



North Carolina Board of Dietetics/Nutrition

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A-5 Supervised Practice Experience Supervisor's Report

To be completed by each unique supervisor named on Form A-3

ALL APPLICATIONS SHOULD BE TYPED

Name of candidate supervised:			
Your name:			
Your email:			
Your phone:			
Candidate worked under your supervision from:			
Start date:		End date:	

Describe the Supervised Practice Setting (you may indicate more than one):

- Internship, residency, clinical rotation
- Clinical practice
- Community setting
- Institution (hospital, nursing home, etc.)
- Home health care
- Other; Please describe: _____

Name(s) and location(s) of facilities where candidate practiced under your supervision:

Name of Facility or Practice	Location of Facility or Practice

Supervisor Attestations:

<p>1. Did you regularly, commensurate with the care provided, observe the provision of nutrition care services by the student or trainee supervised, and evaluate, authorize, and approve all nutrition care services of the student or trainee supervised?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If no, explain:</p>
<p>2. Did you maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including clinical record keeping?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If no, explain:</p>
<p>3. Did you ensure the student or trainee was designated throughout the supervised practice experience by a title that indicates the individual's status as a student or trainee?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If no, explain:</p>
<p>4. Were you related to, married to, or a domestic partner with this supervisee?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If YES, explain:</p>

The shaded section below only applies to applicants who worked with patients/clients in North Carolina

If the student worked with patients located in North Carolina, under G.S. § 90-368(2), the student was required to be under direct supervision as defined in 21 NCAC 17 .0303. Did the student provide nutrition care to patients located in North Carolina under your supervision during their supervised practice experience?

YES
 NO

If the student provided care to patients located in North Carolina under your supervision, please attest to the following:

<p>1) <u>Did you, together with the supervisee, identify and document competency goals for the supervised practice experience described in G.S. 90-357.5; the supervisee's scope of practice; the assignment of clinical tasks as appropriate to the supervisee's level of competence; the supervisee's relationship and access to yourself; and an evaluation process for the supervisee's performance?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>2) <u>Were you physically onsite and available for physical intervention where the student or trainee was providing nutrition care that required physically touching the patient and were you either physically onsite and available for physical intervention or continuously available by means of two-way real-time audiovisual technology that allowed for the direct, contemporaneous interaction by sight and sound between yourself and the supervisee where the student or trainee was providing medical nutrition therapy not requiring touching of the patient?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>3) <u>Were you available to render assistance during the provision of nutrition care when requested by the patient or client, or did you arrange for another qualified practitioner lawfully able render nutrition care services, to be available in your absence?</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>
<p>4) <u>Did you, regularly, commensurate with the care provided, observe the nutrition care services of the student or trainee supervised, and evaluate, authorize, and approve all</u></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>If NO, explain:</p>

<u>medical nutrition therapy provided by the student or trainee supervised?</u>		
5) <u>Did you maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including countersigning all clinical encounter notes?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, explain:
6 <u>Did you ensure the student or trainee was designated throughout the supervised practice experience by a title that indicated the individual's status as a student or trainee?</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, explain:

Total Hours Completed Under My Supervision

Under N.C.G.S. § 90-357.5(c)(2) all candidates must have completed a Board-approved internship or a documented, supervised practice experience **in nutrition services** of not less than 1,000 hours involving at least 200 hours of nutrition assessment, 200 hours of nutrition intervention, education, counseling, or management, and 200 hours of nutrition monitoring or evaluation under the supervision of a defined health professional. The balance of the required hours may be in any of the categories listed above. Please indicate the number of hours the candidate completed under your supervision, in each category.

CATEGORY	HOURS
Category A: Nutrition Assessment	
Category B: Nutrition Intervention, Education, Counseling or Management	
Category C: Nutrition Monitoring or Evaluation	
Hours spent reviewing cases with supervisee (count in total hours)	
Total Number of Hours Under My Supervision	

Documentation of Supervised Practice Experience

This section is for the Supervisor to document the supervised practice completed under the Supervisor. Please rate the Candidate's performance in each competency achieved under your supervision. All competencies under each category may not have been covered under your supervision.

*** Rating Scale of Candidate's Performance:**

<i>E</i>	= Exceeds expectations
<i>M</i>	= Meets expectations
<i>N</i>	= Needs improvement
<i>D</i>	= Does not meet expectations
<i>NA</i>	= Not Addressed (under my supervision)

If you rate the candidate as **“N = Needs improvement”** or **“D = Does not meet expectations”** provide an explanation in the column provided.

Please note, under 21 NCAC 17.0104(l), “Learning experiences must prepare students to provide nutrition care services for various populations of diverse cultures, genders, and across the life cycle, which may include infants, children, adolescents, adults, pregnant/lactating females, and older adults and to be able to competently formulate actionable medical nutrition therapies and interventions, education, counseling, and ongoing care for the prevention, modulation, and management of a range of acute and chronic medical conditions including:

- (1) underweight, overweight, malnutrition, and obesity;
- (2) cardiometabolic;
- (3) endocrine;
- (4) immune and autoimmune; and
- (5) gastrointestinal disorders.”

<u>CATEGORY A: ASSESSMENT COMPETENCIES</u>	<u>SUPERVISOR RATING*</u>	<u>EXPLANATION</u>
Conduct patient-appropriate health history		
Conduct diet and lifestyle history		
Conduct biochemical and laboratory assessment		
Understand impact of genetic/genomic factors		
Conduct anthropometric evaluation		
Assess impact of diet on health status		
Identify clinical status		

<u>CATEGORY B & C: INTERVENTION, EDUCATION, COUNSELING, MANAGEMENT, MONITORING AND EVALUATION COMPETENCIES</u>	<u>RATING*</u>	<u>EXPLANATION</u>
Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of <u>underweight, overweight, malnutrition, and obesity.</u>		
Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of <u>cardiometabolic diseases and medical conditions.</u>		
Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of <u>endocrine diseases and medical conditions.</u>		
Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of <u>immune and autoimmune diseases and medical conditions.</u>		

Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management of <u>gastrointestinal diseases and medical conditions.</u>		
Identify drug-nutrient / drug-herb interactions		
Understand interactions between nutrients		
Apply basic principles of dietary therapeutics and behavior optimization		
Understand basic principles of nutraceutical and supplement therapeutics		
Be familiar with eating behavior and eating disorders		
Assess individual patient data and compare with other data to develop therapeutic interventions		
Be familiar with effects of, and safe use of, common botanical supplements		
Have working knowledge of food quality and safety issues		
Be familiar with cultural issues, ethical standards and boundaries		
Apply knowledge of epidemiology and biostatistics in development of evidence-based treatment plans		
<u>GENERAL COMPETENCIES</u>		
Demonstrate ability to work as part of inter-professional team		
Demonstrate effective oral and written communication skills		
Effectively document client interactions and maintain client records		
OVERALL PERFORMANCE		

Please answer every question, using extra pages if needed:

1) Please describe the nature of the supervised experience including such areas as: client demographics, range of health conditions, any area of specialization, etc.

2) Based on the competencies listed in the rating chart above, what are the candidate's areas of strength?

3) Based on the competencies listed in the rating chart above, what area(s) would additional training/experience enhance the candidate's performance of medical nutrition therapy?

4) Based on the applicant's overall Performance, is the applicant capable of providing nutrition care services for the purpose of managing or treating a medical condition, without supervision?

Yes No

Please elaborate:

I hereby affirm that all of the foregoing information is true, in every respect, to the best of my knowledge.

Signature: _____

Date: _____

Submission of "A-5 Supervised Practice Experience Supervisor's Report"

The Candidate or Supervisor may submit this document in one of four ways:

1. Save electronically and upload to your online application checklist;
2. Save electronically or print and fax to: (919) 882-1776;
3. Print and mail to: North Carolina Board of Dietetics/Nutrition,
1135 Kildaire Farm Rd., Suite 200, Cary, NC 27511; or
4. Save electronically or print and scan, and email to: info@ncbdcn.org