ready for Unsupervised Practice Aspirational diagnosis elies exclusively on ocumentation of thers to generate wind adabase or ifferential diagnosis alis to recognize otentially life mreatening physical exam findings Consistently performs accurate and appropriately thorough physical exams Synthesizes data to generate a prioritized differential diagnosis alis to recognize otentially life mreatening Synthesizes data to generate a prioritized differential diagnosis Synthesizes data to generate a prioritized differential diagnosis Effectively uses history and physical examination skills to minimize the need for further diagnostic testing Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing						1		histo	ries fro						subtle	eties, includi	ng sensitive
ocumentation of thers to generate wn database or ifferential diagnosisDoes not seek or is overly reliant on secondary dataaccurate and appropriately thorough physical examsSynthesizes data to generate a prioritized differential diagnosis and problem listof secondary data to inform differential diagnosis and problem listails to recognize atient's central linical problemsInconsistently recognizes patients' central clinical problem or develops limited differential diagnosesUses collected data to define a patient's central clinical problem(s)Effectively uses history and physical examination skills to minimize the need for further diagnostic testingRole models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing	Deficie		es	thoroug	h es	Jns	up	er	vis	sed	l Pr	act	ice		ldent physi	ifies subtle o cal exam find	r unusual lings
ails to recognize atient's central clinical problem or develops linical problems ails to recognize otentially life hreatening between the set of the set o	locumentation of thers to generate wn database or lifferential diagnosis	Does relian	not seel t on sec	k or is ove condary d	erly ata	accur thoro Uses	ate and ugh phy collecte	i appr ysical ed dat	opriate exams ta to de	fine	priorit and pr	ized diff oblem li	erential st	diagnosis	of sec differ Role 1	condary data ential diagno models and t	to inform sis eaches the
	ails to recognize atient's central linical problems ails to recognize otentially life	patier proble limite	nts' cent em or de d differe	tral clinica evelops							physic minim	al exami ize the n	nation s eed for	kills to	physi minin	cal examinat	on skills to

Copyright (c) 2012 The Accreditation Council for Graduate Medical Education and The American Board of Internal Medicine. All rights reserved. The copyright owners grant third parties the right to use the Internal Medicine Milestones on a non-exclusive basis for educational purposes.

1

Thank You

Questions?

