

Department of Family Relations and Applied Nutrition



NUTR*4040 Clinical Nutrition II - Fall 2017

Dr. Laura Forbes, PhD RD

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NUTR*4040 Clinical Nutrition II - Fall 2017
Course Schedule

Week	Date	Lecture Topic	Readings
1	Sept 7	Welcome, course overview, learning outcomes Nutrition Care Process	Course Outline Notes Chp 1-4
2	Sept 12, 14	Nutrition Support <i>Oral and Enteral</i> Assign case study teams	Notes Chp 5 Krause Chp 14
3	Sept 19, 21	Nutrition Support <i>Parenteral</i> Debrief enteral nutrition practice case Sept 21	Notes Chp 6 Krause Chp 14
4	Sept 26, 28	Metabolic Stress	Notes Chp 7 Krause Chp 39
5	Oct 3	Metabolic Stress	As above
	Oct 5	Renal CASE ONE: Metabolic stress case and Self/Peer Assessments due at 4pm on Fri Oct. 6th	Notes Chp 8 Krause Chp 36
6	Oct. 10	Study Day! No class!	
	Oct 12	Renal	As above
7	Oct 17, 19	Renal Debrief metabolic stress case	As above
8	Oct 24	Upper GI CASE TWO: Renal case and Self/Peer Assessments due at 4pm on Wed. Oct. 25th	Notes Chp 9 Krause Section on dysphagia p 929-933. Can also review Chp 28
	Oct 26	Lower GI Debrief renal case	Notes Chp 10 Krause Chp 29
9	Oct 31	Midterm	-
	Nov 2	Lower GI	As above

Course Schedule (cont'd)

Week	Date	Lecture Topic	Readings
10	Nov 7, 9	Cancer Midterm debrief CASE THREE: Upper GI <u>or</u> lower GI case (choose only one) and Self/Peer Assessments due at 4pm on Fri Nov. 10th	Notes Chp 11 Krause Chp 37
11	Nov 14	Cancer Chart Note Assignment. Optional early submission for feedback due Nov. 14th at 4pm	As above
	Nov 16	Hepatic diseases	Notes Chp 12 Krause Chp 30
12	Nov 21	Cystic Fibrosis Debrief GI cases CASE FOUR: Cancer case and Self/Peer Assessments due at 4pm on Wed Nov. 22	Notes Chp 13 Krause p 790-794
	Nov 23	Cystic Fibrosis Alzheimer's Disease	As above Notes Chp 14 Krause p 939-942
13	Nov 28	Overview of dietetic practice	Notes Chp 15 <i>Jurisprudence Handbook for Dietitians in Ontario, 2015</i> (available on CourseLink)
	Nov 30	Debrief cancer case Review for final exam (from GI onwards) Chart Note Assignment due at 4pm Fri Dec. 1 Professional Practice and Jurisprudence Quiz Due at 4pm Fri Dec. 1	-

Department of Family Relations and Applied Nutrition



NUTR*4040 Clinical Nutrition II **Fall 2017** **COURSE OUTLINE**

Instructor

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Ext 52544
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TA

Samantha Wong
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Lectures

Tuesdays and Thursdays: 1:00-2:20PM, MCKN 029

Course Description

NUTR*4040 is a continuation of NUTR*3090. This lecture and case study based course focuses on the role of nutrition in the management and/or treatment of various diseases and conditions. Nutritional support (enteral and parenteral) and methods and mechanisms of medical nutrition therapy in catabolic, renal and gastrointestinal conditions will be emphasized. Cancer, Cystic Fibrosis and hepatic and neurological conditions will also be covered, as will ethical and professional issues in dietetic practice.

Prerequisites

NUTR*3090 Clinical Nutrition I, plus 1 of BIOM*2000 (Concepts in Human Physiology) OR BIOM*3100 (Mammalian Physiology I) OR BIOM*3110 (Mammalian Physiology II) OR BIOM*3200 (Mammalian Physiology) Restriction: Registration in the B.A.Sc. AHN major

Learning Outcomes

By the time you complete NUTR*4040, you should be able to:

1. Create Nutrition Care Plans for patients with various conditions by A. conducting nutrition assessments, B. making nutrition diagnoses, C. planning and executing nutrition interventions (diet prescriptions, counselling or nutrition education), and D. monitoring and evaluating progress.
2. Summarize the background, etiology, pathophysiology, medical management, nutrition implications and nutrition management of various conditions including metabolic stress, chronic renal disease, selected upper and lower gastrointestinal conditions, cancer, hepatic diseases, Cystic Fibrosis and Alzheimer's Disease.
3. Demonstrate broad knowledge of common medications (classifications, modes of action, side effects, drug-nutrient interactions) prescribed to patients with the conditions outlined in #2 above.
4. Demonstrate productive teamwork and group communication skills.
5. Identify and explain common issues related to professional and ethical practice of dietetics, including knowledge of regulatory requirements relevant to the profession.

Evaluation

Component	Due date	% of final grade
Case studies (3 graded, best 2 counted) NOTE: You MUST do the Renal Case Study	Throughout semester	20% (10% each)
Midterm exam - to end of renal	Tues. Oct. 31 st , in class	25% or 40%*
Medical Charting Assignment	Tuesday Nov. 14 th optional submission for feedback Fri. Dec. 1 st by 4pm final submission	5%** 5% or 10%
Professional practice and jurisprudence online quiz	Available on Courselink, can be completed any time during the semester. You may attempt the quiz an unlimited number of times. Due by Dec. 1 st .	5%
Final exam – from GI onwards <u>only</u> . The final exam is NOT cumulative.	Dec. 8 th 8:30-10:30am Location TBA	25% or 40%*
	TOTAL	100%

*If you score higher on the midterm than on the final, the midterm will be worth 40% and the final will be worth 25%. If you score higher on the final than on the midterm, the midterm will be worth 25% and the final will be worth 40%. In other words, the marks will be distributed to best advantage your final grade.

** You are invited to submit a draft version of your chart note early so that you can get feedback and improve it for your final submission. If you use this option, your first submission will be worth 5% and your second will be worth 5%. If you don't use this option, your final submission will be worth 10% of your grade for this course.

Dr. Forbes' Responsibilities

I will guide you as skillfully as possible through clinical content of some “heavy duty” clinical conditions and a series of case studies. I will try to promote a positive student-centered learning environment that will progressively challenge you to develop your critical thinking, communication and application skills.

Your Responsibilities

Come to class prepared. Reading the relevant chapter(s) in the course pack should be completed before class. *As part of a working group, each student is expected to participate fully in the team process.* Try to work out any issues amongst yourselves first, but if this is not successful, come and see me. Solving problems early will make this semester go more smoothly, so don't be shy about asking for help.

Policies

Email

Please try to keep email to a minimum. Try to direct all questions to me during lectures or appointed office hours. However, do not hesitate to contact me if there is an emergency. Content-related questions are welcome on the course discussion board. Please do not use email to ask a question about course content, such as “how do you calculate a TPN prescription?” or “how do you determine energy requirements for renal patients?”

When You Are Unable to Meet a Course Requirement

When you find yourself unable to meet a course requirement due to illness or compassionate reasons, please advise me by e-mail. Where possible, this should be done in advance of the missed requirement, but otherwise, as soon as possible after the due date, and **certainly not longer than one week later.** Appropriate written documentation of your inability to meet the course requirement is required.

Academic Misconduct

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community – faculty, staff, and students – to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring. Rules pertaining to academic misconduct can be found in the 2014-2015 Undergraduate Calendar and on the following website:

<https://www.uoguelph.ca/registrar/calendars/undergraduate/current/c08/c08-amisconduct.shtml>

University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection.

Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

Course instructors are allowed to use software to help in detecting plagiarism or unauthorized copying of student assignments. Plagiarism is one of the most common types of academic misconduct on our campus. Plagiarism involves students using the work, ideas and/or the exact wording of other people or sources without giving proper credit to others for the work, ideas and/or words in their papers. In this course, your instructor will be using Turnitin.com to detect possible plagiarism, unauthorized

collaboration or copying as part of the ongoing efforts to prevent plagiarism in the College of Social and Applied Human Sciences.

Resources

Course notes, available on courselink (electronic copy) or from the bookstore (hard copy).

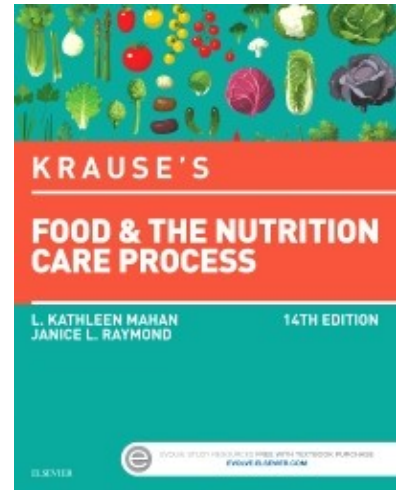
Mahan, Escott-Stump, Raymond. Krause's Food and the Nutrition Care Process. 13th or 14th edition. Elsevier Saunders, St. Louis Missouri, 2012.

A medical dictionary, try

<http://www.nlm.nih.gov/medlineplus/mplusdictionary.html>.

Pharmacological database, try

<http://www.nlm.nih.gov/medlineplus/druginformation.html>



On Reserve in McLaughlin Library

Gibson RS. Principles of Nutritional Assessment, 2nd ed. New York: Oxford University Press, 2005.

Mahan, Escott-Stump, Raymond. Krause's Food and the Nutrition Care Process. 13th or 14th edition. Elsevier Saunders, St. Louis Missouri, 2012.

Nelms M, Sucher K, Lacey K, Long Roth S. Nutrition Therapy and Pathophysiology. 2nd edition. Wadsworth, Cengage Learning. Belmont CA, 2011.

CourseLink

On CourseLink you will find course materials (schedule; course notes; case studies), practice quizzes, a discussion board and your gradebook. You will also find the following resources in CourseLink; click on "Content" (on the navbar at the top) and then "Online Readings and Resources":

Abbott Nutrition. Adult Nutritional Products Guide. 2011.

Health Canada. Nutrient Value of Some Common Foods. 2008.

Steinecke R and College of Dietitians of Ontario. The Jurisprudence Handbook for Dietitians in Ontario. College of Dietitians of Ontario. Web edition, 2015.

Online Access to the Academy of Nutrition and Dietetics' Nutrition Care Manual (free to University of Guelph AHN students!)

You can access this without a password if you are on campus and navigate to it through the library website. Alternatively, cut and paste the following url into your browser:

<http://www.nutritioncaremanual.org/>

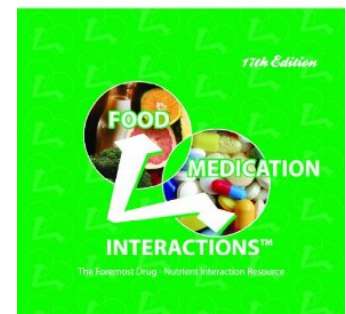
Username: lday@uoguelph.ca (this is lower case LDAY)

Password: uoguelph

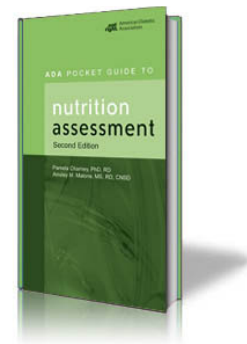
There is a limit of 5 users at any one time, so occasionally you may get a message that you can't get in because the 'seats' are full. It hasn't been an issue in the past, but if it does happen, wait a few moments and then try again.

If you have extra cash burning a hole in your pocket, consider purchasing the following (especially if you are headed to dietetic internship)

Pronsky ZM, Crowe JP, Elbe D, Epstein S, Roberts W, Young VSL, Ayoob K. Food Medication Interactions. Lists many medications, nutritionally-relevant side effects, interactions, effects on lab values, etc.
<http://www.foodmedinteractions.com/>



Charney P, Malone AM. American Dietetic Association Pocket Guide to Nutrition Assessment, 2nd ed. A quick reference. The information will become out of date with time, and of course lab values are in g or mg/dL but it contains some good core information.



Case Studies (Three graded; best two counted, each worth 10%)

You will be randomly assigned to teams of ~4 people to work on cases according to the Course Schedule. Cases represent patients from clinical practice with the described problems. There are 5 case studies throughout the course. The first one should be done by all teams; it is not graded. This leaves 4 graded cases; you and your team can choose 3 to submit. **You MUST complete the Renal Case Study**, but other than that, you can choose which cases to complete. I will drop your lowest mark, so only your 2 best case studies will count towards your grade. You can choose to submit only 2 case studies for grading (as long as the Renal Case is one of them), but both will be counted towards your final grade.

Case Studies: Choose Three of the Following to Submit

Case	Description	Due
1.	<i>Enteral nutrition practice case – done by all teams but not submitted</i>	<i>Debrief in class Thurs Sept 21</i>
2.	Metabolic stress case	Fri Oct 6 by 4pm on CourseLink
3.	Renal case – ALL GROUPS MUST SUBMIT THIS CASE	Wed. Oct 25 by 4pm on CourseLink
4.	Lower GI case or Upper GI case (<i>choose only one</i>)	Fri. Nov. 10 by 4pm on CourseLink
5.	Cancer case	Wed. Nov 22 by 4pm on CourseLink

Case Studies: Evaluation

- You and your team can submit three cases (excluding the enteral nutrition practice case); the lowest grade of the three will be dropped. All teams **MUST** submit the **Renal Case**. (The reason for this is that the renal material is complex and students do poorly on exams when they haven't done this case.) **However, I *highly recommend* that you work through ALL cases (either in your team or solo), even the ones you do not submit.**
- The grade for each case will be determined as follows:
 - 80% of each case study grade is a common team mark assigned by me on the basis of the Team Evaluation Form for Case Studies (p. 11-12).
 - 20% of each case study grade is a self- and peer-determined mark assigned by you and your team members on the basis of the Self and Peer Assessment Form (p. 13).
 - I will post an answer key for the enteral nutrition practice case to CourseLink. Thereafter, the “best” submission from the class will be posted to CourseLink for subsequent cases. I will ask your team’s permission before posting your case; the case will be stripped of identifiers and I will not disclose team member names to the class.

Case Studies: What To Do

- Complete the Nutrition Care Process (NCP), for each case. This mimics the process used in clinical practice.
- I strongly recommend that each member in the team prepare EVERY aspect of the case on their own ahead of time. Then the team can come together to compare answers to each of the NCP sections and work towards a common plan.
 - Yes, this is time-consuming. However, students in previous years have suggested that this works better than team members assigning sections to each other (e.g., “Sally, how about you assess this patient’s nutritional status, and John, why don’t you formulate the nutrition intervention?”). To do so is risky because you will all likely have different responses to, and perspectives on, the various sections. You’ll need to talk it out and work towards a consensus *together*.
 - Plan for at least one, two-hour in-person team meeting for each case. Subsequent to the first team meeting, you may want to either meet again and/or continue your discussions via email. ***I cannot over-stress how important it is to have at least one, in-person team meeting.***
 - Students in previous years have used Google Docs® or Type with Me®. These free web-based programs allow you to create a consolidated working document that can be edited by all, with edits seen by others in the team. This will come in handy as you refine your case after your team meeting. Note these are third party resources that are not supported by the university. If you want to use Google Docs, you will need a Google account.

Case Studies: Format

- Submit an electronic copy of your NCP on single-spaced, 8.5” x 11” document; 1” margins; 12 point font; **point form**.
- Paginate (i.e., insert page number in bottom right hand corner of each page).
- On the title page, include team members’ names and student IDs, and the name of the case you’re submitting.
- Total ~4 to 6 pages for each case. One extra page is allowed for the renal case study to help you fit your renal exchange plan in. You can include an appendix but be judicious; sometimes appendices are used as “dumping grounds” for information that doesn’t fit into the regular page limit, or which is superfluous or irrelevant. Appendices and title page are not included in the page limits.

Team Evaluation Form for Case Studies

Date	
Team members	
Case	
Cases submitted to date (3 max)	

Nutrition Assessment (~1 - 2 pages)

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Comprehensive. Justified. Each component (dietary, anthropometric, clinical, lab) well interpreted. Relevant and important data distinguished from irrelevant and unimportant data. Goes beyond information presented in case study description. Calculations correct.										Not comprehensive. Poorly justified. One or more component poorly interpreted. Lacks detail. Irrelevant or unimportant data included. Does not go beyond information presented in case study description. Calculations incorrect.									

Nutrition Diagnosis (~ 1/2 page)

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Nutritional, not medical. Supported by nutritional assessment data. Most important and urgent problem(s) selected and prioritized. Nutrition professional can resolve/improve problem. Most specific root cause identified for RD intervention. Signs/symptoms are specific enough to be monitored (measured/evaluated). Justified. Appropriate number of PES statements for this patient.										Medical, not nutritional. Not supported by nutritional assessment data. Most important and urgent problem(s) not selected or not prioritized. Nutrition professional may not be the right person to resolve or improve the problem. Signs/symptoms not specific enough to be monitored (measured/evaluated). Poorly justified. Too many/too few PES statements for this patient.									

Nutrition Intervention (~1 page)

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Goals and nutrition prescription/intervention match diagnosis, needs and values, and are well defined. Intervention reflects etiology from PES statement (where possible). Intervention and counseling strategy are realistic, well-justified and patient-centred. Interdisciplinary connections made (where these make sense)										Goal and/or nutrition prescription/intervention inconsistent with diagnosis, needs and values, and/or are poorly defined. Intervention does not reflect etiology from PES statement. Intervention and/or counseling strategy are unrealistic, poorly justified and/or not patient-centred. No interdisciplinary connections made (if needed).									

Nutrition Monitoring and Evaluation (~½ to 1 page)

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Plan supported by goals and intervention. Well justified, realistic. It is clear the plan will help determine whether the goals are being met and whether nutritional diagnosis being addressed or improved. Factors that may help/hinder progress identified.										Plan not supported by goals or intervention. Poorly justified. Unrealistic. It is not clear the plan will help determine whether the goals are being met or whether nutritional diagnosis being addressed or improved. No helpful/hindering factors identified.									

Additional Notes and Insights (~1 page)

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Team clearly understands the patient's condition. Team considered possible issues for any aspect of the case which might alter interpretation or intervention. Assumptions are justified. Team demonstrates insight, creativity, critical thinking, problem-solving. Patient-centred throughout. TEAM THINKING LIKE CLINICIANS!										It is clear that the team does not really understand the patient's condition. Team does not identify issues which may alter interpretation or intervention. Assumptions are poorly - or not -justified. Little or no insight, creativity, critical thinking, problem solving demonstrated. Not patient-centred. Not (yet) thinking like clinicians.									

Presentation and References

10	9.5	9	8.5	8	7.5	7	6.5	6	5.5	5	4.5	4	3.5	3	2.5	2	1.5	1	0.5
Follows format as regards page limits, font size, point form, pagination. Writing and grammar are strong. No typographical errors. High quality references. Appendices (if applicable) include relevant information.										Format not followed as regards page limits, font size, point form and/or pagination. Writing and/or grammar weak. Typographical errors. No or poor quality references. Poor use of appendices (if included) – superfluous information.									

Total (~4 to 6 pages)

/60	Team grade
Individual grade (based on Peer and Self Assessment) posted to CourseLink grade book.	

Comments:

Self and Peer Assessment Form for Case Studies (used to adjust team case study grade for each individual team member)

(adapted from Sherpa C. Group Work: A Guide to Best Practice. Teaching and Learning Services, Lincoln University, 2000)

Instructions (please read carefully!)

Using the following scale, assign a contribution mark for each team member (including yourself) for each of the five aspects of team functioning listed in the table. You are judging the performance of yourself and others in your team, and the other team members are judging your performance. These marks are used to adjust your final grade on the case studies.

3	Major contribution	Better than most of the team in this respect
2	Some contribution	About average for this team in this respect
1	Minor contribution	Not as good as most of the team in this respect
0	No contribution	No help at all in this respect
-1	A hindrance to the team	Detracted from the team process in this respect.

Example

There are three people in the team. Facilitator mark for team: 75%

Marks awarded to:	Ryan			Jane			Mary		
Marks awarded by:	Ryan	Jane	Mary	Ryan	Jane	Mary	Ryan	Jane	Mary
Dependable (e.g. punctual, prepared for discussions, reliable, etc)	3	3	2	2	2	1	1	2	2
Shows leadership (e.g. takes initiative, tackles team process issues, promotes enthusiasm, can direct others, etc)	1	-1	0	3	2	2	0	1	2
Organizes and plans (e.g. is self-directed, manages time well, etc)	2	2	1	3	3	2	1	1	2
Good decision-making skills (e.g. generates ideas, applies knowledge, understands outcomes, etc)	1	0	1	2	2	3	2	1	2
Does his/her fair share of the work	2	3	2	3	2	3	2	3	2
Overall attitude (e.g. clearly cares, is helpful, "value added" to team)	2	1	1	2	2	2	2	2	2
Totals	26			41			30		

$$\text{Average score} = (26 + 41 + 30) / 3 = 32.3$$

$$\text{Ryan's rating} = 26/32.3 = 0.80$$

$$\text{Jane's rating} = 41/32.3 = 1.27$$

$$\text{Mary's rating} = 30/32.3 = 0.93$$

Team grade is 75%. Each student in the team is assigned 80% of this mark; the other 20% is an individual mark moderated by each student's peer and self assessment rating.

Individual grade is calculated as (Team grade x 80%) + (Team grade x 20% x individual rating)

$$\text{Ryan's final case study grade: } (75\% \times 80\%) + (75\% \times 20\% \times 0.80) = \mathbf{72\%}$$

$$\text{Jane's final case study grade: } (75\% \times 80\%) + (75\% \times 20\% \times 1.27) = \mathbf{79\%}$$

$$\text{Mary's final case study grade: } (75\% \times 80\%) + (75\% \times 20\% \times 0.93) = \mathbf{74\%}$$

Self and Peer Assessment Form (worth 20% of case study grade)

Name: _____

Date: _____

Submit an electronic copy of this form for each case study your team submits!

Using the following scale, assign a contribution mark for each team member (including yourself) for each of the five aspects of team functioning listed in the table. You are judging the performance of yourself and others in your team, and the other team members are judging your performance. These marks are used to adjust your final grade on the case studies.

3	Major contribution	Better than most of the team in this respect
2	Some contribution	About average for this team in this respect
1	Minor contribution	Not as good as most of the team in this respect
0	No contribution	No help at all in this respect
-1	A hindrance to the team	Detracted from the team process in this respect.

Aspect of team functioning	Your name:	Team member:	Team member:	Team member:
Dependable (e.g., punctual, prepared for discussions, reliable, etc.)				
Shows leadership (e.g., takes initiative, tackles team process issues, promotes enthusiasm, can direct others, etc.)				
Organizes and plans (e.g., is self-directed, manages time well, etc.)				
Good decision-making skills (e.g., generates ideas, applies knowledge, understands outcomes, etc.)				
Does his/her fair share of the work				
Overall attitude (e.g., clearly cares, is helpful, "value added" to team)				

Comments (optional):

Guidelines for Team Work

(Gibbs G. Learning in Teams. A Student Manual. Oxford: Oxford Centre for Staff Development, 1994).

1. Form a Team

- Read through the checklists below on how to form a team, and how NOT to form a team.

What you can do to form a team...	How to avoid becoming a team...
<ul style="list-style-type: none"> • Get to know each other • Do something social together • Carry out a task together • Disclose personal information about yourself • Express feelings about being on the team • Identify your strengths and potential shortcomings as a team • Identify your skills that may be useful to the team • Identify your preferences about how you like to work with others • Build, make, construct or draw something together • Be “better” than the other teams 	<ul style="list-style-type: none"> • Don’t join in • Have an aimless chat • Allow an individual to dominate • Allow members to not join in • Keep it neutral and abstract • Avoid any expression of feelings • Refuse to set yourself any task or goal • Don’t find out about each other • Don’t disclose anything about yourself • Express criticism and hostility towards others • Don’t listen to each other • Show no interest in the team

2. Set Ground Rules for Team Process

The team should establish its own rules, and each member should agree to rules. The following are suggested rules as a starting point:

- Decisions should be made democratically, by consensus or vote.
- Aggressive or dominating behavior is unacceptable.
- Meetings will start five minutes after time.
- Tasks that members agree to undertake are to be completed by agreed time.
- The views of each member will be heard.
- Chair and note-taker roles will rotate each time.
- Group members should check their U of G e-mail and respond to group messages within 48 hours or any other appropriate time frame agreed upon by the group.

3. Decide Who is Doing What

1. List all jobs that need to be done. Be as specific as possible. See Table.
2. Divide bigger jobs into components and focus on outcome needed.
3. Estimate how long each job will take.
4. Finally, decide who will do each job. Agree to division of labour (one person might do less now and more later - it is up to group to decide).

Table. JOB LIST FOR CASE STUDIES

What needs doing?	How long will it take?	Who will do it?

4. Make Your Meetings Work

Try running your meetings in a formal way. Formal meetings have an agenda, listing the topics to be discussed. There is a chairperson to guide the meeting through the agenda, opening and closing each item, summarizing and clarifying, and helping the group reach decisions. The chairperson has to watch the time spent on each item. There is a secretary to record decisions and the outcomes of discussions and to produce a summary (minutes) after the meeting for everyone.

Agendas usually contain the following:

1. Notes of the last meeting, a list of who was present and missing, a record of what was decided and identification of who was to do what.
2. Matters arising from the last meeting, what happened since, and progress.
3. Items for discussion, usually agreed to before meeting.
4. Any other business, additional items that came up since last meeting.
5. Time and place of next meeting, statement of meeting purpose.

5. Review Your Meetings

1. It was clear who was taking responsibility for chairing the discussions.
2. It was clear who was taking notes.
3. We reviewed the past meeting.
4. We reviewed our progress since the last meeting.
5. Before we arrived it was clear what the meeting was meant to achieve.
6. It became clear at each stage what the meeting was meant to be achieving.
7. We had a clear list of things to discuss and work on.
8. The business of the meeting was conducted briskly.
9. We moved through the various topics in an orderly way.
10. We spent a balanced amount of time on the different things we discussed.
11. The discussion was focused around decisions that we needed to make.
12. We made clear decisions and recorded these.
13. There will be a written summary of what we agreed.
14. We agreed on a time and place for the next meeting.
15. We know what the next meeting will be for.
16. The meeting was effective; the meeting was enjoyable.

6. Spot and Address Problems

On your own, use the checklist below to help identify any problems in the team. Add or change to suit your view. Talk to the team as a whole to see what problems are being identified by more than one person. Try to focus on identifying problems rather than placing blame. Decide on what action to take as a team.

What's Going Wrong Checklist:

1. We don't listen to each other.
2. We keep repeating arguments instead of moving on.
3. We constantly interrupt each other.
4. We just push our own views instead of developing and encouraging others' ideas.
5. We allow dominant members to dominate.
6. Some of us do not contribute.
7. We don't compromise enough.
8. We concentrate on making impressions rather than on getting the job done.
9. We don't have clear tasks or objectives.
10. We are not clear about what has been decided.
11. We don't make it clear who is to take action on decisions.
12. We put each other down.
13. We bring in irrelevant or unhelpful points.
14. We don't recognize that others have feelings about what is happening in the team.

Chart Note Writing Assignment (Worth 10% of your final grade)

Optional Formative Feedback Due Nov. 14th (worth 5% of your final grade if submitted)

Final Submission due Dec. 1st (worth 5% or 10% of your final grade)

Each student will complete this assignment independently. For this assignment, you'll be practicing the chart note writing skills you started developing in Nutr. 3090. You will write a chart note for one of the case studies you've already completed. The key to this assignment is to present a complete picture of the nutrition care process in the smallest space possible.

Format:

- Write the chart note using the ADIME format (see Krause textbook Table 11-3 and box 11-3 for detailed description and example)
- DO NOT use full sentences. Use medical terminology and abbreviations as appropriate. (see CourseLink for medical abbreviations cheat sheet)
- Submit an electronic copy of your ADIME note on double-spaced, 8.5" x 11" document; 1" margins; 12 point font
- Maximum length: 1 page. This is a strict cut-off. One of the key skills you are developing is the skill of communicating the most important information using the least number of words possible.

Optional Chart Note Feedback

If you would like to practice and improve your chart note writing skills, submit your chart note early. The TA and I will give you pointers on how to make your note better for your final submission. We will give your graded chart note back to you by Nov. 23rd so that you will have time to revise and resubmit your note. If you choose to submit your chart note early, the first submission will be worth 5% of your final grade for the course and the final submission will be worth 5%. If you do not submit an early chart note, your final note will be worth 10% of your final grade for the course.

Student Name _____

Chart Note Assignment Marking Rubric

ADIME note	0 points	1 point	2 points	3 points
Format	4+ formatting instructions were not followed	2-3 formatting instructions were not followed	1 formatting instruction was not followed	All formatting instructions are followed
Assessment	Not enough data is presented to give a thorough picture and the data is very disorganized	Not enough data is presented to give a thorough picture or the data is very disorganized	Enough data is presented to give a thorough picture or the data is somewhat disorganized	Enough data is presented to give a thorough picture and all data is logically organized.
Diagnosis – PES statement	PES statement not present or is incomplete	Complete PES statement is present	N/A	N/A
Intervention	Interventions are described briefly but descriptions lack a lot of detail	Interventions are described briefly but descriptions lack some detail	Interventions are described briefly but in enough detail to be reproducible.	N/A
Monitoring and Evaluation	Monitoring and evaluation plan lacks thoroughness	A thorough monitoring and evaluation plan is present	N/A	N/A
Total	/10			