## Georgia State University Coordinated Program Critical Care/Nutrition Support

Student	σπιλν	Whitfield	Faci	lity _	<u>(700</u>	<del>)</del> - 4	Chi hica	l (ar
Rotation Date	02/24-0	5/06/09	_ Prec	eptor	<u>Zo</u> J	sine!	Sull	<u>uister</u>
Y = Yes		N= No	NOO = No	oppor	tunity	to obse	rve	•
						Y	N	NOO
		and negotiation skill ty, and educational b		ng life	=	/		
		pation, teamwork and		n gro	р			
Demonstrated in	nitiative by p	roactively developir	ng solutions to pr	robler	ns.			
		ors and measure ach				~		
Applied evidence	ce-based guid	lelines in the nutrition	on care process.					
4		ate evidence or data						Ċ
		for application in d		•				
		the ADA Scope of				1		
		rformance and Code		-				
Profession on D	ietetics.	•				.		
		counseling skills to	facilitate behav	ior				
change.		J						
	and patients	to other professiona	als and services v	when		1/		
needs are beyon	d individual	scope of practice.	÷					
Established coll	aborative rel	ationships with patie	ents, caregivers,	·				
physicians, nurs	es, and other	health professional,	, administrative a	and				
,		s individual goals.						
Performed the N	Jutrition Care	Process and use of	standardized nu	trition	1	./		
language.			* .					
Assessed the nu	tritional statu	s of individuals.					·	
Diagnosed nutri	tion problem	s and created proble	m, etiology, sign	ns and	<u> </u>			
symptoms (PES	) statements.	· · · · · · · · · · · · · · · · · · ·						
Assessed the nu	rition status	of individuals.	:			V		
Planned and imp	lemented nu	trition interventions	to include prior	itizin	g the			
nutrition diagnos	sis, formulati	ng a nutrition prescr	ription, establish	ing g	oals			
and selection an	d managing i	ntervention.			,			
Monitored and e	valuated pro	blem, etiologies, sig	n, symptoms, an	id the				
		e nutrition diagnosis				)		
Developed and o	lemonstrated	effective communic	cation skills to m	naxim	ize	1		
client education.								
Delivered respec	tful, science	-based answers to co	onsumer question	ns.				
Justified program	ns, products,	services and care us	sing appropriate	evide	nce	1/		
or data.		·						

Please comment on any N response you circled:

Additional comments or recommendations:

Preceptor's Signature/Date _	< 8 11 . 10 -	04/15/09
Preceptor's Signature/Date _	3. Suhhuster	 04/13/09

Student's Name/Date