

**Georgia State University Coordinated Program  
Acute Care Competency Evaluation**

Student Melissa Vigdor

Evaluator Jessica Johnson

Rotation Dates 1/6/1 - 2/20

Practice Site Grady

Please write in the response that best describes the student's accomplishments during the rotation at your facility.

Y = Yes

N = No

NOO = No Opportunity to Observe

Applied evidence-based guidelines, systematic reviews and scientific literature in the nutrition care process and model and other areas of dietetics practice.	<input checked="" type="radio"/>	N	NOO
Evaluated emerging research for application in dietetic practice.	<input checked="" type="radio"/>	N	NOO
Practiced in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics.	<input checked="" type="radio"/>	N	NOO
Used effective education and counseling skills to facilitate behavior change.	<input checked="" type="radio"/>	N	NOO
Demonstrated active participation, teamwork and contributions in group settings.	<input checked="" type="radio"/>	N	NOO
Referred clients and patients to other professionals and services when needs are beyond individual scope of practice.	<input checked="" type="radio"/>	N	NOO
Established collaborative relationships with other health professionals and support personnel to deliver effective nutrition services.	<input checked="" type="radio"/>	N	NOO
Demonstrated professional attributes within various organizational cultures	<input checked="" type="radio"/>	N	NOO
Demonstrated negotiation skills	<input checked="" type="radio"/>	N	NOO
Performed the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of setting a. Assessed the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered b. Diagnosed nutrition problems and create problem, etiology, sign and symptoms (PES) statements c. Planned and implemented nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention d. Monitored and evaluated problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis e. Completed documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting	<input checked="" type="radio"/>	N	NOO

Demonstrated effective communications skills for clinical and customer services in a variety of formats.	<input checked="" type="radio"/> Y	N	NOO
Developed and deliver products, programs or services that promote consumer health, wellness and lifestyle management.	<input checked="" type="radio"/> Y	N	NOO
Delivered respectful, science-based answers to consumer questions concerning emerging trends.	<input checked="" type="radio"/> Y	N	NOO
Evaluated recipes, formulas and menus for acceptability and affordability that accommodated the cultural diversity and health needs of various populations, groups and individuals	<input checked="" type="radio"/> Y	N	NOO
Used current informatics technology to develop, store, retrieve and disseminate information and data.	<input checked="" type="radio"/> Y	N	NOO

Please comment on any N responses you circled:

**Additional comments or recommendations:**

Melissa has such a great personality. She knows her weaknesses and her strengths and is light hearted about them. At times she was fearful about certain pt's but always treated the situation w/maturity and used each opportunity as a chance to learn. Melissa is a team player and has excellent writing skills.

**Georgia State University**

**Coordinated Program**

**Affective Evaluation**

Student Melissa Vigdo

Facility Grady

Rotation Dates 1/6 - 2/19

Preceptor Jessica Todd

Rate your satisfaction with the student's performance based on each of the following performance indicators:

**ME = Meets Expectations**

**NI = Needs Improvement**

**U = Unacceptable**

		ME	NI	U
1.	Prepared for rotation	T ✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Performed in ethical manner	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Interpersonal skills	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	A team player	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Oral communication skills (clear and concise, professional, diplomatic, respectful)	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Written communication skills (clear and concise; organized; correct spelling and grammar)	T ✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Technical skills	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Critical thinking/problem-solving skills	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Organizational skills	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Time management skills (completes work in a timely manner)	T ✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Ability to work independently	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Punctual	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Dressed appropriately	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Followed procedures of the facility	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Contributions to the facility.	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Sought out opportunities for additional learning.	✓ <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of days tardy \_\_\_\_\_ Number of days absent \_\_\_\_\_ Were hours made up? \_\_\_\_\_

Please comment on any needs improvement checks.

\_\_\_\_\_

Signature of Preceptor Jessica Todd

Date 2/21/14

Signature of CP Student \_\_\_\_\_

Date \_\_\_\_\_