

LOCATING PRECEPTORS AND FACILITIES FOR YOUR ISPP

Step 1 – Contact Program Director and Apply

- The applicant contacts the Program Director or ISPP coordinator
- Using either the Medical Facility, Community Facility, and/or School Facility form(s) (see p. 11-13), the intern must submit one facility form for (1) Foodservice, (2) Clinical, and (3) Community (a total of three forms) prior to admission into the program. This will ensure timely completion of the program. Facilities must be a major hospital for either Clinical or Foodservice. The program director and coordinator will determine if the applicant is qualified to enter the program, based on program requirements such as: minimum grade point average, back ground check, etc.
- For timely completion the intern must obtain the contact information for the individual responsible for signing the UNF Affiliation Agreement Form.
- The program director &/or coordinator sends accepted applicants the *Getting Started* document and the *Supervised Practice Facilities and Preceptor Information Form*.

Step 2 – Find a Starting Preceptor and Facility

- The applicant, now an “ ISPP intern,” reviews the *Getting Started* document and the *Supervised Practice Facilities and Preceptor Information Form*
- The intern locates other facilities and preceptors, completing the appropriate information and forms and submits to the coordinator for further action.
- Interns may choose to begin with any of the approved rotations: Inpatient MNT 1; Foodservice, Community Nutrition; Inpatient MNT 2 and Outpatient MNT require Inpatient MNT 1. Facilities must be a major hospital for either Clinical or Foodservice.

Step 3 – The Preceptor and Facilities Get Approved

- The Program Director contacts the preceptor to initiate an affiliation agreement between UNF and the Facility. An affiliation agreement between UNF and the facility is required before interns begin a rotation. The process can take up to six weeks to complete, so interns, must provide at least one preceptor prior to admission (step 1, item 2) and at least 2 more after admission (step 2 item 2). This will ensure that the intern completes the program within the allotted time frame.
- The program director conducts all background checks, and finalizes contracts, and agreements as required by the program.
- The Program Director notifies the intern when the processes are complete.

AFTER BEING ADMITTED AND APPROVED (TO BEGIN YOUR FIRST ROTATION)

Step 4 – Outline the First Rotation Schedule

- The intern fills out the *Rotation Schedule Form (Located in Rotation Workbook)* with the preceptor and immediately submits it to the Program Director or Coordinator. This process is for notification and approval purposes.
- The rotation begins after the Program Director or Coordinator agrees, via phone or email.

Step 5 – Participate in the First Supervised Practice Rotation

- The Preceptor and Intern communicate with the Coordinator as indicated in the specific rotation guide, submitting assignments, evaluations, and assessments as required.

Step 6 – Continue Setting Up the Next Rotation

- The intern recruits new preceptors or facilities, if needed, using the *Facility Forms*, submit the forms to the Coordinator. Where possible the intern, must communicate changes (starting time, cancellation etc.) with previously arranged preceptor or facility in a timely and professional manner.
- The intern also submits *Rotation Schedule Forms* for subsequent rotations, to begin a new rotation after the previous one is completed and portfolio has been approved by coordinator.

ISPP ROTATION DESCRIPTIONS AND REQUIREMENTS

The activities in the ISPP Kit are based on a program length of 1220 hours. The length of the rotation schedules and the activities are provided as a general guide and may be changed based on the professional judgment of the Program Director and taking into consideration prior knowledge and skills of individual interns/students. The Program Director should feel free to shorten, lengthen, or use the program schedules on a part time basis, or change activities in order to help students achieve the competencies within a timeframe that accomplishes the goals of the rotation and program.

Foodservice Management Rotation

Foodservice Systems, Production, and Management

Rotation Type	ACEND-require rotation
Description	Practicing marketing, procurement, storage, preparation, delivery, service, and management that include retail operations. Interns practice the care and operation of equipment, sanitation audits, HACCP Guidelines, menu planning, customer service, and management activities; activities include practical hands-on experience as well as investigative research to prepare for in-depth management responsibilities. This rotation also focuses on food service within an inpatient setting for people who have medical needs related to their diets; interns will practice menu planning, taking meal orders, tray preparation and delivery, patient promotions, marketing of menus, and all aspects of producing and delivering nutrition to patients.
Prerequisites	None
Typical Length	Approximately 320 hours
Typical Locations	Facilities with a large retail institutional cafeteria or food service operation whose activities include marketing and procurement through delivery and service functions. Such cafeterias can usually be found in hospitals, universities, or larger restaurants. Also: Facilities where people are staying who require specialized meals, such as a hospital, long-term care, or residential facilities.
Preceptor Qualifications	Must be experienced in planning and overseeing institutional food services. This includes the food services manager or supervisor who may be a certified chef, a chef, or other production manager. Students should match the preceptor's expertise to the Foodservice Systems, Production, and Management.

MNT Rotation

Inpatient Medical Nutrition Therapy 1

Rotation Type	ACEND-require rotation
Description	Practicing the nutrition care process with populations with common medical conditions impacted by diet including obesity, diabetes, hypertension, cardiovascular, and gastrointestinal disorders.
Prerequisites	None
Typical Length	Approximately 160 hours
Typical Locations	Hospital, LTC, or residential facility
Preceptor Qualifications	Must be an RD holding licenses or credentials required by the state (e.g., RD, LDN), who uses the nutrition care process.

Inpatient Medical Nutrition Therapy 2

Rotation Type	ACEND-require rotation
Description	Practicing the nutrition care process with populations with more complicated conditions such as renal disease, multisystem organ failure, cancer, and hepatic disease.
Prerequisites	Inpatient Medical Nutrition Therapy One
Typical Length	Approximately 240 hours
Typical Locations	Hospital or LTC (with full time RD and acute care) including trauma, critical care nutrition, and nutrition support (TPN – Total Parenteral Nutrition, Enteral Nutrition – Tube Feeding).
Preceptor Qualifications	Must be an RD holding licenses or credentials required by the state (e.g., RD, LDN), with experience working with MNT2 category conditions, and skilled in using the nutrition care process.

Outpatient Medical Nutrition Therapy

Rotation Type	ACEND-require rotation
Description	Practicing the nutrition care process with populations with medical conditions impacted by diet that do not require hospitalization. Group MNT activities may be satisfied with the Community Education Rotation activities.

Prerequisites	Inpatient Medical Nutrition Therapy One
Typical Length	Approximately 140 hours
Typical Locations	Hospital, out-patient clinic, out-patient clinic, university health clinic, doctor's office, part of community outreach where group MNT can occur.
Preceptor Qualifications	Must be an RD skilled in using the Nutrition Care Process.

Community Nutrition Rotation

Community Nutrition

Rotation Type ACEND-require rotation

Description Developing skills to provide nutrition services to the community at large through a variety of activities, programs, and services including nutrition counseling, nutrition education, nutrition assessment, and wellness programs. Interns also develop skills in evaluating and applying government program guidelines and policies. During this rotation interns must complete a series of activities and projects including:

1. The *Targeted Community Nutrition* activity directs the intern to assess the nutrition needs of a community, develop realistic solutions, and implement a solution using assessment, analysis, intervention-design, marketing, resource management, and implementation skills
2. The *Wellness Program* activity directs the intern to design and implement a wellness program and evaluate the effectiveness of the program using assessment, analysis, wellness program-design, marketing, resource management, implementation, and follow-up-evaluation skills.
3. *The Government Public Health Policy* activity directs the intern to become actively engaged in legislative processes as it pertains to nutrition and dietetic related policy.

These activities are defined in the *Activity Section* of Community Nutrition Rotation Guide and must be planned in advance with the preceptor.

Prerequisites None

Typical Length Approximately 160-200 hours

Typical Locations Facilities should provide access to individuals and groups, through a government funded public health program (WIC, Head Start, Meals-On-Wheels, Maternal Child Health (MCH), Cooperative Extension, Expanded Food and Nutrition Program (EFNEP), or SNAP-ED), hospital, clinic, doctor's office, community center, or an existing program such as

weight-management, specialty-cooking, or athletic program. The intern may use more than one preceptor or facility to fit specific activities or projects.

**Preceptor
Qualifications**

Should be experienced in teaching community-nutrition and mentoring educators. This includes RDs as well as other practitioners such as nutritionists, nurses, first-aid instructors, certified teachers, community-center educators, or coaches. If the activity involves teaching clients how to perform finger sticks or other medical procedures, the preceptor must be an RD, nurse, or other qualified health practitioner. The intern should match the preceptor's expertise to their selection of rotation activities.

Child-Adolescent Education

Rotation Type

ACEND require rotation

Description

Promoting health and wellness through marketing, education, classes, and events for school-aged children and adolescents. It is similar to the education and wellness activities in the Community Nutrition Rotation, but addresses nutrition related issues that children and adolescents face in their school environment, such as peer pressure, academic performance, athletic achievement, drugs, and alcohol.

Prerequisites

None

Typical Length

Approximately 40-80 hours

Typical Locations

Typical Locations include public or private elementary, middle, or high school or after school programs through schools. Other locations that can also be used include community centers or programs with programs for school-aged children such as Boys and Girls Clubs, YMCA, YWCA, and religious organizations.

**Preceptor
Qualifications**

Should be experienced in teaching children or adolescents and mentoring educators. This includes RDs as well as other practitioners such as nutritionists, nurses, first-aid instructors, certified teachers, community-center educators, or coaches. If the activity involves teaching children how to perform finger sticks or other medical procedures, the preceptor must be an RD, nurse, or other qualified health practitioner. The intern should match the preceptor's expertise to their selection of rotation activities.

Concentration Rotation

Concentration: Area Chosen by Intern

Rotation Type	Elective requirement from a choice of several concentrations. Intern can choose from any area of dietetics. It may or may not be in a clinical setting. Such as: Community, Outpatient, MNT, Private Practice, [Eating Disorders, Sports Nutrition, etc...]
Description	Varies depending on the chosen concentration
Prerequisites	Varies depending on the chosen concentration
Typical Length	Approximately 120 hours
Typical Locations	If this is a clinical concentration, then a Hospital or LTC (with full time RD and acute care) including critical-care nutrition, and nutrition support such as Total Parenteral Nutrition (TPN) and Enteral Nutrition (Tube Feeding). If rotation is community or foodservice, locations may vary accordingly and separate guidelines on the practice competencies will follow. Please note that this will vary depending on the facility and experience offered.
Preceptor Qualifications	May or may not be an RD. Varies depending on the chosen concentration. The intern should match the preceptor's expertise to their selection of rotation activities.

DOCUMENTS & FORMS

Getting Started

Student: _____

Program Director: _____

Supervised-practice activities must occur in a variety of settings. The SP Kit recommends inpatient acute care and critical care, outpatient, long-term care, public health/community, and child/adolescent educational settings. Program directors and their students can coordinate and select the settings using this *Supervised-Practice Facility Worksheet* and the following *Preceptor and Facility Information/Recruitment forms*.

Directions: Use the first and second pages of this master checklist to plan the rotations and the settings. The first page lists core rotations. The second page lists the concentration rotation and has space for other rotations the program director requires. Students looking for facilities and preceptors should use the forms on the following pages to submit preceptor and facility information for approval by the program director during preceptor and facility selection. Depending on

the policies of the program director, it may be permissible to complete a rotation in more than one facility. For example, the *Inpatient MNT 1 Rotation* activities may be fulfilled in a long-term care facility, or split between a long-term care facility and a hospital. Many of the rotations may be completed in the same facility. The rotations allow flexibility in finding a variety of settings if hours are not available in one facility for multiple rotation activities.

Write the facility name in the correct box to identify the rotation and setting. The SP Kit recommends that students practice in all of the asterisked (*) settings listed in the left column.

Facility/Setting	Foodservice Systems, Production, and Management (Approx. 320 hrs)	Inpatient MNT1 Rotation (Approx. 160 hrs)	Inpatient MNT 2 Rotation (Approx. 240 hrs)	Outpatient MNT Rotation (Approx. 140 hrs)	Community Nutrition Rotation (Approx. 160-200 hrs)	Child/Adolescent Nutrition Education Rotation (Approx. 40-80 hours)	Clinical Concentration (Approx. 120 hrs)
*Acute Care							
*Critical Care							
Hospital					Outreach		
*Outpatient Clinic					Outreach		
*Long-Term Care See <i>Definition</i> , next page							
*School							
*Public Health: Public Health Pgm. Com. Center, Outreach							
*Univ., college, restaurant, or other large facility					Outreach		

Student: _____

Program Director: _____

✚ Shaded areas are not applicable for the specified rotation

Write the facility name in the correct box to identify the rotation and setting. The SP Kit recommends that students practice in all of the asterisked (*) settings listed in the left column. Other required locations may vary depending on chosen specialty.

Facility/Setting	Other Concentration Area	Other Concentration Area	Other Concentration Area	Other Concentration Area
*Acute Care				
*Critical Care				
Hospital				
*Outpatient Clinic				
*Long-Term Care See <i>Definition</i> , below				
*School				
*Public Health Public Health Pgm. Com. Center / Outreach				
*Univ., college, restaurant, or other large facility				
Other				

Long Term Care Definition

ACEND defines long term care as providing services that help people with health or personal needs and activities of daily living over a period of time, because they are physically or mentally unable to care for themselves. Long-term care can be provided at home, in the community, or in facilities, such as nursing homes or assisted-living facilities. Individuals in long-term care require monitoring, because they are considered to be at nutritional

risk or the potential for nutritional risk resulting either from their health condition or extended confinement. Prisons, halfway houses, or residential treatment centers for substance abuse or behavioral problems are NOT considered by ACEND to be long-term care facilities unless the program demonstrates that the residents are at on-going nutritional risk or the potential for nutritional risk.

✚ Shaded areas are not applicable for the specified rotation

Medical Facility

Student directions: Submit a completed form for each preceptor and facility combination to your program director.

Student name (last, first, initial): _____

Facility Name: _____

Facility Address: _____

Anticipated Start Date (Day/Month/Year): _____

Have you worked for this preceptor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	How long?	Position title?
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Preceptor name (last, first, initial): _____

Preceptor employer:	Employer address:
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Preceptor daytime phone:	Preceptor email:
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Years preceptor has worked for this employer:	How many hours per week does this preceptor work for this employer?	Has this preceptor previously supervised students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Preceptor's education: A.A., B.S., B.A., M.S., PhD (etc):	Preceptor's professional credentials:
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What licensure or professional certification is required for dietitians in your state? _____

Check the rotations for this preceptor and facility:

<input type="checkbox"/> Inpatient MNT 1 Rotation	<input type="checkbox"/> Inpatient MNT 2 Rotation	<input type="checkbox"/> Outpatient MNT Rotation	<input type="checkbox"/> Concentration Rotation: Clinical
<input type="checkbox"/> Inpatient Foodservice, Production, and Management Rotation	<input type="checkbox"/> Retail/Institutional Foodservice, Production, and Management Rotation	<input type="checkbox"/> Child/Adolescent Nutrition Education Rotation	<input type="checkbox"/> Community Nutrition Rotation

Department director: _____

Dept. director phone: _____	Email: _____
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ATTN: Provide name of individual responsible for signing the UNF Affiliation Agreement Form

Name: _____ **Title:** _____ (Director/Dietitian/Supervisor etc.)

E-Mail: _____ **Phone** _____

Facility accredited/licensed by: _____

Typical inpatient census: _____

Type of services provided (Please check all that apply):	<input type="checkbox"/> Critical Care	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Oncology	<input type="checkbox"/> Transplant
<input type="checkbox"/> Acute Care	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Renal
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Gastrointestinal disorders	<input type="checkbox"/> AIDS/HIV & other autoimmune disorders
<input type="checkbox"/> Other: _____		

Type of facility (Please check all that apply):

<input type="checkbox"/> Rehab	<input type="checkbox"/> Long-Term Care	<input type="checkbox"/> Skilled Nursing Facility	<input type="checkbox"/> Hospital	<input type="checkbox"/> Outpatient Clinic	<input type="checkbox"/> Other: _____
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Number of dietitians employed by the facility: Full-time: _____ Part-time: _____

Type of foodservice provided (Please check all that apply):	<input type="checkbox"/> Inpatient Foodservice	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Carts	<input type="checkbox"/> Vending
<input type="checkbox"/> On-site catering	<input type="checkbox"/> Off-site catering	<input type="checkbox"/> Meals-on-Wheels	<input type="checkbox"/> Other: _____	

Approximate number of meals served daily to: Patients: _____ Employees and others: _____

Community Facility

Student directions: Submit a completed form for each preceptor and facility combination to your program director.

Student name (last, first, initial): _____

Facility name: _____

Facility address: _____

Anticipated Start Date (Day/Month/Year): _____

Have you worked for this preceptor?

Yes No

If yes, where?

How long?

Position title?

Preceptor name (last, first, initial): _____

Preceptor employer: _____

Employer address (If different from facility address): _____

Preceptor daytime phone: _____

Preceptor email: _____

Years preceptor has worked for this employer:

How many hours per week does this preceptor work for this employer?

Has this preceptor previously supervised students?

Yes No

Preceptor's education: A.A., B.S., B.A., M.S., PhD (etc): _____

Preceptor's professional credentials: _____

What licensure or professional certification is required for dietitians in your state? _____

Check the rotations for this preceptor and facility:

Retail/Institutional Foodservice, Production, and Management Rotation

Outpatient MNT Rotation

Child/Adolescent Nutrition Education Rotation

Community Nutrition Rotation

Type of facility (check one):

Community/Religious Center

Hotel/Convention Center

Restaurant

Business/Corporate

Medical/Public Health

Entertainment

Other: _____

Department director: _____

Dept. director phone: _____

Email: _____

ATTN: Provide name of individual responsible for signing the UNF Affiliation Agreement Form

Name: _____ **Title:** _____ (Director/Dietitian/Supervisor etc.)

EMAIL: _____ **Phone** _____

Facility accredited/licensed by: _____

Number of dietitians employed by the facility: Full-time: _____ Part-time: _____

Type of populations serviced and services provided (Please check all that apply):

Wellness Education

WIC

General Nutrition Education

Senior Nutrition Education

Sports Nutrition Education

Nutritional Counseling

Low Income Nutritionally At-Risk Pregnant Women Nutrition

Pregnant and/or Breast Feeding Nutrition

Pediatric Nutrition

Renal Nutrition

Outpatient Clinic

Cooperative Extension

Head Start

Expanded Food and Nutrition Program (EFNEP)

SNAP- ED

General Public

Other: _____

School Facility

Student directions: Submit a completed form for each preceptor and facility combination to your program director.

Student name (last, first, initial): _____

Facility name: _____

Facility address: _____

Anticipated Start Date (Day/Month/Year): _____

Have you worked for this preceptor?

Yes No

If yes, where?

How long?

Position title?

Preceptor name (last, first, initial): _____

Preceptor employer: _____

Employer address: _____

Preceptor daytime phone: _____

Preceptor email: _____

Years preceptor has worked for this employer:

How many hours per week does this preceptor work for this employer?

Has this preceptor previously supervised students?

Yes No

Preceptor's education: A.A., B.S., B.A., M.S., PhD (etc): _____

Preceptor's professional credentials: _____

What licensure or professional certification is required for dietitians in your state? _____

Check the rotations for this preceptor and facility:

Retail/Institutional Foodservice, Production, and Management Rotation

Child/Adolescent Nutrition Education Rotation

Community Nutrition Rotation

Outpatient MNT Rotation

Department director: _____

Dept. director phone: _____

Email: _____

ATTN: Provide name of individual responsible for signing the UNF Affiliation Agreement Form

Name: _____ **Title:** _____ (Director/Dietitian/Supervisor etc.)

E-Mail: _____ **Phone** _____

Facility accredited/licensed by: _____

Type of campus & services provided (Please check all that apply): Day Care Preschool Elementary School High School College

University

Low income nutritionally at-risk students

School breakfast

School lunch

After school snack

Community outreach program

Low income nutritionally at-risk women

Other: _____

Number of dietitians employed by the facility: Full-time: _____ Part-time: _____

Type of foodservice provided (Please check all that apply):

Cafeteria On-site catering Off-site catering

Head Start

Expanded Food and Nutrition Education Program (EFNEP)

Child-adult care feeding program

Meals-on-Wheels

Vending

Other: _____