

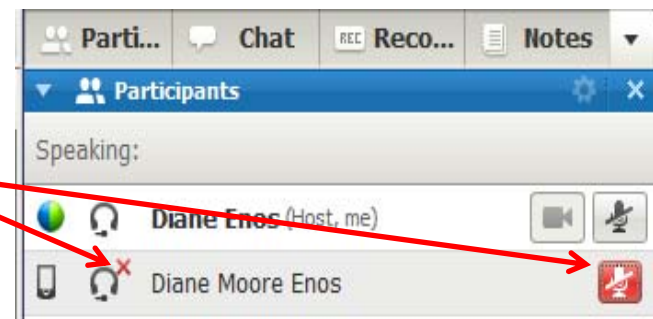
Welcome to the third CDR Practice Competencies: Opportunities for Providers – Developing Assessments Webinar!

Thank you for joining us. Our program will begin shortly.

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CDR Practice Competencies: Opportunities for Providers

Developing Assessments

Presented by: Mickie Rops, MAEd, RDN, CAE

Tuesday June 24 , 2014

Goal

Guide program providers in how to build assessment elements into their continuing education programs or to create stand-alone instruments that can help dietetics practitioners identify their learning goals related to the competencies.

Developing Quality Assessments

Focus: Assess and Learn Model

Development Steps

1. (Select an online learning platform capable of supporting 2-6). This will be covered on Webinar #4!
2. Identify the sphere, competencies, performance indicators for which you wish to develop an *Assess and Learn*
3. Identify case scenarios that would address the sphere, competencies, and performance indicators selected
4. Develop the case scenarios and supporting materials
5. Develop the assessment questions with rationales and references
6. Code the questions by sphere/competency/performance indicator
7. Develop reports that give learners feedback on their performance
8. Pilot test to get SME feedback

Development Steps

2. Identify the sphere, competencies, performance indicators for which you wish to develop an *Assess and Learn*

Spheres



Sphere 1: Ethics and Professionalism

Accepts accountability and responsibility for providing competent, ethical, customer-centered nutrition and dietetics services.

1.3 Applies customer-centered principles in practice.

1.3.1 Applies strategies that engage the customer in a collaborative approach.

1.3.2 Recognizes the strengths and limitations of a customer.

1.3.3 Builds rapport and trust within the relationship while respecting boundaries.

1.3.4 Communicates the risks; benefits; disadvantages; alternatives; and cost of the proposed treatment plan, contract, and statement of terms or scope of work and confirms customer understanding.

1.3.5 Identifies and respects economic and sociocultural factors when determining the goals and wants of the customer.

1.3.6 Develops and implements culturally-appropriate strategies when delivering service.

1.3.7 Recognizes the limits of own cultural knowledge, skill and abilities and consults with others when needed.

1.3.8 Initiates collective efforts with others to implement resources to support culturally diverse customers.

1.3.9 Recognizes and incorporates knowledge of cultural and/or religious foods, practices and preparation.

Competency

Performance Indicators

Assess and Learn Competency Framework

Nutrition Assessment

Data Collection & Data Sources

Data Evaluation

Critical Thinking

Nutrition Diagnosis

Identification

Documentation

Planning and Implementing Nutrition Intervention

Data Collection and Data Sources

Critical Thinking

Documentation and Coordination of Nutrition Care

Nutrition Monitoring and Evaluation

Data Collection and Evaluation

Critical Thinking

Documentation and Coordination of Nutrition Care

Nutrition Monitoring and Evaluation

Data Collection and Evaluation

4.1 Reviews and measures the client's status with regard to nutrition diagnosis, intervention plans/goals, expected outcomes, medical condition or cognitive status.

4.2 Collects relevant data including anthropometric, biochemical data, medical tests, and nutrition-focused physical findings (e.g., signs and symptoms) and compares current findings with previous status, nutrition diagnosis, intervention goals, or reference standards

4.3 Evaluates client and/or caregivers understanding and compliance with nutrition plan

Critical Thinking

4.4 Determines the degree to which client progress is being made and goals or desired nutrition care outcomes of nutrition intervention are being met

Documentation and Coordination of Nutrition Care

4.5 Provides evidence that the plan/intervention strategy is or is not changing client or caregiver behavior, nutrition diagnosis(es), or nutrition care outcomes

Development Steps

3. Identify case scenarios that would address the sphere, competencies, and performance indicators selected

Gerontological

Introducing Margaret Conner



Margaret Connor is a 78 year-old African American who was referred to the Community Health Clinic dietitian for a nutritional assessment. Margaret is a retired teacher of 10 years and was recently widowed after a 50 year marriage to her husband. She lives independently in a first floor townhouse in Chicago. Her two adult children currently reside in other parts of the country; however, many in her extended family are local.

Her physician referred her for recent weight loss and to evaluate her dietary intake in managing her blood pressure and Type 2 diabetes mellitus. Margaret currently is ambulatory; however, due to arthritis she does utilize a cane for support and for walking. She remains socially active in her local church two blocks from her residence. Ms. Connor is cognitively alert and enjoys reading.

Significant Past Medical History:

Type 2 diabetes mellitus diagnosed age 59.

Hypertension diagnosed age 65.

Height: 5'5" (verbal) Weight: 160 lbs (11/11/07)

Current Medications:

Microzide 50 mg/day
Glucophage 500 mg bid
Lipitor 10 mg/day
Ecotrin daily

Initial Physical Exam:

Oral: Endentulism with use of prosthodontics (upper). Lips cracked and dry, skin thin.

Ambulation: Uses a cane to assist, observed to be unsteady while standing.

Sports Dietetics

- **Welcome**
- **About This Course**
- **Case 1: Nutrition for Endurance Training**
- **Case 2: Nutrition for Weight and Body-focused Sports**
- **Case 3: Nutrition Strategies for Increasing Weight and Lean Body Mass**
- **References**
- **Feedback Report**
- **Certificate**
- **Library**

Introducing Mary Smith



Smith is a 38-year old female referred by her primary care physician for nutrition education and counseling. Mary was diagnosed with type 2 diabetes mellitus one year ago (1/15/06). Since her diagnosis, Mary has made significant lifestyle changes including diet and exercise. Her baseline weight at the time of her diagnosis was 163 lbs (1/15/06). During her most recent visit she weighed 145 lbs (1/16/07) and her physician changed her medication from 500 mg Metformin twice/day to one time daily with the evening meal. She has steadily increased her running over the past year from 1 mile to 4 to 5 miles 4 days/week with good tolerance. Her average pace is currently 10.0 to 11.0 minute miles. She recently ran a 5 K and is planning to run a 10 K in a few weeks. Her lifestyle changes and recent diagnosis has motivated her to train and run the Chicago marathon in the upcoming year. Mary discussed this goal with her physician. Her physician has requested Mary be instructed on nutrition information that would support her training needs while managing her diabetes and support continued weight loss. Mary would like to lose additional weight to achieve her goal weight of 120 lbs. Mary is married and is a mother of two children (ages 5 and 8). Mary presently does not work outside the home.



Ashley Jones is an 18 year old college freshman. Ashley has been a competitive gymnast since age 12 and is currently attending college on a scholarship for gymnastics. Ashley is

training for the upcoming season and is recovering from a recent stress fracture to her right wrist. She is living on campus in one of the college dormitories. She is enrolled in 14 hours of classes and trains approximately 2 to 2.5-hours every afternoon including 30 minutes of cardiovascular training and 30 minutes of strength and flexibility training. Ashley's coach at the university referred her to the campus sports dietitian for nutrition evaluation. Her coach is concerned her diet is not adequate to support her training needs.



James Turner is a 25 year old male who is interested in gaining weight. According to James he has always been thin and attributes his thinness to genetics. James has always been active and was involved in high-intensity and endurance-oriented sports such as soccer, cross country running and basketball during college. After college, he joined a fitness club near his office and has been lifting weights with little success in gaining muscle mass. James feels he appears too lean and would like to gain weight as muscle mass. He wants to do it as healthy as possible so he has made an appointment

with the dietitian who consults with the fitness facility to help him design an eating program.

Celiac

Introducing Susan Newman



This Assess and Learn module is based upon the case of Susan Newman. Susan Newman, a 35-year old female, is referred to the Community Nutrition Clinic for evaluation of reoccurring diarrhea, abdominal pain, and weight loss that has progressively become worse in the past 6 months. Susan also experiences intermittent bouts of constipation. Susan is currently undergoing medical evaluation with the clinic's Gastroenterologist and Immunologist to rule out potential gastrointestinal and allergy related disorders. Susan is married with one child and works part-time as a marketing specialist. Her only child, Jack, was diagnosed with type 1

diabetes mellitus a year ago and is managed by the clinic's Endocrinologist. Susan complains that her lower gastrointestinal symptoms are often worse after eating food, especially milk. She has also been experiencing periodic episodes of indigestion which appears to have no trigger. She is very frustrated with the frequency and reoccurrence of her symptoms and worsening fatigue. She is anxious to find out the potential cause of her discomfort and is concerned she may have a food allergy.

Type 2 Diabetes

Introducing Roberto Garcia



Roberto Garcia is a Hispanic forty six year old male. His only exercise is on occasional weekends when he plays basketball, football or softball with his children. He works as a CPA and owns his own accounting firm where he works on average of 50 to 60 hours per week.

Mr. Garcia has experienced gradual weight gain over the past 5 to 10 years. One year ago, he was diagnosed with Type 2 Diabetes Mellitus and is managing his diabetes with diet and medication. He has a family history of heart disease. Most recently Mr.

Garcia has been increasingly experiencing shortness of breath. He was seen by his primary physician and referred to a Cardiologist for evaluation. During the past weekend, he was particularly lethargic and found himself frequently out of breath. His wife became concerned and insisted he go to the emergency room, where he was admitted to the community hospital for a complete evaluation. Upon admission, it was suspected that he might be experiencing cardiac abnormalities. The Cardiologist requested a series of laboratory tests, and placed him in the Cardiac Care Unit (CCU) for close monitoring and observation.

Development Steps

4. Develop the case scenarios and supporting materials



Roberto Garcia is a Hispanic forty six year old male. His only exercise is on occasional weekends when he plays basketball, football or softball with his children. He works as a CPA and owns his own accounting firm where he works on average of 50 to 60 hours per week.

Mr. Garcia has experienced gradual weight gain over the past 5 to 10 years. One year ago, he was diagnosed with Type 2 Diabetes Mellitus and is managing his diabetes with diet and medication. He has a family history of heart disease. Most recently Mr.

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Mr. Garcia was screened during the initial admission assessment by the nurse within 2-hours of admission to the hospital. The outcome of the admission assessment prompted a referral to nutrition services for a comprehensive assessment and nutrition education by the hospital dietitian.

The dietitian visited the client in the CCU one day after his admission to the hospital. The dietitian prepared for the initial interview by reviewing the client's medical record.

View the medical forms found in Mr. Garcia's medical record below:

View the medical forms found in Mr. Garcia's medical record below:



Nutrition Admission Assessment



Physician's Orders



Physician's Progress Notes 1/20/05-1/21/05



Physical Exam 1/20/05



CCU Flow Sheet 1/20/05- 1/21/05



Laboratory Data Form 1/20/05-1/21/05

OTTSVILLE COMMUNITY HOSPITAL

DEPARTMENT OF NURSING
**Interdisciplinary Admission
 Assessment**

PATIENT NAME:

Garcia, Roberto

**PART 1
 IDENTIFYING DATA**

UNIT: CCU

DATE: 1/20/2005 TIME: 12:00 PM AGE: 46 PRIMARY LANGUAGE SPOKEN: English
SOURCE OF HISTORY: Patient RELIGION: Catholic
ARRIVED VIA: WHEELCHAIR STRETCHER AMBULATORY
FROM: HOME ED CLINIC OTHER
REFERRED BY: Private Physician RACE: Hispanic SEX: Male
WEIGHT: 230 lbs HEIGHT: 5'10" TEMP: 99.0° PULSE: 78 RESP: 16 BP: 146/98
IN EMERGENCY NOTIFY:
NAME: Marianna Garcia RELATIONSHIP: Wife WHERE TO CONTACT: 619/895-9822

HEALTH HISTORY

ALLERGIES & REACTIONS (Food and Drugs)		NKA		
PATIENT'S REASON FOR ADMISSION (History of Illness)		c/o lethargy with ↑ SOB over past 3-4 days		
CURRENT MEDICATIONS	DOSE	FREQUENCY	LAST DOSE	DISPOSITION
Metformin	500 mg	bid	6:00 am (1/20/05)	
PAST HOSPITALIZATIONS/ OPT TREATMENTS (includes surgical procedures, major illnesses and/or disease management programs)		No documentation of prior diabetes self-management program or education		
MEDICAL /FAMILY HISTORY (Diabetes (type), heart disease, seizure disorders, TBS, sickle cell, cancer, kidney disease)		Type 2 Diabetes (x 2 years per medical records) does not self-monitor blood glucose Family Hx: CAD-Father and Maternal Father Type 2 Diabetes-Grandmother		
FOOD & NUTRITION (Special diets or food preferences, use of supplements, weight history, knowledge of diet and prior nutrition education and/or medical nutrition therapy)		BMI: 33 mm/kg ² Weight History: 190 lbs (age 35 yrs). Weight Changes (related to): Weight gain of 40 to 50 lbs over last 5 years Special diet/food restrictions: low-sugar, watches sodium. NKA to food. Use of OTC supplements: Gingseng for energy- 1 capsule (100 mg) 2 to 3 times/week Dentures: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Partial <input type="checkbox"/> - N/A Nutrition education or MNT: denies prior education <input checked="" type="checkbox"/> Requests nutrition information: low-fat, low-calorie diabetic diet		
HOME ENVIRONMENT (Support systems, family/significant others living at home, family history of drug & alcohol abuse, knowledge of CPR)		PRIVATE HOUSE <input checked="" type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER <input type="checkbox"/> No. of Floors: 2 No. of Stairs: 14 Elevator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Lives alone: <input type="checkbox"/> Lives with: wife and 2 children		
OCCUPATION/EDUCATION		CPA/College Graduate with MBA		
SOCIAL HABITS		TYPE	AMOUNT	LENGTH OF USE
ALCOHOL		Beer	3-4 cans/wk	20 yrs.
DRUGS		Denies		1/19/05
PREVIOUS USE OF COMMUNITY AGENCIES		None		
SIGNATURE: <i>Pat Reynolds</i>	TITLE: <i>RN</i>	DATE: 1/20/05	TIME: 12:00 pm	

PHYSIOLOGICAL/PSYCHOLOGICAL ASSESSMENT

MENTAL STATUS (Level of consciousness, mood, orientation, memory, affect)	Alert <input checked="" type="checkbox"/> Oriented <input checked="" type="checkbox"/> Conscious
SKIN (Color, turgor, abrasions, edema, scars, rashes)	Warm <input checked="" type="checkbox"/> Dry <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> c/o small dark rash on back of neck for 7 months HIGH RISK FOR DECUBITUS ULCER YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
VISION (Visual disturbances)	EYEGLASSES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CONTACT LENSES YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PROSTHESIS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO IMPAIRMENTS <input checked="" type="checkbox"/>
ENT: HEARING/ SPEECH/ SWALLOWING (Hearing loss, aphasia, difficulty swallowing or dysphagia)	HEARING AID: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NO IMPAIRMENTS <input checked="" type="checkbox"/> if yes explain:
BREATHING (Quality of respiration, dsypnea, orthopnea, cough, tracheostomy)	RESPIRATIONS REGULAR <input type="checkbox"/> NO DIFFICULTY <input type="checkbox"/> If yes explain: Dyspnea, chest tightness
CIRCULATION (Pulse characteristics, chest pain, palpitations, color of extremities)	PULSE: Normal rhythm <input type="checkbox"/> Strong <input type="checkbox"/> Patient with gray pallor appearance
BOWEL (Usual pattern, last BM, constipation, diarrhea, ostomy)	Last BM 6 am 1/20/05, no c/o of diarrhea/constipation
BLADDER (Frequency, burning, hematuria, nocturia, catheter)	No difficulties ~ 5 x/day
MOBILITY (Gait, muscle weakness, paralysis, tremors, ROM, safety precautions)	NO DIFFICULTY <input checked="" type="checkbox"/> USE OF AIDS: WALKER <input type="checkbox"/> CANE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> NONE <input checked="" type="checkbox"/>
SEXUALITY (Contraception, G/P, LMP, breast changes, impotence sexuality)	Sexually Active 1 partner x 22 years
REST/SLEEP (Sleep patterns, aids, difficulty)	NO DIFFICULTY <input checked="" type="checkbox"/> , if yes explain:
ORIENTATION TO UNIT/CLINIC	CLINIC HOURS <input checked="" type="checkbox"/> REGISTRATION PROCEDURE <input checked="" type="checkbox"/> VISITING HOURS <input checked="" type="checkbox"/> TELEPHONE <input checked="" type="checkbox"/> T.V. <input checked="" type="checkbox"/> CALL BELLS <input checked="" type="checkbox"/> BED CONTROLS
VALUABLES/CLOTHING (Disposition)	
SIGNATURE (must be signed by admitting RN)	Dr. J. Trimble NOTIFIED AT: 12:00 p.m. DATE: 1/20/05 ORDERS RECEIVED: Pat Reynolds RN DATE: 1/20/05 TIME: 1:00 p.m.

PROBLEM IDENTIFICATION LIST FOR INITIAL CARE PLAN

1. **Self-monitoring blood glucose –needs education on self-monitoring techniques**
2. **Consult with RD for assessment & inpatient nutrition education**
3. **D/C Diabetes Education Program**
4. **D/C Cardiac Rehabilitation**
5. **D/C Comprehensive Nutrition Education and Medical Nutrition Therapy**
- 6.
- 7.
- 8.
- 9.
- 10.

ACCOUNTABILITY SIGNATURE:	<i>Pat Reynolds RN</i>	DATE: 1/20/05	TIME 1:00 pm
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PART II

TENTATIVE DISCHARGE PLANS

LEARNING NEEDS (Medical condition, medications, procedures)	Nutrition education- Cardiac and Diabetes education Blood glucose monitoring D/C medication education
REFERRALS (Social service, DYFS, support services)	Nutrition Services Diabetes Education Program Cardiac Rehabilitation (D/C planning and therapy)
EQUIPMENT/SUPPLIES	Glucose monitoring device
OTHER NEEDS	None
ANTICIPATED DISCHARGE DESTINATION	Home

SIGNATURE: (must sign within 24 Hours)	<i>Pat Reynolds RN</i>	DATE: 1/20/05 TIME: 1:00 p.m.
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OTTSVILLE COMMUNITY HOSPITAL

PATIENT IDENTIFICATION

PHYSICIANS ORDER SHEET

Garcia, Roberto

All drugs dispensed as per drug formulary. Contents are same basic drug as prescribed but may be of another brand.

ALLERGIES: NKA				
DRUG REACTION: None				
DIAGNOSIS: R/O MI				
ALL ORDERS MUST CONTAIN PRESCRIBER'S SIGNATURE AND I.D. NUMBER AND COUNTER SIGNATURE OF LICENSED PHYSICIAN IF WRITTEN BY UNLICENSED HOUSE STAFF.				
DATE ORDERED	TIME ORDERED		TIME CHECKED	NURSES INITIALS
1/20/05	12 pm	CCU ORDERS	1:00 pm	<i>P.R.</i>
		Admit Dx: R/O MI		
		Condition: Guarded		
		Allergies: NKA		
		DIET: 1800 Diabetic Cardiac		✓
		Disposition: Bedrest		
		Directives: Strict I/O's & daily weights		✓
		Diagnostics: CBC, SMAC, PT, PTT		✓
		Cardiac enzymes (CK, Troponin) isoenzymes q 6 hrs x 24 hrs		✓
		UA: including microalbumin		✓
		EKG: q 4 hours x 24 hrs		✓
		Echocardiogram: now		✓
		CXR: now		✓
		Therapeutics:		✓
		① Lasix 40 mg IV q 12 hrs		✓
		② Nitrostat sublingual 8 mg q 12 hrs		✓
		For systolic BP <110		
		③ Lopressor 20 mg p.o. q 6 hrs		✓
		④ Digoxin .25 mg p.o. q 24 hrs		✓
		⑤ Ecotrin 325 mg p.o. q 24 hrs		✓
		⑥ Bedside blood glucose q 4 to 6 hours preprandial and H.S.. Refer to Insulin Infusion Protocol and provide point-of-care management:		✓
		If BS ≥ 180 mg/dL call physician		
		If BS < 70 mg/dL call physician		

Nutrition Intervention

DIETITIAN INTERVIEW WITH MR. AND MRS. GARCIA

The dietitian, Mary Smith, is at the nursing station in CCU. Mr. Garcia's nurse shared with Mary that Mr. Garcia was being transferred to the Telemetry/Cardiac Rehabilitation floor and Dr. Trimble was planning to discharge him in the next few days. The nurse said Mr. Garcia was stabilized and was interested in speaking with the dietitian. Following is a transcript of the conversation the dietitian had with Mr. and Mrs. Garcia.

Dietitian: "Good morning Mr. Garcia, my name is Mary Smith and I am a registered dietitian. I am here to talk to you about your nutrition needs and nutrition prescription."

Mr. Garcia: "I am so glad you are here. I have so many questions to ask. This heart attack has really scared me."

Mrs. Garcia: "Yes, we have so many questions. I need to know what to cook and what food to buy. I keep telling Roberto that he eats too much junk food and fast food, and works too hard. He just does not take care of himself."

Dietitian: "Are you Mrs. Garcia?"

Mrs. Garcia: "Yes."

Mr. Garcia: "My doctor says my cholesterol is too high. Is that true?"

Dietitian: "Your cholesterol is 300 which is higher than recommended. Your cholesterol should be less than 200. This is one reason why I am here. I am glad you are both here, and I know you both have many questions. I would like to start with your eating habits, Mr. Garcia. What type of diet program do you follow at home?"

Mr. Garcia: "Well, I have diabetes so I try to avoid sugar. I also try to watch my salt intake since my blood pressure has been going up. I just don't know what to eat. I just keep gaining weight. Is there a diet you can put me on?"

Diagnosis

Nutrition Diagnostic Terminology

INTAKE

NI

Defined as "actual problems related to intake of energy, nutrients, fluids, bioactive substances through oral diet or nutrition support"

Energy Balance (1)

Defined as "actual or estimated changes in energy (kcal) balance"

- Unused NI-1.1
- Increased energy expenditure NI-1.2
- Unused NI-1.3
- Inadequate energy intake NI-1.4
- Excessive energy intake NI-1.5
- Predicted suboptimal energy intake NI-1.6
- Predicted excessive energy intake NI-1.7

Oral or Nutrition Support Intake (2)

Defined as "actual or estimated food and beverage intake from oral diet or nutrition support compared with patient goal"

- Inadequate oral intake NI-2.1
- Excessive oral intake NI-2.2
- Inadequate enteral nutrition infusion NI-2.3
- Excessive enteral nutrition infusion NI-2.4
- Less than optimal enteral nutrition NI-2.5
- Inadequate parenteral nutrition infusion NI-2.6
- Excessive parenteral nutrition infusion NI-2.7
- Less than optimal parenteral nutrition NI-2.8
- Limited food acceptance NI-2.9

Fluid Intake (3)

Defined as "actual or estimated fluid intake compared with patient goal"

- Inadequate fluid intake NI-3.1
- Excessive fluid intake NI-3.2

Carbohydrate and Fiber (5.8)

- Inadequate carbohydrate intake NI-5.8.1
- Excessive carbohydrate intake NI-5.8.2
- Inappropriate intake of types of carbohydrate (specify) _____ NI-5.8.3
- Inconsistent carbohydrate intake NI-5.8.4
- Inadequate fiber intake NI-5.8.5
- Excessive fiber intake NI-5.8.6

Vitamin (5.9)

- Inadequate vitamin intake NI-5.9.1 (specify) _____
 - A (1)
 - C (2)
 - D (3)
 - E (4)
 - K (5)
 - Thiamin (6)
 - Other (specify) _____ (12)
- Excessive vitamin intake NI-5.9.2 (specify) _____
 - A (1)
 - C (2)
 - D (3)
 - E (4)
 - K (5)
 - Thiamin (6)
 - Other (specify) _____ (12)
 - Riboflavin (7)
 - Niacin (8)
 - Folate (9)
 - B6 (10)
 - B12 (11)

Mineral (5.10)

- Inadequate mineral intake NI-5.10.1 (specify) _____
 - Calcium (1)
 - Chloride (2)
 - Iron (3)
 - Manganese (4)
 - Potassium (5)
 - Phosphorus (6)
 - Sodium (7)
 - Zinc (8)

Biochemical (2)

Defined as "change in capacity to metabolize nutrients as a result of medications, surgery, or as indicated by altered lab values"

- Impaired nutrient utilization NC-2.1
- Altered nutrition-related laboratory values (specify) _____ NC-2.2
- Food-medication interaction NC-2.3
- Predicted food-medication interaction NC-2.4

Weight (3)

Defined as "chronic weight or changed weight status when compared with usual or desired body weight"

- Underweight NC-3.1
- Unintended weight loss NC-3.2
- Overweight/obesity NC-3.3
- Unintended weight gain NC-3.4

BEHAVIORAL-

ENVIRONMENTAL

NB

Defined as "nutritional findings/problems identified that relate to knowledge, attitudes/beliefs, physical environment, access to food, or food safety"

Knowledge and Beliefs (1)

Defined as "actual knowledge and beliefs as related, observed, or documented"

- Food- and nutrition-related knowledge deficit NB-1.1
- Harmful beliefs/attitudes about food- or nutrition-related topics (use with caution) NB-1.2
- Not ready for diet/lifestyle change NB-1.3
- Self-monitoring deficit NB-1.4
- Disordered eating pattern NB-1.5
- Limited adherence to nutrition- NB-1.6

3 Day Food and Blood Glucose Records

Name: Roberto Garcia

Medication: Metformin (850 mg bid)

Day 1 February 6

Breakfast	Lunch	Snack	Evening	Activity
Time: 7:00 am	Time: noon	Time: 4:30 pm	Time: 6:30 pm	Time: 11:30 am
Dose: 1 tab Metformin	Dose: 0	Dose: 0	Dose: 1 tab Metformin	Walked 15 min. treadmill
BS (before): 101 mg	BS (before): 99 mg	BS (before):	BS (before): 110 mg	Upper body weights 10 min.
CHO choices: 4 2 eggs scrambled 2 flour tortilla (small -6 inch) margarine(spread on tortilla) $\frac{1}{2}$ cup O.J. 2 cups Coffee - Latte with 2% milk (1/2 cup milk per cup)	CHO choices: 5 Turkey subway: 6 inch roll 3 oz turkey lettuce, tomato, onion, mustard, Mayo Lays chips- 10 or 12 Apple wedges (1/2 apple) Diet Coke	CHO choices:1 Yoplait sugar-free yogurt (blueberry)- 8 oz carton	CHO choices: 5 Roast 4 oz potatoes 1 cup (mashed with butter, milk) corn ~1/2 cup (with butter) 2% milk 1 cup $\frac{1}{2}$ cup fruit cocktail	

*Bedtime: Zocor with $\frac{1}{2}$ cup grapefruit juice (1 CHO choice)

Assume the role of the ambulatory care dietitian. Mr. and Mrs. Garcia have a scheduled visit with the dietitian in the ambulatory care nutrition clinic at Ottsville Community Hospital/Ambulatory Care Center. The appointment is the first follow-up since Mr. Garcia's hospital course.

Click below to review relevant documents that the dietitian needs to prepare for the appointment



Physician Discharge Summary



Initial MNT Encounter Note



Laboratory Report from 2/9/05



Quiz 5

Development Steps

5. Develop the assessment questions with rationales and references

4. Considering Mr. Garcia's past medical history, which laboratory parameter should the dietitian request the physician order and evaluate?
- Fasting plasma glucose
 - Fasting lipid profile
 - Blood glucose
 - ★ Glycosylated hemoglobin (HbA1c)

Considering the client's history of Type 2 diabetes, tests that evaluate glycemic control are important to assess. Glycosylated hemoglobin (GHb or HbA1c) measures the amount of hemoglobin A1c in the blood and provides an accurate long-term index of the client's average blood glucose level. The Expert Committee on the Diagnosis and Classification of Diabetes Mellitus recommends routine evaluation of this parameter to evaluate glycemic control and response to treatment options (American Diabetes Association 2004), (ADA Standards of Medical Care 2009).

5. Based on the nutrition assessment data, what is the etiology(s) or "root causes" of Mr. Garcia's presenting signs and symptoms? [select all that apply]
- Frequent consumption of fast food
 - Harmful belief about food and nutrition
 - ★ Lack of exposure regarding need for physical activity
 - ★ Limited exposure to nutrition education

The etiology (cause/contributing risk factors) are those factors contributing to the existence, or maintenance of pathophysiological, psychosocial, situational, developmental, cultural, and/or environmental problems (IDNT 2009). Simply, the etiology provides "the root cause" for the nutrition diagnosis. Based on the information gathered by the dietitian during the nutrition assessment, the overriding "cause" or "contributing factors" to his weight gain and poor glycemic control is his limited exposure to nutrition education prior to his medical event, and limited knowledge about how to manage his diabetes.

Development Steps

6. Code the questions by sphere/competency/performance indicator

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- Grades

CDR's Online Campus

Welcome to CDR's Online Campus which offers continuing professional education activities for Registered Dietitians and Dietetic Technicians Registered.

Campus Courses

- [Catalog](#)
- [Assess and Learn Modules](#)
 - Assess and Learn Template
 - Managing Type 2 Diabetes Using the NCP Assess and Learn**
 - Celiac Disease Assess and Learn**
 - Gerontological Nutrition Assess and Learn**



Current Category Type 2 Diabetes Assess and Learn (97) Use This Category

Save in Category

Question name*

Competency

Global Ref

Category Ref

Code 1

Code 2

Development Steps

7. Develop reports that give learners feedback on their performance

RETURN TO MY NORMAL ROLE

[Home](#) [Catalog](#) [My Account](#) [Inbox](#) [Course Notes](#) [Help](#)

- [Welcome](#)
- [About This Course](#)
- [Meet Susan Newman](#)
- [Initial Screening and Review of Referral](#)
- [Comprehensive Nutrition Assessment](#)
- [Nutrition Diagnosis](#)
- [Nutrition Intervention](#)
- [Evaluation and Monitoring](#)
- [References](#)
- [Feedback Report](#)
- [Certificate](#)
- [Library](#)

Click on the following links to view your overall performance on the quizzes throughout this course.

The referencing in correct/incorrect columns work as follows: the letter refers to the module (S=Initial Screening and Review, A=Comprehensive Nutrition Assessment, D=Nutrition Diagnosis, I=Nutrition Intervention), E= Evaluation and Monitoring) and the number refers to the quiz question number.

The first link lets you see your performance by each performance domain and the second lets you see your performance by learning needs codes (as used in CDR's Professional Development Portfolio).

Both reports indicate which questions are linked to the performance domain or learning need code and if you got the questions right or wrong. References are also listed on the Domain report.

We encourage you to use these in updating your current or planning your next learning plan.

FEEDBACK REPORTS

- [by Domain](#)
- [by Code](#)

Feedback Report by Competency Domain

Celiac Disease Assess and Learn

CDR Admin

Export:

Domain	Sub-domain	Correct	Incorrect	Reference
Nutrition Assessment	Data Collection & Data Sources		S1	<p>An Evidence-Based Systematic Review on the Management of Irritable Bowel Syndrome. American College of Gastroenterology Task Force on IBS. The American Journal of Gastroenterology. 2009;104 (suppl 1): S1-S-35.</p> <p>Celiac Disease Evidence Based Nutrition Practice Guidelines. Academy of Nutrition and Dietetics (formerly The American Dietetic Association) Evidence Analysis Library. Academy of Nutrition and Dietetics; 2009. Available at http://www.adaevidencelibrary.org. Accessed January 27, 2010.</p>



Catalog

My Account

Inbox

Course Notes

Help

Feedback Report by Learning Need Code

Celiac Disease Assess and Learn

CDR Admin

Export:

Code	Description	Correct	Incorrect
2020	Composition of foods, nutrient analysis		E10
2020	Composition of foods, nutrient analysis		E15
2020	Composition of foods, nutrient analysis		I11
2020	Composition of foods, nutrient analysis		I14
2050	Genetics		E18
2050	Genetics		E19
2070	Macronutrients: carbohydrate, fat, protein, fiber, water		I10
2070	Macronutrients: carbohydrate, fat, protein, fiber, water		I11
2070	Macronutrients: carbohydrate, fat, protein, fiber, water		I25
2070	Macronutrients: carbohydrate, fat, protein, fiber, water		E16
2090	Micronutrients: vitamins, minerals		A22
2090	Micronutrients: vitamins, minerals		I20

Development Steps

8. Pilot test to get SME feedback

Coming Up Next

June 30th

Delivering Assessments

REMEMBER: Register for Webinar 4 if you haven't already!!

Questions



Thank You!!