

# 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**



# Objectives

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- 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
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# 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

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- **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)

# Become a Preceptor

Great Opportunity!

Positive role models

Find-a-Preceptor Database

[www.eatrightpro.org/preceptors](http://www.eatrightpro.org/preceptors)

ACEND accredited programs

[www.eatrightpro.org/ACEND](http://www.eatrightpro.org/ACEND)



# ACEND Program Reviewers

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## Current Reviewers Needed for Future Education Model

- email [futuremodel@eatright.org](mailto:futuremodel@eatright.org)

## 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

[www.eatright.org/acend](http://www.eatright.org/acend)

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# ACEND Board

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- 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 [www.eatright.org/acend](http://www.eatright.org/acend)
- Nominations due November 1, 2017.

# Educator Round Table

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- 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:  
[www.eatrightpro.org/2017Standards](http://www.eatrightpro.org/2017Standards)
- Public comments until December 4, 2017 at:  
<https://www.surveymonkey.com/r/2017StdComments>

- **ACEND Standards Update Newsletter (monthly)**
  - Back issues posted on ACEND Website
- **Virtual Town Hall (monthly)**
  - 2<sup>nd</sup> Thursday at 1:00 pm CT
  - Directions for joining on the ACEND website
- **ACEND Staff**
  - 800-877-1600 x5400
  - [acend@eatright.org](mailto:acend@eatright.org)

# Speakers

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

# ACEND Future Education Model Update



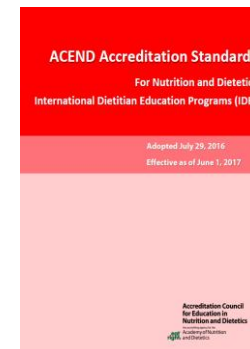
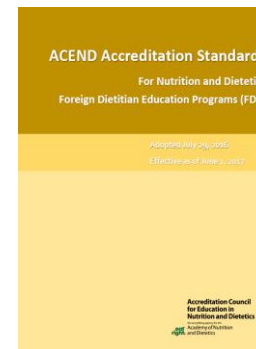
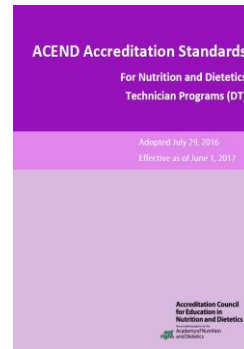
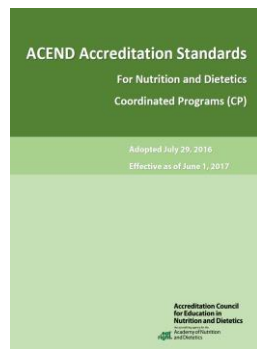
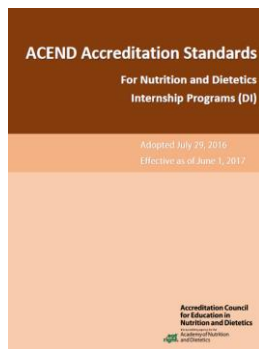
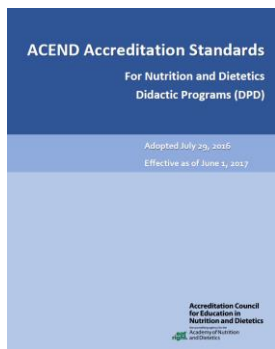
- **Standards Committee:**

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

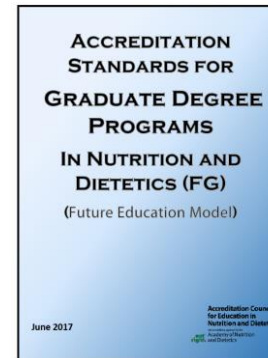
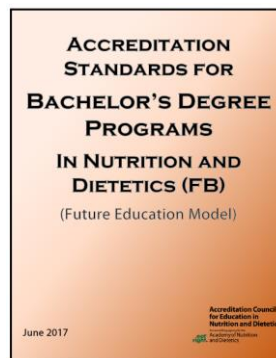
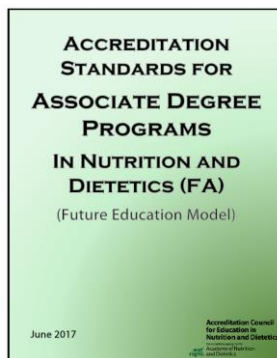
- **Others:**

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

# Standards



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



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

## *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

# Options for Programs

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## 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*

# Future Education Model Standards

**ACCREDITATION  
STANDARDS FOR  
ASSOCIATE DEGREE  
PROGRAMS  
IN NUTRITION AND  
DIETETICS (FA)**  
(Future Education Model)

June 2017


Accreditation Council  
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**ACCREDITATION  
STANDARDS FOR  
BACHELOR'S DEGREE  
PROGRAMS  
IN NUTRITION AND  
DIETETICS (FB)**  
(Future Education Model)

June 2017


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**ACCREDITATION  
STANDARDS FOR  
GRADUATE DEGREE  
PROGRAMS  
IN NUTRITION AND  
DIETETICS (FG)**  
(Future Education Model)

June 2017

Accreditation Council  
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# Nutrition Health Associate

**Associate  
Degree  
Practitioner**

DEGREE  
NEEDED:

**Associate**



Nutrition Health  
Monitoring



Farmers' Markets



Community  
Assistance



Food Label Reading



Cooking Together

- **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 farmer's markets.
- **Settings for practice**
  - Community/Social Service Agencies
  - Healthcare Organizations
  - Home Health Agencies

# Nutrition and Dietetics Technician

**Bachelor  
Degree  
Practitioner**

ELIGIBLE  
CREDENTIAL:

**NDTR**

DEGREE  
NEEDED:

**Bachelor**



Wellness  
Counseling



Nutrition  
Communications



Foodservice  
Management



Meal Planning



Culinary Classes

- **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

## Graduate Degree Practitioner

ELIGIBLE  
CREDENTIAL:

**RDN**

DEGREE  
NEEDED:

**Master or  
Higher**



Prescribing Medical  
Nutrition Therapy/  
Pharmacotherapy



Administration/  
Leadership/  
Entrepreneurship



Global/Community/  
Public Health



Research



Medical Nutrition  
Therapy Counseling/  
Behavior Modification

- **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

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## 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*.

- 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*.

- 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.

# Objectives

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- 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

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- **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

- **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

# Demonstration Program Benefits

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- **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

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- Application and Guidance Document available at: [www.eatrightpro.org/FutureModel](http://www.eatrightpro.org/FutureModel)
- 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

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- 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*

# Data to be Collected

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- 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

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## 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)

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- 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

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- **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

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- 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.

Main  
Menu

**Person Filter**

Last Name:

Institution:  
Morrison

Program:  
Morrison Dietetic

Type:  
Student

✓

**Persons**

Student01	Test
student04	test
Worsfold	Leanne

- + Clinical Rotation** Rotation: Clinical  
SubRotation:
- + Pre Orientation Assignments** Rotation: General Orientation  
SubRotation: Pre-orientation Assignments
- + Pre Orientation Documents** Rotation: General Orientation  
SubRotation: Pre-orientation Assignments
- Test Clinical** Rotation: Clinical  
SubRotation:

- Competencies**
- 1.2 Apply Evidence Based Guidelines, Systematic Reviews and Scientific Literature
  - 2.2 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.

**Activities**

Name	Due Date	Status	Results	Doc
1.1 Pre Clinical- Medical Terminolgy List	Aug 08, 2017	Completed	Passed	🔄
1.2 Pre Clinical- Direct Patient Care Module- View	Sep 29, 2017	Assigned	Passed	🔄
1.3 Pre Clinical- Direct Patient Care Quiz	Sep 23, 2017	Assigned		🔄
1.4 Pre Clinical- NFPA Video One- View	Oct 12, 2017	Assigned		🔄
1.5 Pre Clinical- NFPA Video Two- View	Oct 30, 2017	Assigned		🔄

**Assessments**

Name	Due Date	Status	Results
Behavior-based Interview	Nov 09, 2017	Assigned	📄
Case Study Evaluation Form	Nov 09, 2017	Assigned	🔄
Chart Review	Nov 23, 2017	Assigned	🔄
Clinical Evaluation Form	Dec 14, 2017	Assigned	🔄

## — Test Clinical

Rotation: **Clinical**  
SubRotation:

### Competencies

- 1.2 Apply Evidenced Based Guidelines, Systematic Reviews and Scientific Literature
- 2.2 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

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#### 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

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# Functional Resume

## Clinical /Patient Services

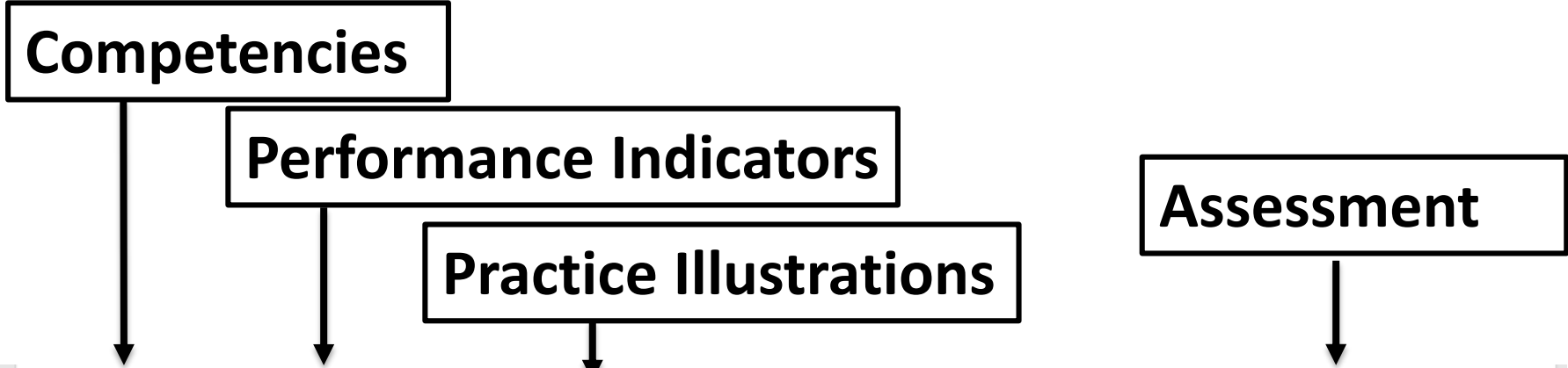
- Applies a framework to assess, develop, implement and evaluate products, programs and services.
- Selects, develops and/or implements nutritional screening tools for individuals, groups or populations.
- Utilizes the nutrition care process with individuals, groups or populations in a variety of practice 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.

# What is Different?

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- 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



Competencies	Performance Indicators	Practice Illustration	Demonstrated/Assessment
<b>3.1</b> 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.	<ul style="list-style-type: none"> <li>• Prepare an evaluation of the production and distribution processes and makes recommendations for improvements.</li> <li>• Review organizational policies and make recommendations for modifications.</li> <li>• Collect data and recommend changes based on outcome data.</li> <li>• Create an evaluation tool to help staff evaluate productivity and safety; and make recommendations based on outcome data.</li> <li>• Design a kitchen considering, safety, workflow, productivity, budget etc.</li> <li>• Take steps in a known kitchen to reduce carbon footprint.</li> <li>• Create a new meal plan, including budget for a large organization.</li> </ul>	Project work, course work, mock policies, role play, review, field placement, case studies  <ul style="list-style-type: none"> <li>• Capstone meal</li> <li>• Develop new policies and education materials to address safety issues, incorporating HACCP principles.</li> <li>• Create a new menu for a large employee cafeteria.</li> <li>• Conduct <a href="#">a mock kitchen inspections</a>.</li> <li>• Prepare staff education materials to support implementation of new processes and policies.</li> </ul>

# 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 designed for the literacy level of the audience.
- CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.**
- CRDN 3.7 Develop and deliver products, programs or services that promote consumer health, 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

## Competencies

## Performance Indicators

## Practice Illustrations

Competencies	Performance Indicators	Practice Illustration
<p><b>2.4</b> Implements or coordinates nutritional interventions for individuals, groups or populations.</p>	<p><b>Education</b></p> <p>2.4.6 Applies education theories, adult learning, pedagogy and education principles when developing, modifying, delivering or implementing education materials.</p> <p>2.4.7 Assesses audience's readiness to learn and identifies barriers to learning</p> <p>2.4.8 Develops or modifies nutrition education materials or delivery methods to meet the needs of the audience.</p> <p>2.4.9 Develops and provides evidence-informed nutritional wellness and therapeutic diet education</p>	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Apply educational theories and principles for both adult and child learning.</li> <li>• Select appropriate educational materials based on audience and needs.</li> <li>• Create education materials using a variety of modes (paper, electronic, verbal) and delivery methods (online, telehealth, group and individual session, radio / TV broad cast).</li> <li>• Create education materials at appropriate reading levels.</li> <li>• Give presentation to a diverse audience.</li> <li>• Written pre-and post-tests for the target population.</li> <li>• Create or adjust existing materials to support cultural sensitive education.</li> <li>• Consider the population / audience literacy level, age, deficient(s), readiness to learn.</li> <li>• Develop education evaluation methods, and analysis results and make appropriate changes.</li> <li>• Create and present a workshop or education session to a community group</li> <li>• Develop education materials to support a public health and global health issue</li> </ul>

# Educator and Preceptor Role in CBE

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- 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

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- **Summative assessments** provide a summary of what a student has learned over a given time period, 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.

- 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	Step 2 Related Curricular Milestones (Abbreviations on AAIM Website)		Step 3 Assessment Methods/ Tools
<p>1. Manage the care of patients with acute common diseases across multiple care settings</p>	<p>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.</p> <p>The tasks required:</p> <ul style="list-style-type: none"> <li>Obtain accurate and complete information sufficient to develop differential diagnosis and inform care plan;</li> <li>Knowledge of diseases common to internal medicine;</li> <li>Communicate plans of care to patients, families and care givers</li> <li>Adapt care plans to changing clinical information</li> </ul>	Patient Care (PC)	A2, A3, B1, B2, C2, C3, D1, E1, F8	<p>Multisource feedback Chart stimulated recall Chart audits Direct observations Standardized patient/OSCE In-training examination</p>
		Medical Knowledge (MK)	A2, A3, B1, B3	
		Practice-Based Learning & Improvement (PBLI)	B1, B2, B3, D4, E1, E2	
		Interpersonal & Communication Skills (ICS)	A3, A4, A5, A7, B1, B3, D3, F1	
		Professionalism (P)	B1, B3, D2, E1, F1, F2, F3 G2, H1, I1, I2, K3	
		Systems-Based Practice (SBP)	A3, B2, D2, D4, E1, E3	

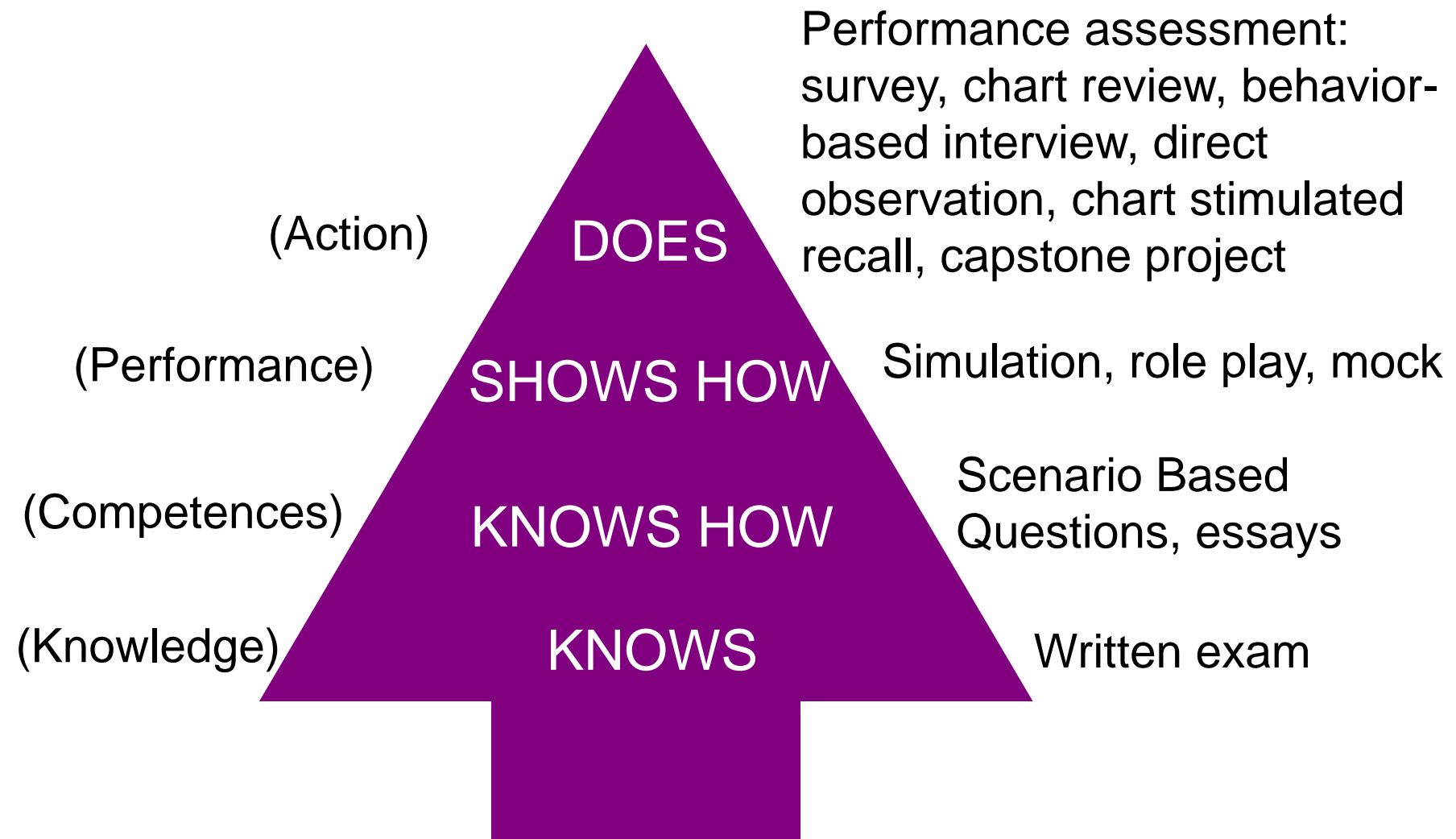
# Mapping Milestones



## Subcompetencies to Evaluation Methods Map

	Rotation Evals	Nurse Evals	Video Observation	Communication Assessment	Peer Data ITE	MedChallenge Peer Data	Simulation Workshop Checklists	Procedure Logs	Explanatory Data
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



Norcini, J. J BMJ 2003;326:753-755

# CBE Assessment Types

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- 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

# Conscious Decision Making Framework

This worksheet is based on the Conscious Decision-Making Framework and asks that you demonstrate a commitment to safety. 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 problem

**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...  
What factors...  
What role...**

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Competencies and Performance Indicators	Rationale for Scoring	
	Yes	No
<b>Step two: Identify the relevant resources you considered to assist with your decision-making.</b>		
D.1 Uses self-evaluation, new learning, and evidence in professional development.		
D.1.3 Reviews various sources of information and new knowledge and determines applicability to work. <i>Cues: research articles, databases, guidelines, expert opinion, conferences, discussion groups, critical appraisal.</i>		
E.1 Demonstrates commitment for safety.		
E.1.1 Demonstrates knowledge of policies and procedures as they relate to work and work setting.		
<b>Step three: Collect, analyze and synthesize information.</b>		
<b>B.1. Demonstrates sound professional judgment and reasoning in decision-making.</b>		
B.1.1 Demonstrates effective and evidence based <u>problem solving</u> and judgment. <i>Cues: literature search, best available evidence, research, consultation with experts and others, etc.</i>		
B.1.4. Synthesizes and analyzes the information to inform work. <i>Cues: sorting information, prioritizing information</i>		
D.1 Uses self-evaluation, new learning, and evidence in professional development.		
4.4.4 Gathers additional relevant information <i>Cues: reviews client record; consults family, caregivers, and other professionals; collects complete subjective</i>		

## 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

## 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?

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## SRNA RN Specialty Practices

## SPICES Practice Scenario: I - Interest

**Scenario**

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 on how to

How should

**How should practitioner proceed?**

- 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.

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## SRNA RN Specialty Practices

## Correct

b) is the correct answer. The RN uses professional judgment. Even with the presence of a policy, the 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

Provide instant feedback and rationale for all responses

# Preceptor Evaluation Forms

- 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	Below expectations			Met expectations			Exceeded expectations		
		1	2	3	4	5	6	7	8	9
CRDN 2.1	Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.									
2.2.3	Follow infection prevention and control measures (e.g. washes hands, follow isolation precautions)									
2.1.2	Apply principles of informed consent 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 subjective information considering the determinants of health.									
3.2.3	Completes a thorough review of the following examination areas									
	Subcutaneous Fat Loss <ul style="list-style-type: none"> <li>Orbital Region</li> <li>Upper Arm Region</li> <li>Thoracic and Lumbar Region</li> </ul>									
	Muscle Loss <ul style="list-style-type: none"> <li>Temporal Region</li> <li>Clavicle Bone Region</li> <li>Clavicle and Acromion Bone Region</li> <li>Scapular bone Region</li> <li>Dorsal Hand</li> </ul>									

# The Modified Triple-Jump

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## 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.

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1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)				
Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized	Consistently acquires accurate and relevant histories from patients	Acquires accurate histories from patients in an efficient, prioritized, and hypothesis	Obtains relevant historical subtleties, including sensitive
<b>Critical Deficiencies</b>		<b>Ready for Unsupervised Practice</b>		<b>Aspirational</b>
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data	Consistently performs accurate and appropriately thorough physical exams	Synthesizes data to generate a prioritized differential diagnosis and problem list	Efficiently utilizes all sources of secondary data to inform differential diagnosis
Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Uses 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 testing	Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
Fails to recognize potentially life threatening problems				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**Thank You**

**Questions?**

