

**HANDBOOK FOR THE
COMBINED DIETETIC INTERNSHIP
AND MASTERS DEGREE PROGRAM**

2008-2009

**SCHOOL OF ALLIED MEDICAL PROFESSIONS
COLLEGE OF MEDICINE
THE OHIO STATE UNIVERSITY**

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This Handbook is designed to serve as a guide for graduate students enrolled as dietetic interns in the School of Allied Medical Professions. Contents represent an official communication of policies and procedures. These policies and procedures are meant to be helpful, not restrictive. Students are expected to be familiar with policies relating to the combined dietetic internship and masters degree program, the Medical Dietetics Division, the School of Allied Medical Professions, and the Graduate School.

This combined dietetic internship and M.S. degree program was awarded developmental accreditation status in 1994 by the Commission on Accreditation for Dietetic Education of the American Dietetic Association. An accreditation site visit was conducted in November 1998, and on 24 April 1999 full accreditation was granted to the program.

Medical Dietetics interns are registered as graduate students and are enrolled in the Graduate School, which oversees registration and graduation matters. The course of study is in the School of Allied Medical Professions, which oversees the curriculum and academic aspects of the students' graduate program.

Each student is encouraged to review policies and procedures pertaining to such matters as scheduling, supervised practice, graduation and grading, which are found in University bulletins and handbooks. This Handbook contains the Combined Dietetic Internship and Masters Program mission and goals, academic program, organization and administration of the Division and the School, and student responsibilities. The Student Code of Ethics should be reviewed regularly. This Handbook supplements the Graduate School Bulletin, the Graduate School

Handbook, the School of Allied Medical Professions Handbook and other University and School publications.

**Combined Dietetic Internship and Masters Degree Program
Medical Dietetics Division
The Ohio State University**

Missions and Goals

The mission of The Ohio State University Combined Dietetic Internship and Masters Degree Program is to educate dietitians for high-quality entry level practice and advancement to positions of leadership and influence. This dietitian is prepared to 1) think critically and engage in ethical decision making, 2) provide leadership for nutrition services, 3) practice and manage in a variety of environments, 4) function as an active team member, and 5) continue professional development throughout life.

This dietetic internship is flexible, futuristic, and firmly rooted in expert practice and the scholarly traditions of a major academic health center.

The internship provides flexibility. All interns need to develop a minimum set of core competencies. Beyond that, flexibility is achieved in several ways. For example, students are afforded the freedom to select a major in allied medicine education, allied medicine management or clinical nutrition. However, the clinical nutrition tract will provide students the most comprehensive dietetics program and therefore is strongly encouraged. This emphasis on flexibility is apparent in the courses selected, the area of choice for the culminating experience, and the practicum experience that occurs during the second year of the program. When determining placements and experiences for each rotation, faculty and preceptors build on the interns' previous experiences and levels of competence. Thus, if an intern has worked in a nursing home food service and can demonstrate mastery of performance requirements, they will have the opportunity to expand their skills in other areas of long term care such as consultation, applied research, or administrative projects. Also, students may request placement in nontraditional settings, including services not provided in Franklin County. Examples might include placements in rural areas of Ohio or corporate wellness programs in other cities.

The internship is futuristic in that it prepares interns to assume leadership roles in a rapidly changing health care marketplace. Graduates are prepared to meet the challenges of dietetic practice along the continuum of care in hospitals and other institutions, community-based programs, long term care, industry, and entrepreneurial enterprises. An emphasis on team work, leadership development, management skills, critical thinking, and professional competence, makes OSU interns particularly suited for emerging roles in medical nutrition therapy, nutrition education and counseling, wellness and healthy lifestyles, consultation, geriatrics, nutrition-oriented food systems, and community nutrition.

The combined internship and masters degree program is firmly rooted in the scholarly and

practice traditions of a major academic health center. Interns must complete the graduate degree; credits for supervised practice do not count toward the degree. Interns have the opportunity to be mentored by established practitioners in a variety of highly respected practice settings.

Dietetic Internship/Combined Masters Goals and Target Outcomes

Program Goal I: Enroll high caliber students, support them through faculty counseling, and continually challenge them toward success.

- **Over five year period of time, fill a minimum 80% of five positions per year and all students to have a 3.0 GPA and GRE scores competitive to other applicants in the School of Allied Medical Professions.**
- **Over five years, 100% of interns who enter the program will complete it within 150% of the time planned for completion.**
- **Over five years, 80% of interns who enter the program will complete it within the class timeline they begin.**
- **Preceptors (100%) indicate on surveys a rating of 4-5 on the overall quality of students with whom they worked this year.**
- **Students indicate on surveys a rating of 4-5 on academic advising**
- **Students indicate on surveys a rating of 4-5 on support to completion of program by faculty and preceptor.**
- **Students who do not meet academic criteria for continuing within their class timeframe are given a plan to continue within one week of the following quarter.**

Program Goal II: The program will prepare graduates to be competent entry-level dietitians.

- **Alumni achieve over a 5-year period a first-time pass rate of at least 80% on the RD exam.**
- **Within 3 months of completing the program, 70% or more of DI graduates/alumni who sought employment in dietetics will be employed**
- **Students achieve a satisfactory rating for all the entry-level competencies.**
- **All students achieve an overall rating of competent for entry-level practice at the end of the culminating experience by both the preceptor and faculty member.**
- **All students respond that they feel prepared to accept a position with primary responsibility being medical nutrition therapy/clinical**
- **One year post graduation, alumni who accepted a position in which medical nutrition therapy was the primary responsibility report that they were competent to begin their job.**
- **One year post graduation, employers of alumni who accepted a position in which medical nutrition therapy was the primary responsibility, report that the alumni were competent to begin their job.**
- **Annually, program evaluators report curriculum up-to-date.**

Program Goal III.

The program will prepare graduates to demonstrate a commitment to evidence based practice in the area of medical nutrition therapy.

- **Within 12 months of completing the program, a minimum of 50% of graduates/alumni will indicate on the alumni survey that they work in an area of medical nutrition therapy.**
- **Alumni report using evidence based practice one year post graduation.**
- **Students will show evidence of using evidence based knowledge throughout program.**
- **All students complete an evidence based audit of one disease state and present to fellow students in the culminating experience.**
- **Within 12 months of completing the program, a minimum of 50% of graduates/alumni will indicate on the alumni survey that they published research that they completed in graduate school.**
- **Alumni report understanding of the research process and the ability to use this process in the practice setting.**
- **Students will show evidence of growth in research process throughout program.**
- **All students complete a thesis.**
- **Each year, 50% of students select at least one advanced practicum experience within the research field of dietetics.**
- **Within five year period, a minimum of 25% of graduates will work in area of dietetics research.**

Program and Curricular Information

Overview

This two-year combined dietetic internship masters degree program is designed for students who have received a baccalaureate degree and have completed academic requirements established by the Commission on Accreditation for Dietetics Education of the American Dietetic Association (ADA). During the first year students complete required supervised professional practice courses and start graduate coursework in medical dietetics or enroll in core courses for the graduate program. During the second year students finish their course work, complete a graduate practicum, conduct research and write a thesis. Graduates of the program receive a Master of Science degree, are eligible to sit for the RD examination, and may apply for a Limited Permit to Practice Dietetics in the State of Ohio.

<u>Summary of Academic Requirements</u>	<u>Credit Hours</u>
Supervised Practice - does not count toward the Masters Degree	6
Courses in Medical Dietetics or other area of concentration and Supporting Courses	17
Allied Health Core Courses	15
Thesis Research	6
Electives	8
Total Graduate Credits	51

Supervised Practice Experiences (6 credits)

During the first year interns spend 32-40 hours per week working individually with preceptors. In addition, interns attend regular conferences with a designated faculty member. In these conferences, students integrate theory and practice, report case studies, and use problem-based learning to address issues that may arise in practice settings.

The Medical Dietetics Division maintains an official Affiliation Agreement with each practice site that participates in clinical education. A copy of this agreement form can be found in Appendix A. Refer to this agreement to note your specific responsibilities.

Supervised practice emphasizes hands-on experiences in medical nutrition therapy, ambulatory care, continuity of care, interdisciplinary teamwork, ethics, professionalism, leadership, and the enhancement of interpersonal communication skills. The first-year program includes an orientation and five rotations:

Orientation – Week One

Introduces the intern to the program, the patient care environment, and to the University. Interns become familiar with internship policies, academic procedures, and campus resources.

1. Food Service Systems Practicum

Objective: To increase knowledge and practice in food service management.

Primary Location: Schools, Ohio State, or small hospitals in Central Ohio area.

Time: Eight hours per day, Monday through Thursday between the hours of 7:00 am and 4:00 pm. May be some flexibility if acceptable by student and preceptor.

Selection of site: Multiple sites are located by faculty and students are given the opportunity to express preferences.

Post-Clinical Discussion: To be determined. All class time is mandatory.

Interns complete specified management projects, use computerized information for problem solving and decision making, engage in problem-based learning, and manage the service of quality meals from menu planning to quality control and evaluation.

2. Community Dietetics Practicum

Objective: To increase knowledge and practice in medical nutrition therapy, counseling and documentation in a variety of community settings.

Primary Location: Out-patient centers, wellness centers, cardiac rehabilitation, government agencies, health departments, and other community sites.

Time: Eight hours per day, Monday through Thursday between the hours of 8:30 am and 9:00 pm. Many of these sites are open in the evenings. Students will be given an opportunity to state preferences, but all preferences may not be able to be filled. Many of the best experiences are in the evenings. Flexibility during this course is a great asset for learning.

Selection of site: Multiple sites are located by faculty and students are given the

opportunity to express preferences.

Post-Clinical discussion: Two hours per week, time to be determined. All class time is mandatory.

Interns are assigned to a community agency such as LifeCare Alliance, McConnell Heart Center, OSU Wellness Center, Central Ohio Diabetes Association, WIC or Ohio Department of Health. The emphasis is on agency organization and funding, community needs assessment and program planning.

3. Medical Nutrition Therapy Practicum

Objective: To increase knowledge and practice in medical nutrition therapy in an acute care setting.

Primary location: Acute Care Medical Centers in Central Ohio area.

Time: Eight hours per day, Monday through Thursday between the hours of 7:00 am and 6:00 pm. May be some flexibility if acceptable by student and preceptor.

Selection of site: Multiple sites are located by faculty and students are given the opportunity to express preferences.

Orientation: To be announced.

Post-Clinical discussion: Two hours per week, time to be determined.

Interns learn the patient food service system at a designated hospital. Interns screen patients, assist with menu processing and food ordering, participate in meal and nourishment service, provide simple diet instructions, and record/retrieve information from patient medical records.

In addition, interns work with dietitians in various sub-specialty areas such as surgery, oncology, cardiac rehabilitation, and endocrinology. These may include clinics and out-patient services. They engage in activities related to patient nutrition assessment, care planning, monitoring and evaluation, patient nutrition counseling, ward rounds, and continuous quality improvement.

During this time interns may work with a second dietitian and care for patients with complex disease conditions. The assignment might include intensive care, nephrology, multiple trauma, gastrointestinal surgery, or the burn intensive care unit.

4. Dietetics in Sub-Acute/Long Term Care Practicum

Objective: To increase knowledge and practice in medical nutrition therapy and documentation in Sub-Acute/Long-Term Care.

Primary Location: Extended Care Facility in Central Ohio area.

Time: Eight hours per day, Monday through Thursday between the hours of 7:00 am and 4:00 pm.

Selection of site: Multiple sites are located by faculty and students are given the opportunity to express preferences.

Post-Clinical Discussion: Two hours per week, time to be determined. All class time is mandatory.

Interns conduct nutrition assessments, write care plans, document resident clinical status using the MDS system, provide nutrition interventions and monitor resident outcomes.

5. Culminating Practicum

Objective: To increase independence in practice area of emphasis (medical nutrition therapy, community, sub-acute/long-term care, and nutrition counseling and education).

Primary Location: Various sites in Ohio primarily. Students have the opportunity to request sites outside Central Ohio. If you so desire, please request policy.

Time: Eight hours per day, Monday through Friday. Hours vary significantly due to variety of sites.

Selection of Site: Multiple sites are located by faculty and students are given the opportunity to express preferences.

Post-Clinical discussions: There are no weekly discussions. You are requested to submit a weekly log to the faculty coordinator.

For this final rotation interns submit up to three preferences and are assigned to work with one dietitian in a situation similar to entry-level practice. Interns are more independent

during this time. They define career objectives and build relationships with their professional colleagues. Areas of emphasis are medical nutrition therapy, community dietetics, sub-acute/long-term care dietetics, or nutrition counseling and education.

Area of Emphasis

These courses relate to the major; students may select one of several graduate tracks offered in the School:

Clinical Nutrition Track: Prepares students to practice, conduct research and provide leadership in medical nutrition therapy within a hospital, extended care facility, out-patient clinic, community agency, or other practice setting. Most interns will follow this track and this is the track illustrated on the Sample Course Schedule.

Allied Health Education Track: One of today's major challenges in health care is the need for qualified and competent allied health professionals who have advanced degrees and who are capable of educating health personnel. Graduates are prepared to serve as faculty members at academic institutions or to serve as clinical instructors in health care delivery systems. Emphasis is placed on teaching methods, curriculum design and management of educational programs. Supportive courses for the prescribed competencies are available through Educational Policy and Leadership, Education Theory and Practice, and Communications. Electives must include Medical Dietetics 856 Nutrition in Critical Care and 857 Nutrition and metabolic Imbalance. It is also strongly recommended that you complete Allied Medicine 892 Evidence Based Practice.

Gerontology Track: The Gerontology Area of Emphasis is a program designed for a professional in an allied medical field to develop advanced knowledge in gerontology with a focus on a practical or associated aging-related health care need. The curriculum provides the graduate student with essential advanced theoretical and applied knowledge in gerontology (as identified by the association of Gerontology in Higher Education, among others, for a gerontology emphasis in Masters-level degree program). Because the quality of services available to older adults depends directly upon the quality of personnel who provide them, coursework emphasizing health and service delivery provide the graduate student with opportunities to integrate gerontology theory with the unique service needs of the elderly population. Students use case-study and problem solving methods to translate theoretical information into practical approaches to meet the complex yet individual needs of the elderly. The student selects a focus of study in either a service or program need in the field of aging, for example health promotion, consultation, cognition, etc., and selects coursework to meet the goals set forth with the academic adviser. Electives must include Medical Dietetics 856 Nutrition in Critical Care and 857 Nutrition and metabolic Imbalance. It is also strongly recommended that you complete Allied Medicine 892 Evidence Based Practice.

Management Track: The demand is increasing for allied health professionals who can effectively manage limited resources in a rapidly changing health care environment. Students are prepared to identify and solve problems, manage health care personnel, use the functions of management in health care settings and take a leadership role in the delivery of health care services at the department level. Electives must include Medical Dietetics 856 Nutrition in Critical Care and 857 Nutrition and metabolic Imbalance. It is also strongly recommended that you complete Allied Medicine 892 Evidence Based Practice.

Clinical Nutrition Track Concentration (Please see advisor if you select other Tracks)

As health care becomes more sophisticated, there is a need for dietitians with advanced knowledge and specialized skills. Such individuals are prepared for leadership roles in health care delivery or further studies at the doctoral level. The required coursework for the Clinical Nutrition Track is as follows.

Core Courses (10 Credit Hours Required)

Course	Offered	Title	Credits	Required	Recommended
AM 795A		Intro to Allied Health Grad Studies	1	X	
AM 830	Win	Leadership and Policy	3		
AM 850	Win	Issues in Allied Health	3		X
AM 730	Aut	Managerial Leadership in Allied Health	3	X	
AM 753	Spr	Teaching in the Allied Health Professions	3		
AM 892	Spr	Evidence Based Practice	3	X	

Research Courses (6 Credit Hours Required - 1 Class From Each Section Below**)

Section 1 – Research Design or Methodology

Course	Offered	Title	Credits
PUBH-BIO 701*	Aut, Win	Design & Analysis of Studies in the Health Sciences I	4
PUBH-BIO 702*	Win, Spr	Design & Analysis of Studies in the Health Sciences II	4
AEE 885		Research Methods	3
AEE 886		Research Design	3

Section 2 – Data Analysis

Course	Title	Credits
STAT 528	Data Analysis I	5
STAT 529	Data Analysis II	3
STAT 530	Data Analysis III	4
PUBH-EPI 705	Design & Implementation of Health Surveys	4
PSYCH 826	Statistics in Psychology	4
PSYCH 827	Analysis of Variance	4
PSYCH 828	Correlational Analysis	4
AM 892	Evidence Based Practice	3
AEE 887	Analysis & Interpretation of Data	3
AEE 888	Instrumentation & Procedures for Data Collection	3
ED P&L 800	Qualitative Research	3

* Recommended Courses

**Note the AEE 885/886 & PUBH-BIO 701/702 series each fulfill the Research Course criteria. AEE 886 & PUBH-BIO 702 can be substituted in Section 2 for Data Analysis

Area of Emphasis Courses (9 Credit Hours Required)

Course	Offered	Title	Credits
MD 647	Win	Complementary Nutrition Therapy: Supplements & Herbs	3
MD 838	Win	Pediatric & Maternal Nutrition	3
MD 856	Spr	Nutrition in Critical Care	3
MD 857	Aut (even)	Nutrition in Metabolic Imbalance	3
MD 858	Aut (odd)	Community Nutrition	3

Required Practica (2 Credit Hours Required)

Course	Offered	Title	Credits
MD 889.02	Spr – Seniors	Advanced Clinical Practicum	2

Electives

Thesis (AM 999) - (6 Credit Hour Required)

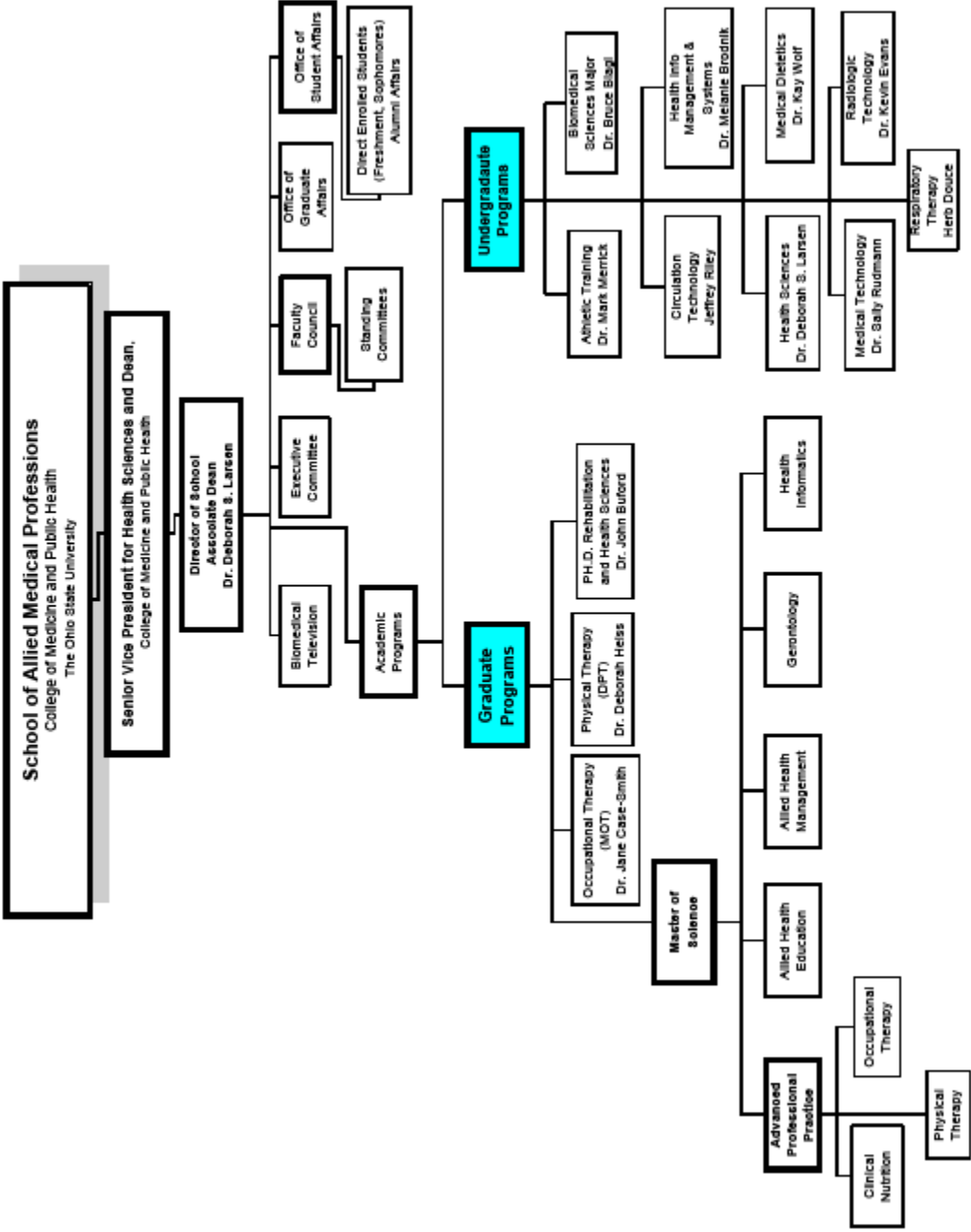
Total Credit Hours (45 Credit Hours Required for M.S. Eligibility)

***Interns must complete an additional 6 credit hours of Independent Study for the Internship. All interns must take Med Diet 856 and 857. All interns are recommended to take Allied Med 892.**

Guidelines for Advanced Practicum Experiences

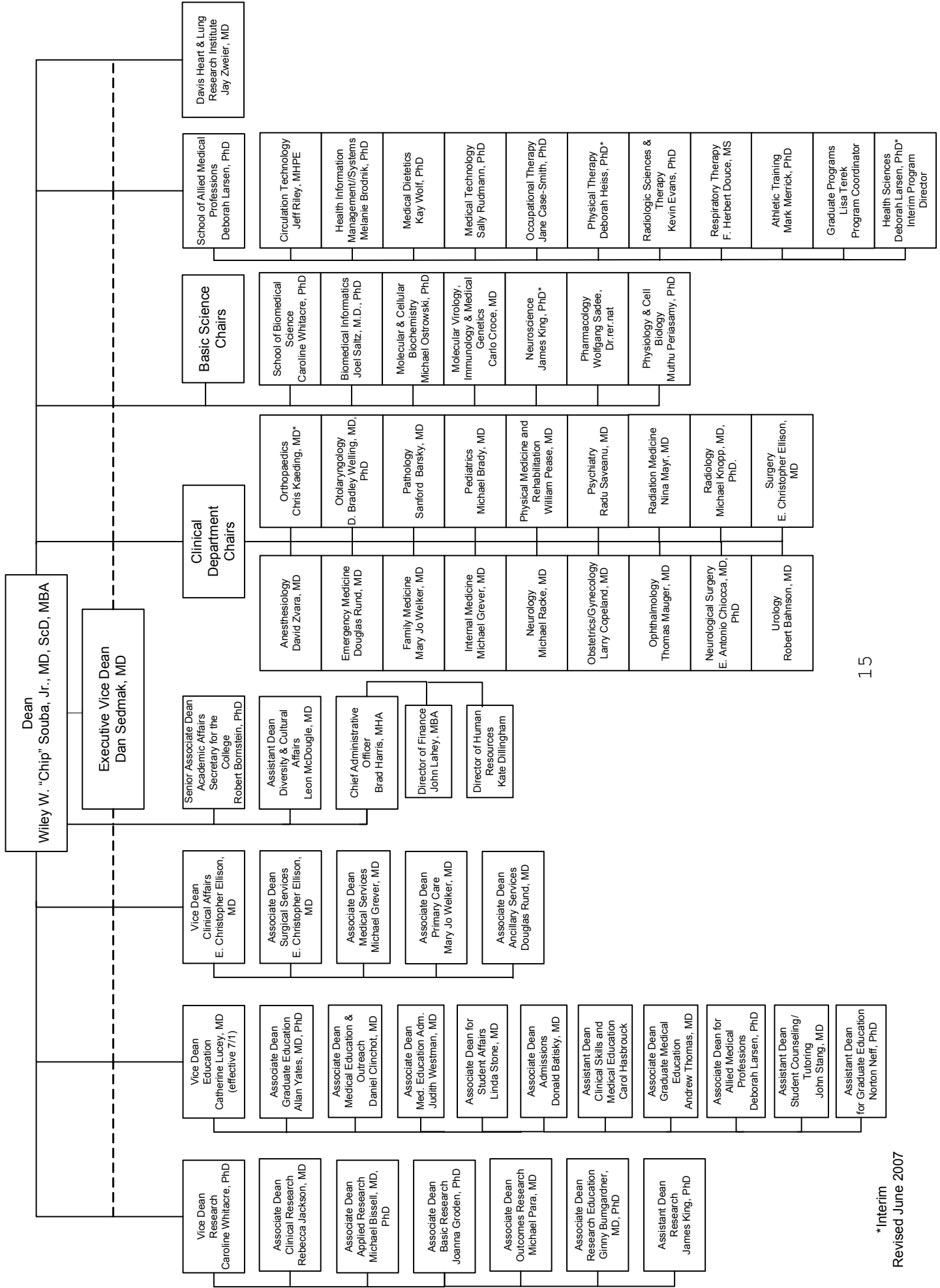
Each intern enrolls in an advanced practicum during the second year of the program. The practicum may be for 2-5 credits; the time commitment is determined by the credit hours generated. Each intern should work with his/her academic advisor to arrange for this experience. Intern preferences will be honored to the extent possible.

The purpose of the practicum is to develop and use skills needed for the development and provision of professional services in advanced practice settings. Each intern should write specific goals for this individualized experience, discuss these with a faculty coordinator, and share them with the practicum preceptor.



SAMP Organizational Chart 11/13/2007

The Ohio State University College of Medicine



Organization and Administration

College of Medicine and Public Health

The College is comprised of 15 academic departments, the School of Bio-Medical Sciences, and the School of Allied Medical Professions.

School of Allied Medical Professions

The School of Allied Medical Professions is a component of the College of Medicine and Public Health. Each division is autonomous in curriculum, budget, student selection, admission and faculty employment. Each division director is administratively responsible to the School Director. Organization is shown on the previous page.

Names and Location of Key Administrators

COLLEGE OF MEDICINE AND PUBLIC HEALTH

Dean, College of Medicine Wiley W. Souba, M.D., Sc.D., M.B.A.

SCHOOL OF ALLIED MEDICAL PROFESSIONS

Director	Deborah Larsen	292-5645
Associate Director	Michele Basso	292-0754
Academic Planning Specialist	Lisa Terek	292-8112

Student Affairs Office: Room 127

Graduate Office: Room 106

<u>DIVISIONS</u>	<u>ROOM NO.</u>	<u>TELEPHONE</u>
ATHLETIC TRAINING Mark Merrick, Ph.D., Director	228	247-6231
CIRCULATION TECHNOLOGY Allison Spiwak, PHD., Interim Director	152	292-7261
HEALTH INFORMATION MANAGEMENT & SYSTEMS Melanie M. Brodnik, Ph.D., Director	543	292-0567
MEDICAL DIETETICS Kay N. Wolf, Ph.D., Director	306	292-8131
MEDICAL TECHNOLOGY		

Tammy Bannerman, Ph.D., Director

535

292-7303

<u>DIVISIONS (cont)</u>	<u>ROOM NO.</u>	<u>TELEPHONE</u>
OCCUPATIONAL THERAPY Jane Case-Smith	406	292-5824
PHYSICAL THERAPY Deborah Heiss, Ph.D., Director	516	292-0380
RADIOLOGIC TECHNOLOGY Kevin Evans, Ph.D., Director	340	688-4535
RESPIRATORY THERAPY F. Herbert Douce, M.S., Director	431	292-8445

Medical Dietetics Division

The Medical Dietetics Divisional personnel names, titles, backgrounds, office location, and phone numbers are as follows:

FULL-TIME FACULTY

	<u>ROOM NO.</u>	<u>TELEPHONE</u>
<u>Director</u> Kay Wolf, PhD, RD, LD Assistant Professor BS (The Ohio State University) MS (The Ohio State University) PhD (The Ohio State University)	306C Atwell Hall	292-8131
Chris Taylor, PhD, RD, LD Assistant Professor BS (Bowling Green State University) MS (Arizona State University) PhD (Oklahoma State University)	306A Atwell Hall	688-7972
Maureen Geraghty, PhD, RD, LD Assistant Professor BS (University of Dayton) MS (The Ohio State University) PhD (The Ohio State University)	306L Atwell Hall	247-4595
Maryanna Klatt, PhD Clinical Assistant Professor BA (Kenyon College) MS (University of Virginia)	306G Atwell Hall	292-0065

PhD (The Ohio State University)

Elizabeth Guthrie, MS, RD, LD
Clinical Instructor
BS (The Ohio State University)
MS (The Ohio State University)

306D Atwell

292-4758

Natalie Eader, RDLD
BS (The Ohio State University)

306 Atwell Hall

292-8781

Student Rights and Responsibilities

A Synopsis of the University Code of Student Conduct is published each quarter in the Master Schedule of Classes. The complete Code of Ethics for the School of Allied Medical Professions is printed below. Refer questions concerning the provisions contained in the Code to the Office of Student Life, 208 Ohio Union.

Special Note for Health Professions Students

Because many states, institutions and registration licensure boards impose severe restrictions on hiring or credentialing medical personnel who have felony or misdemeanor convictions, the student having such a record must seek advice from the Student Affairs Office at the School of Allied Medical Professions before pursuing a course of study leading to a profession where such restrictions might preclude certification or employment in the desired profession.

STUDENT CODE OF ETHICS

Established by
Student Affairs Committee and Student Council
School of Allied Medical Professions

WHEREAS: Guidelines for acceptable professional and personal behavior for all students enrolled in the School of Allied Medical Professions at The Ohio State University should be available to each student, and,

WHEREAS: Preparation of the student for future professional and personal conduct is part of the obligation of the educational process, and,

WHEREAS: The development of proper professional and personal behavior is necessary to perpetuate acceptable professional conduct required of the health professions, and,

WHEREAS: The development and improvement of health care can be fostered through the coordinated efforts of allied health professional groups,

BE IT RESOLVED: That all enrolled students and faculty members of the School of Allied Medical Professions of The Ohio State University shall abide by the principles encompassed by description or implication in this Code of Ethics.

1. The human dignity of each individual with whom the student associates should be respected, with primary concern being directed toward the welfare of the patient. In entering the health professions, the student assumes definite responsibilities toward his or her associates and commits him or herself to the upholding of professional ideals.
2. The student should respect the confidentiality of all privileged information and should voluntarily share such information only when it serves the welfare of the patient or fellow student.
3. Improper professional conduct is not to be condoned. Information concerning improper, illegal, or unethical conduct of fellow students or faculty should be given to the appropriate authority without fear or favor.
4. Each student should strive to improve and maintain acceptable standards of professional practice by continuing his or her intellectual and professional growth.
5. Each student should strive to uphold the dignity and respect of his or her chosen profession by his or her dress, personal appearance, conduct and conversation.
6. Each student should avoid the indiscriminate or overindulgent use of alcohol, tobacco, drugs, medications, and other similar items that may adversely affect the student's health or ability to function with adequate reason and judgement.
7. Each student should conduct his or her personal activities so that no patient is endangered by them, and so that no interference with the normal procedures of the medical complex occurs.

CODE OF ETHICS FOR THE PROFESSION OF DIETETICS

These 19 principles are the basis for the Code of Ethics. For the complete code, refer to *J Am Diet Assoc* 1999; 99:109-113.

1. The dietetic practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
2. The dietetic practitioner avoids discrimination against other individuals on the basis of

race, creed, religion, sex, age, and national origin.

3. The dietetic practitioner fulfills professional commitments in good faith.
4. The dietetic practitioner conducts him/herself with honesty, integrity, and fairness.
5. The dietetic practitioner remains free of conflict of interest while fulfilling the objectives and maintaining the integrity of the dietetic profession.
6. The dietetic practitioner maintains confidentiality of information.
7. The dietetic practitioner practices dietetics based on scientific principles and current information.
8. The dietetic practitioner assumes responsibility and accountability for personal competence in practice.
9. The dietetic practitioner recognizes and exercises professional judgment within the limits of his/her qualifications and seeks counsel or makes referrals as appropriate.
10. The dietetic practitioner who wishes to inform the public and colleagues of his/her services does so by using factual information. The dietetic practitioner does not advertise in a false or misleading manner.
11. The dietetic practitioner who wishes to inform the public and colleagues of his/her services does so by using factual information. The dietetic practitioner does not advertise in a false or misleading manner.
12. The dietetic practitioner promotes or endorses products in a manner that is neither false nor misleading.
13. The dietetic practitioner permits use of his/her name for the purpose of certifying that dietetic services have been rendered only if he/she has provided or supervised the provision of those services.
14. The dietetic practitioner accurately presents professional qualifications and credentials.
 - A. The dietetic practitioner uses "RD" or "registered dietitian" and "DTR" or "dietetic technician, registered," only when registration is current and authorized by the Commission on Dietetic Registration.
 - B. The dietetic practitioner provides accurate information and complies with all requirements of the Commission on Dietetic Registration program in which he/she is seeking initial or continued credentials from the Commission on Dietetic Registration.
 - C. The dietetic practitioner is subject to disciplinary action for aiding another person in

violating any Commission on Dietetic Registration requirements or aiding another person in representing himself/herself as an RD or DTR when he/she is not.

15. The dietetic practitioner presents substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
16. The dietetic practitioner makes all reasonable effort to avoid bias in any kind of professional evaluation. The dietetic practitioner provides objective evaluation of candidates for professional association membership, awards, scholarships, or job advancements.
17. The dietetic practitioner voluntarily withdraws from professional practice under the following circumstances:
 - A. The dietetic practitioner has engaged in any substance abuse that could affect his/her practice;
 - B. The dietetic practitioner has been adjudged by a court to be mentally incompetent;
 - C. The dietetic practitioner has an emotional or mental disability that affects his/her practice in a manner that could harm the client.
18. The dietetic practitioner complies with all applicable laws and regulations concerning the profession. The dietetic practitioner is subject to disciplinary action under the following circumstances:
 - A. The dietetic practitioner has been convicted of a crime under the laws of the United States which is a felony or a misdemeanor, an essential element of which is dishonesty, and which is related to the practice of the profession.
 - B. The dietetic practitioner has been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to these principles.
 - C. The dietetic practitioner has committed an act of misfeasance or malfeasance which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
19. The dietetic practitioner accepts the obligation to protect society and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting alleged violations of the Code through the defined review process of The American Dietetic Association and its credentialing agency, the Commission on Dietetic Registration.

Student Disciplinary Policy and Procedures

The following policy and procedures were established by the Student Affairs Committee and Student Council of the School of Allied Medical Professions.

Any nonacademic disciplinary infraction that does not come under the jurisdiction of the

University Code of Student Conduct will be handled within the division.

A student who has been disciplined within the division has the right to have his or her case reviewed by a disciplinary review committee composed of the following:

1. Two faculty members from the Graduate Studies Committee, excluding the faculty representative of the division involved.
2. A member from Administration and the student representative selected by the Chair of the Graduate Studies Committee.

The review committee shall be convened at the written request of the student within one week of the division's decision. The student may be granted an extension of this one week period by means of a written request.

Access to Personal Files (Family Education Rights and Privacy Act (FERPA))

The University policy regarding privacy and release of student record information is contained in the Master Schedule of Classes. Medical Dietetics students may review the content of their files upon request and in the presence of a faculty member or authorized individual, such as the Director, Office of Student Affairs.

The FERPA act creates certain problems for students who may be subjects of news stories. The School cannot release names and addresses or certain other data without prior student permission. We also cannot send credentials to prospective employers without a written request or permission.

The graduate who expects to have prospective employers or graduate schools request information should complete a release form. Also, interns who request recommendations from faculty should use the School recommendation form that includes space for the student's signature.

For questions about this federal legislation, consult the Student Affairs Office or www.ed.gov.

Professional Behavior

Professionals have a moral responsibility to themselves, to their patients, to their associates, and to the institution with which they are affiliated, to provide the best service possible.

Personal ethics require certain inherent elements of character that include honesty, loyalty, understanding, and the ability to respect the rights and dignity of others. Personal ethics require conscientious preparation during one's academic years for eventual professional duties and responsibilities. A continuation of the development of professional efficiency should be

accomplished by observation, study, and investigation during one's entire professional life.

Strength of character should enable one to rise above prejudice in regard to race, creed, or economic status in the interest of better professional service.

To maintain optimum professional performance, one should be personally responsible for maintaining proper physical and moral fitness.

Finally, it must be realized that no action of the individual can be entirely separated from the reputation of the individual or of his or her profession. Therefore, a serious and primary obligation of the individual is to uphold the dignity and honor of his or her chosen profession by thoughts, words and actions.

Standards of Practice for Dietetics Professionals

See Appendix B of this handbook for a copy of the Standards of Practice. See articles in the *Journal of the American Dietetic Association* for examples of how different practice groups individualize these standards.

Financial Aid Information - The Ohio State University

Financial aid for The Ohio State University Allied Medical Professions students is conducted by the Office of Student Financial Aid, 550 Lincoln Tower, 292-0300. Students with financial needs must be prepared to fill out all application forms by the deadlines and become knowledgeable about various sources of financial aid. It is advisable to keep on-going financial records and plan a budget.

Financial aid applications for regularly enrolled students are available in early January from the Student Financial Aid Office. Applications for loans have different due dates. Most aid to Allied Medical Professions students is based on need; therefore the appropriate paperwork should be submitted well before the stated deadlines. All questions concerning need-based aid and university scholarships should be directed to the Student Financial Aid Office. See the Graduate School Bulletin for Financial Aid information.

The costs associated with clinical experience and other expenses of a specific program are listed elsewhere in this Handbook. If you plan to become employed, it is important to consult with a faculty advisor on how a working schedule may affect your performance in the program.

Financial Information

First Year

Tuition, room and board

*

Required textbooks		\$ 600.00
1 pr. sturdy non-fabric shoes		80.00
1-2 white lab coats		50.00
Name tag, photo, and School patches		20.00
Affiliate membership in ADA (become a member on-line)		43.00
Membership in Columbus Dietetic Association	10.00	
Calculator		15.00
Student Blanket Professional Liability Insurance (proof of payment must be on file in Medical Dietetics office)		30.00
TB-Test		15.00
Transportation to internship sites		200.00
Student parking on campus		76.00-210.00
	Total approximately	\$1,139-1,273.00

Second Year

Tuition, room and board		*
Required textbooks		\$ 600.00
1 white lab coat		25.00
Affiliate membership in ADA (become a member on-line)		43.00
Membership in Columbus Dietetic Association	10.00	
Transportation		100.00
Student parking on campus		76.00-210.00
Graduation costs:		
Cap and gown purchase or rental		40.00
University graduation fees*		
Thesis costs**		
Thesis copying and binding***		
	Total approximately	\$ 894.00-1,028.00

Initial Professional Fees

American Dietetic Association Membership		
ADA pin (optional)		30.00
Membership fee (includes first year dues) (you can become a member on-line)		150.00
Background Check to Apply for Limited Permit		85.00
Application fee for Registration Examination (R.D.) (American College Testing)		125.00
Ohio Limited Permit to Practice fee		55.00

(required to practice in Ohio, may be different in other states)	
Ohio License (obtained after you pass the RD exam)	80.00
Total approximately	\$ 525.00

*See current bulletin for graduate fees

**Thesis research costs vary with the type of study conducted

***Varies with length of thesis; costs generally in the range of \$75-\$100

Financial Assistance

The American Dietetic Association awards a limited number of scholarships for dietetic interns and graduate students. The scholarships are \$500.00-\$1000.00 each and are awarded on the basis of:

1. financial need
2. academic achievement
3. potential contribution to the profession

Information about applications is available from your academic advisor. Applications must be submitted to The American Dietetic Association by February 1.

Interns are eligible for scholarships offered by the Ohio Nutrition Council, the Columbus Dietetic Association, and other district dietetic associations. Check with your advisor or the program director for information. Applications are generally due March-April.

Students may apply for University awarded scholarships at the Graduate School. These applications must be submitted by March 1.

Graduate Associateships

Interns may apply for Graduate Associate positions to help support their study during the second program year. It is impossible for interns to hold a Graduate Associateship while engaged in Supervised Practice during the first year of the program.

Graduate Associate positions may be available in the School of Allied Medical Professions or other University units. Some Medical Dietetics faculty have graduate associates for specific research projects. To be eligible for a GA appointment, interns must be in good standing, register in the Graduate School for at least nine credit hours, and maintain reasonable progress toward the degree. Graduate Associates are usually expected to work 20 hours per week. In return they receive a monthly stipend of approximately \$800 and a waiver of tuition and fees. At the current time there is no GA teaching position in the Medical Dietetics Division.

Personal Appearance

Each student enrolled in an allied health profession is expected to maintain proper personal appearance and to dress appropriately for the health care setting.

In a memorandum to all medical students, former Vice-President Meiling stated:

"Remember the dignity of the person of your patient; he [or she] may feel threatened by extremes of difference. No matter what the ends of the spectrum may be, moderation in appearance and action will engender the most confidence and impart the most comfort to patients and their families."

The style of clothing acceptable and/or appropriate for public wearing is not always acceptable or appropriate to the health areas. The health area buildings include: School of Allied Medical Professions, Dodd Hall, Means Hall, Upham Hall, Rhodes Hall, Doan Hall, Starling-Loving Hall, James Cancer Center, Wiseman Hall, Postle Hall, Meiling Hall, and the University Hospitals Clinic.

A student must assume responsibility for appropriate appearance and dress in lecture and in clinical areas. Good grooming is essential. Exaggerated clothing and hair styles or unkempt beards are out of place in the health areas.

Dress at Supervised Practice Sites

When in the clinical area Medical Dietetics students reflect their chosen profession to health center staff and visitors. They are expected to adhere to the prescribed code of dress and grooming when in the health center area.

Students have the option to wear either uniforms or laboratory coats during clinical experiences in the patient care area. Uniforms, laboratory coats and dress clothes should be clean, neat, and appropriate to the health professional attire of the institution where the clinical experience is obtained.

The white uniform may be any style, which is consistent with a professional appearance. It may be a coordinated white pantsuit uniform. Shoes should be clean and polished at all times.

Plain professional shoes are required (white is preferred but color is optional) when in uniform. Proper fit should be a primary concern when these are purchased.

Hair nets are worn in any food service preparation and serving area.

Women should wear a 3/4 length or full length white laboratory coat or a white uniform with patch and name tag attached. Shoes for walking and nude hose are recommended. Sport or athletic shoes, boots, open-toed or open-heeled shoes, bare legs and jean pants are not acceptable attire. When in the food service area, women should wear white uniform, duty

shoes, and hair nets or caps.

Men should wear a white short laboratory coat with patch and name tag attached and a dress shirt and tie when in the patient clinical area. Jean pants, boots, open-heeled or open-toed shoes are not allowed. When in the food service area, men should wear a white uniform including white shirt and white pants, or white pants, white jacket, dress shirt and tie, and hair net or cap.

The laboratory coat should be long enough to be worn with appropriate length street clothes in the clinical area. It should have long sleeves and be of an easily launderable fabric.

Dietitians reflect their belief in the profession by maintenance of an appropriate weight and good eating habits. Body piercing, except for ears, may not be acceptable at all sites. It may be necessary for a faculty member to recommend specific changes in these guidelines for a particular class. Any changes will be discussed with students by individual faculty members.

Identification

Identification Badge

The name badge (I.D.) provided by the School is to be worn whenever the student is in the clinical area. Information on the I.D. badge will be the student's first initial and last name.

All students shall wear an identification badge on the clinical uniform. The I.D. badge shall be attached above the left breast pocket or on the left upper chest area. I.D. badges are available at no cost from the OSU Hospitals Safety and Security Office. The Division submits a list of names of students authorized to receive an official I.D.

School Patch (SAMP logo)

A School of Allied Medical Professions woven patch is sewn on the left breast pocket of the laboratory coat. The SAMP patch is available from the University Medical Bookstore. The student is responsible for sewing the patches on each garment. The use of velcro should be considered so a patch could be used on more than one garment.

Health Care

Initial Health Procedures

Located at 1875 Millikin Road, OSU Student Health Services serves the health needs of the

student body under the leadership of a director and medical staff of attending physicians, specialists, nurses and technicians. Moderate charges are made for diagnostic and supportive services.

The professional curricula of students enrolled in the School of Allied Medical Professions require assignment to patient care areas in hospitals and clinics. For their own protection and that of their patients, it is necessary for students to have a health evaluation and immunization update upon enrollment in the School.

Students are admitted provisionally, with the understanding that a satisfactory health evaluation must be on file in the Student Health Services Office prior to work in clinical settings.

IMPORTANT: Failure of an admitted student to provide the required medical information may result in disapproval of scheduling in the professional courses and eventual disenrollment from the program.

All students enrolled in the School of Allied Medical Professions are urged to subscribe to the OSU Student Accident & Sickness Plan, if not already covered by other health insurance. The plan includes various dental benefits in addition to hospitalization and medical coverage. Questions regarding benefits and/or claim procedures should be directed to the Customer Service Representative, OSU Student Health Services, 292-3414.

SAMP Immunization Policy

Hepatitis B, Rubella, Rubeola

During the professional program, all dietetic interns will be assigned clinical experiences in a health care facility. To encourage preventive measures to reduce potential practice-related exposures and injuries, all students beginning an academic program in the School of Allied Medical Professions are required to be immunized for Hepatitis B, Rubella, and Rubeola. Exceptions will be made for students in the academic programs of Medical Dietetics, and Medical Record Administration. However, students in these programs are encouraged to receive these immunizations. When agreements between the School of Allied Medical Professions and the clinical site stipulate such immunizations, then these will be required of students assigned to these sites.

Annual Tuberculosis Test (PPD)

Students from all divisions, except Medical Record Administration, are required to have annual skin tests for tuberculosis and will be so notified during the appropriate quarter. The one-step PPD is required of all students in Medical Record Administration, Medical Technology, and Radiologic Technology. The two-step PPD is required of all students in Occupational Therapy, Physical Therapy, Respiratory Therapy, and Medical Dietetics. The two-step PPD must be completed within 6 months of beginning supervised practice.

Questions concerning this policy may be directed to your division or the Student Affairs Office.

The following vaccinations and tests are required. All are available through OSU Student Health Services. Please contact the Student Health Services Business Office at 292-0113 for a current price list.

Vaccines:

Measles, mumps and rubella vaccines may be given in any of the following combinations as needed:

(M-M-R) Measles, Mumps, Rubella

(M-R) Measles, Rubella

Rubella, Mumps (Biavax)

Measles Vaccine (Attenuvax)

Mumps Vaccine (Mumpsvox)

Rubella Vaccine (Meruvax)

Tetanus/Diphtheria booster

(needed every 10 years)

Chickenpox (Varicella)

Physician signature verifying past disease or photocopy of blood titer indicating immunity or varicella vaccine.

Hepatitis B (Engerex B)

Series of three injections required

Titers (blood test for immunity):

*Measles (Rubeola) Titer

*Mumps Titer

*Rubella Titer

*Varicella Titer

Other:

CBC (includes WBC and Hgb)

PPD (TB skin test)

*Requirements include documentation of measles, rubella, and chickenpox since 1980 OR a copy of a positive blood titer. For persons born after 1957, reimmunization for measles and rubella is strongly recommended and may prove more beneficial for future protection from these diseases. If measles and rubella vaccines are updated, an M-M-R is recommended (includes mumps vaccine).

There is no office visit fee at the student health center for currently enrolled OSU students.

Students covered by OSU student health insurance have a benefit, which covers up to 50% of these costs, to a maximum of \$100.

Pregnancy Policy

In some divisions, enrollment of pregnant students may require careful planning of academic and clinical experiences in order to protect the health of mother and fetus. It is important, therefore, that the student who suspects she may be pregnant inform the division director immediately, and definitely by the time the pregnancy is medically confirmed. Maintaining communication with the division director throughout the pregnancy is important.

If she must withdraw from a program, a pregnant student in good academic standing will be eligible for reinstatement following health clearance from her physician. The curriculum of many programs does not allow for program interruptions; therefore, withdrawal usually results in a student being unable to continue the program until the following year.

Class Attendance

Attendance in classes and any assigned field experiences is expected in this curriculum. This is true for supervised practice orientation and clinical conferences as well. These cannot be repeated because it interrupts the continuity of contact with the client. If, because of illness or for some other valid reason, the student is tardy or cannot attend class, the instructor or preceptor in charge of the course or supervised practice should be notified.

The student who misses a class will be responsible for the material missed. If the class is laboratory or supervised practice, the instructor will decide whether a make-up experience is necessary. Students must follow all faculty member rules for each class. The Medical Dietetics program cannot over rule an individual faculty member's classroom policies.

Transportation to Supervised Practice Sites

The Medical Dietetics student is responsible for his or her own transportation to assigned field observation or supervised practice. It usually works well for students to car pool if two or more are traveling to the same site. Students should carry health insurance and auto insurance; they are liable for any costs associated with an accident or mishap that occurs while traveling to or from and during placement at supervised practice sites. Riders should share expenses with the student driving. If the partner cannot drive, the other students are responsible for making other arrangements and will not be an excused absence.

Responsibility for Expenses

Students are not eligible for coverage under a facility's Workers' Compensation. Students need

to cover their own expenses for medical treatment. If an injury occurs while the student is at a practice site, he/she must complete any accident report form required by the facility.

Responsibility for Obtaining Medical Care

1. Students covered by OSU Student Health Insurance:

- A. If a minor injury occurs between 8:00 AM and 4:30 PM the student should go to the Wilce Student Health Center located at 1875 Millikin Road. Insured students have a benefit available of \$1,000 per plan year for eligible expenses incurred in the health center. The deductible, co-payments (except for Preventive Medicine Services) and pre-existing condition exclusion will be waived for eligible expenses covered by the Student Health Service benefit.
- B. For a minor injury occurring outside the Wilce Student Health Center office hours, but between 8:00 AM and 8:00 PM Monday - Friday or 10:00 AM - 6:00 PM on Saturday or Sunday, the student should go to the nearest Med-Ohio urgent care facility. There is a co-pay for Urgent Care visits. Since this coverage is provided through Central Benefits, limitations for pre-existing conditions and other exclusions will apply.
- C. For medical emergencies, the student should go to the OSU Medical Center or nearest emergency room. Emergency Room visits generally require a \$50 "special deductible" to be billed to the individual by the hospital. Coverage for eligible expenses is complete up to \$500. Charges in excess to this amount will be processed under Major Medical. Central Benefits will apply the pre-existing condition exclusion where applicable. Emergency transportation to a hospital emergency room is covered (up to \$1,000 per year) by insurance.

2. Students not covered by OSU Student Health Insurance

- A. If the injury is minor, the student may go to the Wilce Student Health Center, 1875 Millikin Road. There is no charge to see a medical professional at this facility. Fees will be charged if lab tests, x-rays, minor surgical procedures or pharmaceuticals are required. If you do not carry student health insurance, you must pay for medical services at the time of your visit. Major credit cards are accepted.
- B. For a minor injury occurring outside the Wilce Student Health Center office hours, but between 8:00 AM and 8:00 PM Monday - Friday or 10:00 AM - 6:00 PM on Saturday or Sunday, the student should go to the nearest Med-Ohio urgent care facility. There is a \$10 co-pay for eligible Urgent Care visits. Since this coverage is provided through Central Benefits, limitations for pre-existing conditions and other exclusions will apply.

Student Employment

Interns may seek part-time positions while enrolled in the program. Students may not take positions during periods when supervised professional practice is scheduled. Employment can be taken with the understanding that the working hours will be flexible to meet the requirements of scheduling classes and clinical hours. Work hours are never an excuse for missing classes or supervised practice.

Interns wishing employment in University Hospitals apply for these positions through the Personnel Department of the Hospital as do other applicants for these positions.

Equal Opportunity and Nondiscrimination Policy

Equality of opportunity is a basic philosophy of Ohio State. Mindful of the need for all persons to adapt to the changing roles and needs of society, the University also provides evening programs and continuing education opportunities to serve a wide spectrum of lifelong learning needs. In the exploration of new ideas and in the preparation of citizens for their roles in a changing society, the University represents a human commitment - an expression of the aspiration of people to better themselves and the world in which they live.

The policy of The Ohio State University both traditionally and currently, is that discrimination against any individual for reasons of race, color, creed, national origin, religion, sex, sexual orientation, age, handicap, or Vietnam-era veteran status is specifically prohibited. Accordingly, equal access to employment opportunities, admissions, educational programs, and all other University activities is extended to all persons, and the University promotes equal opportunity through a positive and continuing affirmative action program.

The University's Office of Human Resources/Affirmative Action, 124 Archer House, 2130 Neil Avenue, Columbus, Ohio 43210-1175; 614-292-4307, is responsible for the coordination of matters relating to equal opportunity and affirmative action.

Complaint Process

If you believe that our dietetics programs are not in compliance with the accreditation standards, you may file a complaint with the accrediting agency.

The Commission on Accreditation for Dietetics Education will review complaints that relate to a program's compliance with the accreditation/approval standards. The Commission is interested in the sustained quality and continued improvement of dietetics education programs but does not intervene on behalf of individuals or act as a court of appeal for individuals in matters of admission, appointment, promotion or dismissal of faculty, staff, or students.

A copy of the accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained from the Program Director or by contacting the Education and Accreditation staff as follows:

The American Dietetic Association
120 South Riverside Plaza Suite 2000
Chicago, Illinois 60606-6995
Phone: 1-800-877-1600 ext. 4872

Written complaints should be mailed to the Chair, Commission on Accreditation for Dietetics Education at the above address.

Liability Insurance

Students are required to purchase liability insurance for professional coverage of \$1,000,000/\$3,000,000 and \$1,000,000 personal liability (\$30.00/year). Forms for individual insurance are available through the Medical Dietetics Office. In lieu of individual applications, the Division administers a blanket liability insurance policy that covers seniors and dietetic interns. Proof of coverage must be filed in the Medical Dietetics Division.

Lockers

Lockers are assigned at the beginning of the internship. Students must provide their own locks. Students are encouraged to carry with them as little money as necessary.

Mailboxes

Each student is given a file folder in the Medical Dietetics reception area. Check this file for general information and for returned class assignments and exams.

Atwell Hall Regulations

Under the OSU non-smoking policy, **SMOKING IS PROHIBITED IN ALL AREAS OF THE MEDICAL CENTER.** Smoking cessation programs are offered through the University Office of Human Resources.

Food and drinks are not permitted in the lobby, classrooms and laboratories. Students may use the vending area and lounge in the basement.

A faculty member must be present for all student meetings held in the building after 5:00 p.m. and on weekends.

All signs posted in the School are subject to review by the Student Affairs Office.

Student organizations need to secure permission of the SAMP Student Affairs Committee before scheduling a fund raiser in the building. This committee can be contacted through the Student Affairs Office, 127 SAMP.

Any maintenance problems within the building should be reported to Judy Froling in the Student Affairs Office.

E-Mail

Each student enrolled at OSU is assigned an e-mail address. This is a common venue for communications about the program and courses. It is the student's responsibility to maintain a functional account and check their email regularly.

Computers

The School has two computer laboratories for student use. Room 237 is a small lab; ask for a key in Room 106 if the door is locked. The 4th floor lab is open to students when there is no class in session.

Medical Dietetics Kitchen and Research Area

Room 526 is a research laboratory and is not available for student use as a study hall or lunch room.

Academic Planning and Procedures

All students are assigned a faculty advisor. Students should meet at least quarterly with their advisor to discuss their progress in the program, seek advice, and plan future activities. During enrollment in Introduction to Graduate Studies, each intern plots out his or her professional goals and professional program. Each student is responsible for ensuring that all graduation requirements are completed by the expected quarter of graduation. Assistance is available from the SAMP Graduate Office as well as the division.

Registration

Making schedule changes should be done with care. Students who wish to drop courses are advised to make sure their course of study or graduation date will not be jeopardized. Please see the faculty advisor.

Continuing students are now assessed a penalty for late initial registration. This does not apply

to add/drop transactions, but to the first time you request courses for the quarter. Please see the Master Schedule of Classes or contact the Graduate Program Office for further information on deadlines and penalties.

Adding/Dropping Courses

During the initial registration period, students may add/drop course requests as many times as desired up to the deadline printed in the registration materials. After final schedules are mailed, students may add/drop through the first week of classes. After that time, transactions must be completed through the Graduate Admissions Office.

Adds: Any open course may be added through the first week without permission; during the second week written permission of the instructor is required. From the third week on, written permission from the instructor AND the chair of the department involved is required.

Drops: Students may drop courses through the third week without any enrollment indication appearing on the transcript; from the third to the seventh week, a "W" will be entered on the transcript. No drops are permitted after the seventh week.

Academic Progress

Minimum academic achievement is required of all graduate students admitted to the Medical Dietetics Division and for continued enrollment in the division.

- a. Any student who fails to achieve and maintain a cumulative GPA of 3.0 point-hour ratio shall receive a warning letter and may be placed on probation. Release from probation is dependent upon achievement of the required grade in any course and the 3.0 cumulative grade point-hour ratio the following quarter. The student will be notified of the probationary status by the Graduate School. Such notification includes a clear statement of the student's academic requirements to avoid disenrollment from the Graduate School. Supervised practice will be suspended for any student placed on academic probation. In order for supervised practice to resume, the student must be released from academic probation **AND** permission must be granted by the Director of Medical Dietetics.
- b. Any student who is performing unsatisfactorily in a supervised practice course should receive a written evaluation from the course instructor midway through the experience. The evaluation should include warning of possible failure. Specific guidelines must be provided regarding what a student must do/not do to receive a passing grade. At the end of the rotation the faculty member, in consultation with supervised practice preceptor, should decide whether the student should fail the rotation or if he/she has the potential to pass the rotation by spending additional time in supervised practice. If the student is likely to need more than a week or two to meet the required competencies, the student should be given a failing grade and not be permitted to continue the course sequence.
- c. In the event that a student is expected to meet competencies within a short period (a week or two), the faculty member is responsible for (a) discussing the situation with other faculty

members and coming to agreement on how additional time should be scheduled, (b) scheduling the time and arranging supervision with a preceptor, (c) providing for content remediation needed by the student, (d) defining in writing what the student must accomplish during the additional supervised practice time, and (e) determining, with input from the preceptor, whether the student should receive a passing grade after the additional week(s) of supervised practice.

- d. Fieldwork is graded satisfactory or unsatisfactory (S-U). Students who receive a failing evaluation of clinical performance, who withdraw when failing at any time during the placement, and/or whose preceptor requests termination of the placement by the instructor will receive a U and must repeat the affiliation and achieve an S grade. Students who receive U grades in two placements will not be scheduled for other placements and will not receive verification eligibility to take the Registration Examination.
- e. Any extenuating circumstances relating to an individual student's academic progress will be considered. Students have the right to present a petition for consideration by his or her advisor, the Medical Dietetics faculty, and the School Graduate Studies Committee.
- f. At the end of each quarter each student's progress is evaluated. The Program Director receives a copy of an Advisory Report that lists grades for all courses for which the student has registered.
- g. A satisfactory grade is required in each rotation before an intern may progress to the next rotation in a series. Students must satisfactorily pass all four rotations before they are permitted to enroll in the culminating practicum in an emphasis area. If students' fail two rotations, they may not continue in the internship.
- h. Each intern is required to maintain an academic portfolio, using established guidelines which are distributed during the internship orientation. Contents of the portfolio are discussed with a faculty member at designated times during the program.

Withdrawal from the University

Students wishing to withdraw from the University during the quarter must notify the Program Director and file an official OSU withdrawal in the Graduate Office to avoid being automatically marked as having failed in all courses for the quarter. No withdrawals are permitted past the seventh week of the quarter. The appropriate form is available in SAMP Graduate Administrative Office.

Petitioning to drop a course or withdraw from the University past the seventh week.

Occasionally, dire extenuating circumstances may require a student to withdraw past the seventh week. In this case, the student needs to obtain and file a "Seventh Week Petition" form from the Graduate School.

Withdrawal from the Graduate School

A student who wishes to withdraw from the Graduate School for one or two quarters should notify the division. At the discretion of the Program Director, a student who withdraws may be required to petition for reinstatement. Withdrawal forms are available in SAMP from the Graduate Administrative Office and should be filed in the Graduate School.

Withdrawal from the Internship

Students who are unable to satisfactorily complete supervised practice requirements but who are otherwise in good academic standing may finish degree requirements and receive a masters degree through the School of Allied Medical Professions. However, such a student will not receive verification to take the registration examination for dietitians and will not be awarded a certificate of program completion.

Petitioning Program and/or Degree Requirements

Students who feel that they have met the spirit of a program or degree requirement without fulfilling the exact course requirement or equivalent may petition use of their credits. The petition is obtained from the SAMP Graduate Administrative Office which will provide assistance and guidance on the petition process.

Academic Discipline

Policies for good standing, probation, removal from probation, dismissal reinstatement, warning, scholarly misconduct, academic misconduct, and denial of further registration are stated in the Graduate School Handbook.

Grievance Procedures

University grievance procedures for graduate students are stated in the Graduate School Handbook. The first contact for filing a grievance is usually with the Medical Dietetics Division Director. Every effort will be made to resolve problems promptly and to treat students with fairness and respect.

Thesis

By the end of the first year interns should be considering a thesis topic. Interns may approach the graduate advisor of their choice to discuss thesis options. Each quarter the SAMP Graduate Office schedules a workshop to assist students in starting the thesis research process.

Professional Organizations

1. Committee Memberships

Students are encouraged to participate in the Medical Dietetics Division, School of Allied Medical Professions Committees, University Graduate Professional Council, and University Hospital Department of Dietetics committees.

2. Medical Dietetics Student Dietetic Association (SDA)

All students admitted to the Medical Dietetics Division are eligible for membership in this association. The purpose of this organization shall be to promote the dietetic profession through meetings, programs and activities related to dietetics and nutrition. It will also serve as an ombudsman for the needs of the group and stimulate fellowship and group feeling. Election of officers will be held Spring Quarter of each academic year. Meetings will be held twice per quarter.

SDA also provides social activities for students and faculty. Two annual events are the Autumn Potluck Dinner and the Senior Picnic which is held Spring Quarter.

3. Affiliate Membership, American Dietetic Association

Interns are encouraged to apply for affiliate membership in The American Dietetic Association. The cost of affiliate membership is \$43.00 per year. This entitles students to a subscription to the Journal, the Evidence Analysis Library and other benefits available to student members.

4. Affiliate Membership, Columbus Dietetic Association

Interns should apply for student membership in the Columbus Dietetic Association. Cost is \$10.00 per year. Meetings are held monthly and topic areas vary. Attending meetings provides students with good networking experiences and increases educational opportunities.

5. Regular Membership, American Dietetic Association and State Associations

Upon completion of the Internship Masters Program, students are eligible for Active Membership in The American Dietetic Association. Application materials for new membership in The American Dietetic Association (ADA) are given to each intern near the end of the program. Forms are also available to transfer from affiliate to active ADA membership. Each student is responsible for preparing and mailing the completed application to The American Dietetic Association. Active ADA members are automatically members of the state in which they live or another state if they so desire.

PROFESSIONAL CREDENTIALING

1. Dietetic Registration

Registration has been initiated to protect the health, safety, and welfare of the public by encouraging high standards of performance of persons practicing the profession of dietetics. In addition, registration provides the professional with the advantage of a legally protected designation, "Registered Dietitian", or "R.D." and also gives an easily identifiable measure of professional competence in legislative and administrative standard setting.

Interns are not eligible to take the registration examination until they complete the masters degree. Examination procedures are announced as each student nears the end of the program.

2. Licensure

Individuals must be licensed to practice dietetics in the State of Ohio. Eligibility requirements for licensure are the same as those for dietetics registration (completion of a B.S. degree, an approved dietetics curriculum, and an accredited supervised practice program). Applications for licensure must be submitted to the Ohio Board of Dietetics. Upon graduation students who intend to work in Ohio must request a "Limited Permit to Practice Dietetics" to cover them until they pass the RD Exam and can obtain a license. Background checks must be completed prior to applying for a temporary license.

3. Verification of Program Completion

Students who successfully complete the program are given five copies of the *Verification of Program Completion* form with the Program Director's original signature. A signed form is necessary to sit for the RD exam and to obtain a license to practice. Requirements for successful completion include:

- A. Completion of each required supervised practice rotation course with a satisfactory grade.
- B. Completion of 51 credit hours and School of Allied Medical Professions Graduate Program.
- C. Completion of Graduation Requirements listed in the Graduate School Handbook.

Career Planning and Placement

For students enrolled in SAMP, the division and professional organizations offer information on career and job-related questions. Students are encouraged to develop a professional portfolio for their own use. A resume, references and other documentation of professional achievement, which can be updated as each student progresses through the program, may be

very helpful.

If an official OSU transcript is needed, they must be requested directly from the Office of Records, 320 Lincoln Tower, 1800 Cannon Drive. The division cannot provide official transcripts.

Alumni Society

Graduates and former students in the School of Allied Medical Professions automatically become members of its Alumni Society. Usually a football brunch is scheduled in the fall and another social function in the spring. Graduates and former students are also eligible for continuing membership in the Ohio State University Alumni Association.

An increasing number of alumni are electing to support the School of Allied Medical Professions by gifts to The Ohio State University Development Fund that are designated for their professional division.

SAMP Alumni receive the "Alumni News" twice each year and are encouraged to share information about families and careers for possible publication. The Alumni Society is genuinely interested in the whereabouts, personal and professional achievements, and employment changes of graduates. Such information may be sent to:

Alumni Society
School of Allied Medical Professions
453 West Tenth Avenue
Columbus, Ohio 43210

At all times, alumni are encouraged to share insights that might contribute to the betterment of the School or one of its divisions.

APPENDIX A

Affiliation Agreement

CLINICAL EDUCATION AFFILIATION AGREEMENT
between

and

**The Ohio State University
School of Allied Medical Professions
Medical Dietetic Division**

THIS AGREEMENT, made and entered into the ____ day of _____ 2008, by and between the _____ (hereinafter referred to as the **FACILITY**) located at _____ and The Ohio State University, School of Allied Medical Professions, (hereinafter referred to as the **SCHOOL**) by and through their duly authorized administrators.

WHEREAS, the **SCHOOL** is currently conducting an educational program Medical Dietetics and desires to obtain clinical education experiences for the students enrolled in the curriculum; and

WHEREAS, the **FACILITY** recognizes the need for and desires to aid in the educational development of ancillary health care professionals, and is willing to make its premises available for such purposes; and

NOW, THEREFORE, in consideration of the mutual promises and covenants hereinafter set forth it is mutually understood and agreed upon by the parties hereto, as follows.

I. SCHOOL RESPONSIBILITIES

- A. The **SCHOOL** shall be responsible for the curriculum planning, admission, administration, requirements for matriculation, faculty appointments and promotions as required by the accrediting agency in each program.
- B. The **SCHOOL** shall be responsible for the assignment of students to the **FACILITY**. The **SCHOOL** will provide the **FACILITY** with names, dates, and hours of assignment and other information specified by the **SCHOOL** or **FACILITY** at least six (6) weeks prior to the commencement of each student's clinical education placement.

The **SCHOOL** shall determine the course of action when the student is determined

unacceptable to the **FACILITY** or **SCHOOL**. The **SCHOOL** is responsible for the withdrawal of the student from the **FACILITY** with written notice to the **FACILITY** of such an action. In an emergency, **FACILITY** can impose temporary or permanent withdrawal of the student from the **FACILITY**. Notices of such withdrawal shall be in writing to the **SCHOOL** and shall state the reason for the withdrawal.

D. The **SCHOOL** shall provide to the student(s) the **FACILITY's** policies and procedures provided by the **FACILITY**, by which the student(s) are expected to abide during periods of clinical placement and while on **FACILITY** premises.

E. The **SCHOOL** as part of its curriculum, must instruct students as to the importance of patient privacy and confidentiality, as well as inform them of the various federal, state and local laws that may impact patient confidentiality. **SCHOOL** also agrees that it shall inform students that they are to comply with **FACILITY's** written policies and procedures for patient confidentiality, including those implemented pursuant to the Health Insurance Portability and Accountability Act of 1996 and the rules and regulations promulgated thereunder, if applicable. **SCHOOL** also shall make reasonable, good faith efforts to cause its faculty to maintain the confidentiality of all **FACILITY** patients and records. The students shall comply with **FACILITY's** rules, regulations, policies & procedures, including, but not limited to, those policies and procedures protecting the privacy of patient health information in accordance with Ohio law and the federal privacy standards codified in 42 CFR Parts 160 and 164.

F. The **SCHOOL** shall designate a faculty point of contact for communication and coordination of the academic-clinic learning experience.

G. The **SCHOOL** shall assure that each student assigned to the **FACILITY** has obtained professional liability insurance applicable to the clinical education experience. A copy of the policy or certificate evidencing such coverage is to be sent to the **FACILITY** on execution of this agreement. The **SCHOOL** shall maintain professional liability malpractice insurance, or self-insurance, of \$1,000,000.00 per occurrence and \$3,000,000.00 in aggregate, applicable to **SCHOOL**. The **SCHOOL** shall notify the **FACILITY** immediately of any changes in coverage.

H. The **SCHOOL** shall assure and provide proof that the student(s) possess health insurance either through the **SCHOOL** or an individual policy.

I. The **SCHOOL** agrees to provide the student with an explanation and copy of this Agreement.

J. The SCHOOL is a state university, and to the fullest extent permitted by the State of Ohio, including but not limited to Ohio Revised Code Chapter 2743 law and decisions thereunder, the SCHOOL shall be responsible for any and all claims for damages which are attributable to the negligent actions or omissions of the SCHOOL its, officers, or its employees while

acting within the scope of their employment or under this AGREEMENT.

II. FACILITY RESPONSIBILITIES

- A. The **FACILITY** shall be responsible for the administration of the clinical education experience, and in so being, shall provide learning experiences which are planned, organized, and administered by qualified staff in accordance with mutually agreed upon educational objectives and guidelines.
- B. The **FACILITY** will provide applicable policies and procedures to the **SCHOOL**, to which the students shall be expected to adhere, during periods of clinical experience and while on **FACILITY** premises. The **FACILITY** shall be responsible for providing an identification badge for the student.
- C. Pursuant to 45 CFR §164.530, **FACILITY** shall require that all members of the workforce, including employees, volunteers, trainees, and other persons whose performance of work is under the direct control of the **FACILITY**, adhere to and comply with the following:
 - a. No member of the workforce has any authority to act contrary to the provisions of a policy or procedure of the **FACILITY** relating to the use or disclosure of patients' health and medical information.
 - b. Any member of the workforce who violates a privacy policy or procedure, or who orders or who knowingly permits a subordinate to violate a privacy policy or procedure, shall be subject to appropriate disciplinary action, which may include discharge or termination of their relationship with the **FACILITY**.
 - c. Members of the workforce must complete required educational and/or training sessions relating to privacy and confidentiality of personal health information.
- D. The **FACILITY** will assign and designate a clinical point of contact that is to be responsible for planning and administering the clinical education experience.
- E. The **FACILITY** shall be responsible for the facilitation of the student's professional growth through selection of projects for teaching purposes and educational assignments, and for the provision of adequate space, equipment and supplies to meet the objectives of clinical training.
- F. Students shall provide nutrition services for patients only when under the supervision of a registered or licensed dietitian. For other learning experiences such as community nutrition or foodservice management, students may be assigned to work under the direction of other qualified individuals. Students shall perform

assignments and participate in staff meetings and inservice educational programs at the discretion of their supervisor(s) as designated by the **FACILITY**.

- G. The **FACILITY** shall on reasonable request, permit the inspection of its clinical facilities, services available for clinical experiences, student records, and such other items pertaining to the clinical education experience as may be relevant, by representatives of the **SCHOOL** or agencies, or both, charged with responsibility for approval of the facilities or accreditation of the curriculum. The **FACILITY** shall report to the **SCHOOL** any change in the approval or accreditation of the **FACILITY** or its clinical education program.
- H. The **FACILITY** shall be responsible for the submission of required reports in accordance with **SCHOOL** procedures and for informing the **SCHOOL** of significant staff or administrative changes in the clinical education experience.
- I. The **FACILITY** agrees to provide emergency health care for illnesses or injuries resulting from the clinical placement. The student shall be responsible for any costs incurred as a result of such care or treatment.
- J. Except in emergencies, the **FACILITY** shall not grant leaves of absence from regular duties to students during their clinical placements without prior approval from the **SCHOOL**.

k. **FACILITY shall be responsible for any and all claims for which are attributable to the negligent actions or omissions of the FACILITY, its, officers, or its employees while acting within the scope of their employment or under this Agreement.**

- L. **FACILITY** must maintain adequate comprehensive general and professional liability insurance.

III. STUDENT RESPONSIBILITIES

- A. The student shall purchase professional liability insurance from a private firm if it is not provided by the **SCHOOL**.
- B. The student shall provide evidence of health status report and/or a negative tuberculin test or negative chest x-ray taken with the six (6) months prior to the clinical practice period.
- C. The student shall provide his/her own Health Insurance coverage if not provided by the **SCHOOL**.

- D. The student agrees to provide his/her own transportation to and from the **FACILITY** as well as any maintenance during the clinical education experience.
- E. The student agrees to abide by the existing rules, regulations, policies and procedures of the **FACILITY** as provided to the student.
- F. The students are trainees, and not employees of the **FACILITY**. Students are not to replace **FACILITY** staff.

IV. BOTH - SCHOOL AND FACILITY

- A. The number of students eligible to participate in the clinical education experience will be mutually determined by agreement of both parties and may be altered by mutual agreement.
- B. Each party agrees that no student participating in the clinical education experience will be deemed to be an employee of the **FACILITY** or the **SCHOOL** nor will the **FACILITY** be liable for the payment of any wage, salary, or compensation of any kind for service provided by the students. Further, no student will be covered under the **FACILITY'S** Worker's Compensation, social security, or unemployment compensation programs.
- C. Shall acknowledge that the primary purpose for students' participation is educational and that the **FACILITY** remains ultimately responsible for the care of its patients.
- D. Each party may enter into agreements with other institutions at any time. Each party accepts students without regard for race, sex, creed or national origin in accordance with laws of the United States.
- E. The terms and conditions of this **AGREEMENT** may be amended by written instrument executed by both parties.
- F. Neither party to this **AGREEMENT** may assign this **AGREEMENT** without the prior written consent of the other.
- G. This **AGREEMENT** shall commence on _____ 2008 and end on _____, 2013 shall renew every five years through execution by both parties of a renewal letter. Either party shall have the right to terminate this **AGREEMENT** with 90 day written notice of the intent to terminate. Students currently assigned to the **FACILITY** at the time of termination shall be allowed to complete their clinical education experience under the terms of this **AGREEMENT**. Any notices required under this **AGREEMENT** shall be directed to

For the SCHOOL:

For the FACILITY:

H. This **AGREEMENT** shall supersede any and all prior agreements between the parties regarding the subject matter hereof.

IN WITNESS WHEREOF, the parties hereto have executed this **AGREEMENT** and warrant that they are officially authorized to so execute for their respective parties to the **AGREEMENT**.

THE OHIO STATE UNIVERSITY

Deborah S. Larsen, Director
School of Allied Medical Professions

(FACILITY)

(Signature)

Name: _____
(Please Print)

Title: _____

(Signature)

Name: _____
(Please Print)

Title: _____

MEMORANDUM OF AGREEMENT

APPENDIX B

**Standards of Professional Practice
for Dietetics Professionals**

To note how these Standards are used by different practice area of dietetics, see the following papers:

1. Sandra S. Witte, PhD, RD; Sylvia Escott-Stump, MA, RD; Michelle M. Fairchild, MA, RD; and Jennifer Rapp, RD. **Standards of practice criteria for clinical nutrition managers.** *Journal of the American Dietetic Association*, June 1997, Vol. 97, No. 6, pages 673-678.

2. Kessey J. Kieselhorst, MPA, RD; Janet Skates, MS, RD, FADA; Ellen Pritchett, RD **American Dietetic Association: Standards of practice in nutrition care and updated standards of professional performance.** *Journal of the American Dietetic Association*, April 2005, Vol. 105, No. 4, pages 641-645.
3. ASPEN American Society for Parenteral and Enteral Nutrition, Board of Directors. **Standards of Practice for Nutrition Support Dietitians.** *ASPEN American Society for Parenteral and Enteral Nutrition*. February 2000, Vol. 15, No. 1, pages 53-59.
4. Linda R. Shoaf, PhD, RD; Kathryn O. Bishirjian, MS, RD; and Eleanor D. Schlenker, PhD, RD. **The Gerontological Nutritionists Standards of Professional Practice for dietetics professionals working with older adults.** *Journal of the American Dietetic Association*. July 1999, Vol. 99, No. 7, pages 863-868.

Standards of Professional Practice for Dietetics Professionals

The [Standards of Professional Practice](#) were developed by the Standards of Practice Task Force: Debbie R. Brakke, RD, chair; Sylvia Escott-Stump, MA, RD; Beth McCoy, MS, MA, RD, CS; Carol Flynn, MBA, RD; Pat Babjak; and Darlene Dougherty, MS, RD, consultant.

Also contributing to this article were Joe Bryk, PhD; Amy Inman-Felton, RD; Janet Jaques, MSN, MBA; Patrick Lockett, RD; and Susan Torjussen who were with the Quality Management and Research Team of The American Dietetic Association at the time the standards were developed.

Address correspondence to: Quality Management and Outcomes Team, The American Dietetic Association, 216 W Jackson Blvd, Chicago, IL 60606-6995.

As the world's largest organization of food and nutrition professionals, The American Dietetic Association (ADA) has a mission to serve the public through the promotion of optimal nutrition, health, and well-being. ADA's mission to serve the public starts with the individual dietetics professional. Each dietetics professional has a responsibility to provide quality services to his or her clients. One way ADA has helped dietetics professionals provide quality services is through the development of uniform standards that dietetics professionals may follow in their practice settings. Such standards are not requirements; they are broad statements describing the minimum expectations of dietetics professionals in providing nutrition services to the public.

The Standards of Professional Practice have evolved to meet changes in the work environment and are applicable to dietetics professionals in settings that include research, education, sales, marketing, clinical practice, public health, management, and foodservice. They provide dietetics professionals with a tool for evaluating and improving their professional services and a blueprint for guiding their careers.

This article presents the final version of ADA's revised Standards of Professional Practice and provides examples of how they may be applied in a variety of practice settings.

Background

Taking into account the new demands of the marketplace, ADA formed a task force in June 1996 to review the current Standards of Practice for the Profession of Dietetics, which were introduced in 1985 (1,2). The task force agreed that the 1985 standards needed to be revised to reflect the changing market and to be more effective in helping members achieve their professional goals. Professional standards developed by other professional organizations, including Dietitians of Canada (4), the American Association of Critical Care Nursing (5), and the College of Nurses of Ontario (6), were reviewed and used as models throughout the revision process. The first and most noticeable revision to the standards was the change in title from Standards of Practice for the Profession of Dietetics to Standards of Professional Practice, which reflects the new emphasis on the individual professional,

rather than the profession. The task force determined that the standards established in 1985 were basically sound; however, a new format with updated terminology would help dietetics professionals implement and use the standards more effectively.

In March 1997, a draft of the revised Standards of Professional Practice was presented to the House of Delegates for member input and review. The task force then tested the usefulness and relevance of the standards in focus groups of dietetic professionals who represented a variety of practice settings and levels of professional experience. Revisions were made accordingly. The final version of the Standards of Professional Practice was adopted by ADA's House of Delegates in October 1997.

What are Standards of Practice?

Standards define desirable and achievable levels of performance. Dietetics professionals develop and implement a variety of standards in business and practice. From the foodservice setting to pharmaceutical sales, standards are the performance expectations and desirable achievements enforced by the employer, the industry, or other regulatory bodies.

Dietetics professionals practicing in clinical dietetics, for example, must meet standards mandated by accrediting organizations and government agencies, such as those the Joint Commission on Accreditation of Healthcare Organizations developed to monitor and ensure that quality health care is provided to all clients of accredited organizations. Clinical dietitians must also be familiar with the closely related term *standards of care*, which refers to tools that provide guidance in how patient care should be delivered for a specific diagnosis or intervention. Standards of care include quality improvement tools such as protocols, care maps, or practice guidelines. Dietetics educators also follow a set of standards, the Standards of Education, which ADA developed to monitor the education programs they accredit.

Unlike regulatory standards, such as those described in the aforementioned examples, the Standards of Professional Practice refer to the performance of individual dietetics professionals regardless of the setting, project, case, or situation. The Standards of Professional Practice are defined statements of a dietetics professional's responsibility for providing services in all areas of practice. They describe the minimum level of performance expected of dietetic technicians, registered, and registered dietitians.

The Six Professional Standards

The Six Standards of Professional Practice ([see Figure 1](#)) describe the key characteristics of the dietetics profession and are presented in a format that focuses on the results or outcomes of service. Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes.

The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. The rationale statement elaborates on the concepts expressed in the standard and lends clarity to the document.

How do you know if you are meeting a standard? The task force developed several indicators for each standard to answer this question. Indicators are action statements that illustrate how each specific standard can be applied in practice. For example, one of the indicators for standard 1, Provision of Services, is collaboration with other professionals as appropriate. Regardless of a dietetics professional's practice setting, collaboration with other professionals is an important step in providing quality services to clients, thereby helping to ensure that a positive outcome will be achieved; for example, that the needs of the client will be met. In other words, indicators link the standard to the final component of the document--outcomes.

Examples of outcomes--that is, measurable end results or changes--are provided to help individual dietetics professionals set minimum goals for each standard. For example, meeting the needs of clients, whether they are consumers, customers, individuals, the public, groups, patients, students, employers, employees, organizations or a community, is an outcome or result of successfully applying standard 1. The outcomes listed in each standard are only examples and, like the list of indicators, represent a minimum level of performance.

To use the standards dietetics professionals do not need to apply every indicator or achieve every outcome. The indicators and outcomes are examples provided to elaborate on the standard and its rationale. The examples are not meant to limit dietetics practitioners in their options for applying the standards. In fact, many dietetics professionals will and should develop personalized indicators and outcomes that far exceed those provided.

How Will Dietetics Professionals Use the Standards of Professional Practice?

"Does anyone use these? Do I have to read and memorize them?" asked one ADA member after reviewing the Standards of Professional Practice. Another remarked, "The only people I know who currently use such standards are managers and bosses." If these reactions reflect the feelings of the majority of dietetics professionals, it would seem that many dietetics professionals are not evaluating the services they provide. Yet when these dietetics professionals are asked how they evaluate their services their responses paint quite a different picture. Although they may not recognize them, many dietetics professionals are already applying the 6 professional standards as part of their daily practice.

The flow chart in [Figure 2](#) provides a model for implementing the Standards of Professional Practice. In addition, the following examples show how the Standards of Professional Practice could be applied in three specific practice settings.

Applying the Standards in a Business Setting

A dietetics professional who is a sales manager for a food company must evaluate the sales program's effectiveness and establish sales goals for a new food product line. The sales manager begins by

collecting baseline sales data and evaluating the market research on similar food products. On the basis of the data collected, a plan is devised to increase sales of the product by 20% over the next 6 months. To achieve the goal, a marketing strategy is designed, tested, and implemented. After monthly sales reports and client satisfaction data are analyzed, the marketing plan is revised to focus on a specific sector of the market. Because of continuous evaluation, at the 6-month target date, sales have increased by 40%, twice the expected outcome.

The establishment of goals and expected outcomes to improve sales follows the principles of standard 5, Quality in Practice. This example also demonstrates implementation of several of the indicators in standard 2: basing practice on sound scientific principles, collecting measurable data, and documenting outcomes. Standard 3 is also applied as this sales manager has knowledge related to the specific area of sales and seeks out additional information to provide an effective marketing plan. Overall, the Standards of Professional Practice were applied to improve the quality of practice and achieve the positive outcome of increased sales.

Applying the Standards in a Clinical Setting

A dietitian working in a lipid clinic must develop services to help clients reduce their cholesterol levels. Typically, baseline levels are evaluated, an intervention is provided, and follow-up cholesterol levels are obtained to determine if expected reductions in cholesterol are achieved. Medical nutrition therapy and education are modified and the process is repeated with the goal of improving cholesterol levels.

In this example, the principles of the Standards of Professional Practice are a natural part of the care process. Collaborating with the client to assess current status with the goal to lower cholesterol levels reflects indicator 1.1 of standard 1. The development of a plan to achieve the mutually agreed upon goals of the therapist and client demonstrates the application of indicator 1.6 of standard 1 and all indicators of standard 5. The following outcomes demonstrate the principles of standards 1, 2, and 3: intervention approaches are changed until the desired outcomes are achieved, clients participate actively in the establishment of goals and objectives, client needs are met, and outcomes and clients' satisfaction with service are evaluated.

Applying the Standards in a Culinary Setting

A dietetics professional who consults for an industry food board is asked to develop low-fat quantity recipes featuring the industry's product. First, the dietitian discusses goals and expectations with the client, the food board. With those goals in mind, the next step is to determine the ingredient proportions and preparation methods that will be tested. A test batch of each recipe is prepared and sampled. If the product is not flavorful, ingredients and proportions are changed. At the same time, preparation costs and nutrition values are evaluated for each product to ensure that realistic ingredients and preparation procedures have been used. Revisions are made and more tests are run until an exceptional, low-fat recipe that tastes good and that has a pleasing texture and appealing presentation is developed.

This dietetics professional implements standard 1 by collaborating with the food board to determine goals for the recipe project. Standards 2 and 3, which cover application of research and knowledge, are demonstrated through the determination of the ingredients and proportions that will be used to produce the recipe. The analysis of costs and preparation methods shows the application of the management of resources component of standard 4. Repeated tests to improve the quality of the product reflect use of standard 5 to improve the quality of service. This practitioner likely demonstrates use of standard 6, ensuring continued competency, by staying abreast of new products and preparation procedures to improve current knowledge of culinary practice.

Benefits of Having Standards of Professional Practice

The Standards of Professional Practice will benefit dietetics professionals in the following ways:

- provide a guide to the knowledge, skills, judgment, and attitudes that are needed in dietetics practice;
- represent performance criteria against which all dietetics professionals may be compared by consumers, employees, and colleagues;
- provide direction for the development of dietetics services;
- encourage research to validate dietetics practice, services and effectiveness; and
- generate data that will lead to improved delivery of dietetics services.

Dietetics professionals attain their knowledge and skills through a combination of structured didactic educational experiences and mentoring. For each dietetics professional there should be a natural transformation from the structured monitoring of formal education and development to the self-monitoring of professional practice. It is the responsibility of the individual professional to increase and maintain competency throughout his or her career. To determine this dietetics professionals must conduct professional self-assessments at regular intervals. The Standards of Professional Practice should be used to compare and evaluate professional performance and aid dietetics professionals in their efforts to enhance the profession.

Implementation What is Next?

Implementing the Standards of Professional Practice is no small task. ADA's Quality Management Committee has appointed an implementation task force to help dietetics professionals apply the standards to practice. Beginning in 1998, the implementation task force will coordinate communication of the standards among internal and external groups and develop training activities for members in all areas of practice. Articles describing the applications of the Standards of Professional Practice are planned for the *ADA Courier*, dietetic practice group newsletters, and state and local association newsletters. Training sessions and workshops will be conducted at ADA's 1998 Annual Meeting and Exhibition as well as at local, state, and affiliate meetings throughout the United

States.

With such an important assignment ahead, the implementation task force will need the help of members from all areas of the Association. Members will have opportunities to volunteer to write case studies, develop presentations, and write articles. If you have an interest in this project, please contact Patrick Lockett, RD, of the Quality Management and Research Team at ADA headquarters.

Summary

The Standards of Professional Practice reflect changing market trends, transitions in the work environment, and expectations of the public. The 6 professional standards encompass the key characteristics of the dietetics profession. ADA's mission to serve the public is supported when each dietetics professional applies the 6 Standards of Professional Practice and evaluates the quality of services he or she provides.

The standards belong to each and every dietetics professional. They are scheduled for periodic review and revision as the needs of the dietetics profession change. Throughout their careers, dietetics professionals will be called on to contribute to the continuous improvement of these standards and the dietetics profession. It is the responsibility of each individual practitioner to evaluate practice and maintain competence as well as to evaluate the professional standards and contribute to the advancement of the dietetics profession.

The Standards of Professional Practice should be adopted by all dietetics professionals to ensure that they will continue to be recognized by the public as the most valued and credible sources of food and nutrition information.

The authors would like to thank the 1996-1997 Quality Management Committee (Elvira Q. Johnson, MS, RD, chair; Debbie R. Brakke, RD; Harriet Cloud, MS, RD; Mary Angela Miller, MS, RD, FADA; Darlene K. Moppert, RD; and Sylvia Escott-Stump, MA, RD) and the 1997-1998 Quality Management Committee (Gretchen Robinson, MS, RD, FADA, chair; Harriet H. Cloud, MS, RD; Debbie R. Brakke, RD; Christina W. Biesemeier, MS, RD; and Mary M. Keysor, MS, RD) for their contributions to and support of the development of the Standards of Professional Practice.

References

1. Standards of Practice for the Profession of Dietetics. *J Am Diet Assoc.* 1985;85:723-726.
2. American Dietetic Association Quality Assurance Committee. *Standards of Practice: A Practitioner's Guide to Implementation.* Chicago, Ill: American Dietetic Association; 1986
3. *Professional Standards for Dietitians in Canada.* Toronto, Ontario, Canada: Dietitians of Canada;1997.
4. *Professional Standards of Registered Nurses and Registered Practical Nurses in Ontario.* Toronto, Ontario, Canada: College of Nurses of Ontario; 1996.

5. *Standards and Scope of Rehabilitation Nursing Practice*. 3rd ed. Skokie, Ill: Association of Rehabilitation Nurses; 1994.

ADA Standards of Professional Practice for Dietetics Professionals

STANDARD 1: PROVISION OF SERVICES

Provides quality service based on client expectations and needs

Rationale

Dietetics professionals provide, facilitate, and promote quality services based on client needs and expectations, current knowledge, and professional experience.

Indicators

Each dietetics professional:

- 1.1 collaborates with client to assess needs, background, and resources and to establish mutual goals
- 1.2 collaborates with other professionals as appropriate
- 1.3 applies knowledge and skills to determine the most appropriate action plan
- 1.4 implements quality practice by following policies, procedures, legislation, licensure, practice guidelines, and the Standards of Professional Practice
- 1.5 fosters excellence and exhibits professionalism in practice
- 1.6 continuously evaluates processes and outcomes
- 1.7 advocates for the provision of food and nutrition services as part of public policy

Examples of Outcomes

- Clients actively participate in establishing goals and objectives
- Clients' needs are met
- Clients are satisfied with service and products provided

- Evaluation reflects expected outcomes
- Public has access to food and nutrition services

STANDARD 2:APPLICATION OF RESEARCH

Effectively applies, participates in or generates research to enhance practice

Rationale

Effective application, support, and generation of dietetics research in practice encourages continuous quality improvement and provides documented support for the benefit of the client.

Indicators

Each dietetics professional:

- 2.1 locates and reviews research findings for their application to dietetics practice
- 2.2 bases practice on sound scientific principles, research, and theory
- 2.3 promotes research through alliances and collaboration with dietetics and other professionals and organizations
- 2.4 contributes to the development of new knowledge and research in dietetics
- 2.5 collects measurable data and documents outcomes within the practice setting
- 2.6 shares research data and activities through various media

Examples of outcomes

- Client receives appropriate services based on the effective application of research
- A foundation for performance measurement and improvement is provided
- Outcomes data supports reimbursement for the services of dietetics professionals
- Research findings are used for the development and revision of policies, procedures, practice guidelines, protocols, and clinical pathways
- Professionals use benchmarking and knowledge of "best practices" to improve

performance

STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE

Effectively applies knowledge and communicates with others

Rationale

Dietetics professionals work with and through others while using their unique knowledge of food, human nutrition, and management as well as skills in providing services.

Indicators

Each dietetics professional:

3.1 has knowledge related to a specific area(s) of professional service

3.2 communicates sound scientific principles, research, and theory

3.3 integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication, and management theory

3.4 shares knowledge and information with clients

3.5 helps students and clients apply knowledge and skills

3.6 documents interpretation of relevant information and results of communication with professionals, personnel, students, or clients

3.7 contributes to the development of new knowledge

3.8 seeks out information to provide effective services

Examples of outcomes

- Professional provides expertise in food, nutrition, and management information
- Client understands the information received
- Client receives current and appropriate information and knowledge
- Client knows how to obtain additional guidance

STANDARD 4:UTILIZATION AND MANAGEMENT OF RESOURCES

Uses resources effectively and efficiently in practice

Rationale

Appropriate use of time, money, facilities, and human resources facilitates delivery of quality services.

Indicators

Each dietetics professional:

4.1 uses a systematic approach to maintain and manage professional resources successfully

4.2 uses measurable resources such as personnel, monies, equipment, guidelines, protocols, reference materials, and time in the provision of dietetics services

4.3 analyzes safety, effectiveness, and cost in planning and delivering services and products

4.4 justifies use of resources by documenting consistency with plan, continuous quality improvement, and desired outcomes

4.5 educates and helps clients and others to identify and secure appropriate and available resources and services

Examples of outcomes

- The dietetics professional documents use of resources according to plan and budget
- Resources and services are measured and data are used to promote and validate the effectiveness of services
- Desired outcomes are achieved and documented
- Resources are managed and used cost-effectively

STANDARD 5: QUALITY IN PRACTICE

Systematically evaluates the quality and effectiveness of practice and revises practice as needed to incorporate the results of evaluation

Rationale

Quality practice requires regular performance evaluation and continuous improvement of services.

Indicators

Each dietetics professional:

5.1 identifies performance improvement criteria to monitor effectiveness of services

5.2 identifies expected outcomes

5.3 documents outcomes of services provided

5.4 compares actual performance to expected outcomes

5.5 documents action taken when discrepancies exist between actual performance and expected outcomes

5.6 continuously evaluates and refines services based on measured outcomes

Examples of outcomes

- Performance improvement criteria are measured
- Actual performance is evaluated
- Clients' outcomes meet established criteria (objectives/goals)
- Results of quality improvement activities direct refinement of practice

STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY

Engages in lifelong self-development to improve knowledge and enhance professional competence

Rationale

Professional practice requires continuous acquisition of knowledge and skill development to maintain accountability to the public.

Indicators

Each dietetics professional:

6.1 conducts self-assessment at regular intervals to identify professional strengths and weaknesses

6.2 identifies needs for professional development and mentors others

6.3 develops and implements a plan for professional growth

6.4 documents professional development activities

6.5 adheres to the Code of Ethics for the profession of dietetics and is accountable and responsible for actions and behavior

6.6 supports the application of research findings to professional practice

6.7 takes active leadership roles

Examples of outcomes

- Dietetics professional uses self-reflection and feedback from a variety of sources to evaluate and implement professional change
- Dietetics professional development needs are identified and directed learning takes place
- Dietetics professional accepts accountability to the public
- Dietetics professional obtains appropriate certifications
- Dietetics professional supports legislation which promotes positive food and nutrition outcomes
- Dietetics professional uses "best practices" to demonstrate competency
- Dietetics professional meets Commission on Dietetic Registration recertification requirements

FIG 1. The Standards of Professional Practice developed by The American Dietetic Association.

Flowchart of the Standards of Professional Practice for Dietetics Professionals

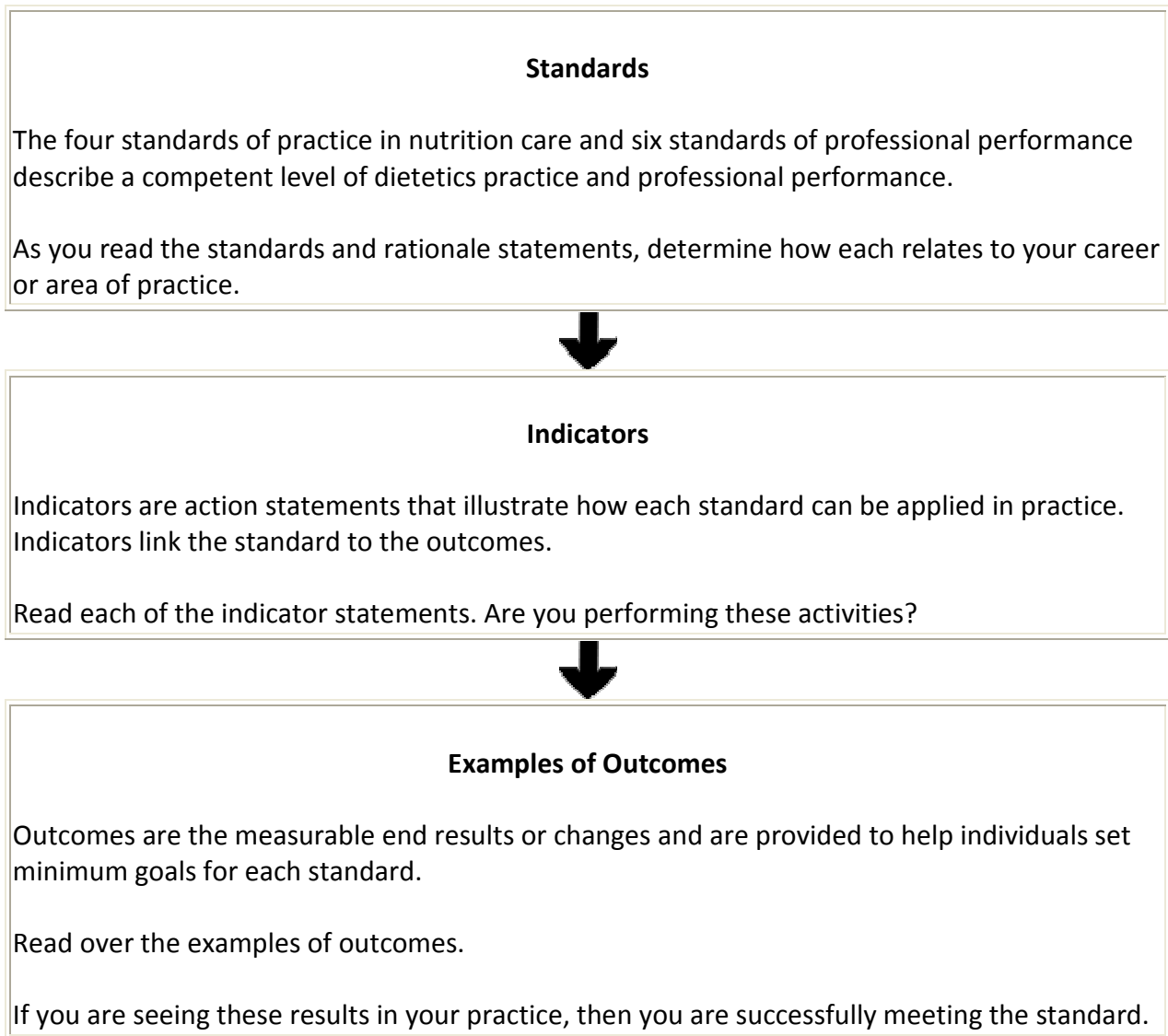


FIG 2. A flow chart for implementing the Standards of Professional Practice.

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