

APPENDIX A – LEARNING ACTIVITIES

Practice-Based Evidence in Nutrition (PEN[®]) Practice Question – in pair

Background

The PEN system is an evidence-based decision support resource developed by Dietitians of Canada, designed to help dietitians keep pace with food and nutrition research. It provides Knowledge Pathways on a variety of topics relevant to everyday practice. PEN authors identify relevant literature from various sources, and then critically appraise, grade, and synthesize that literature into key practice points to answer specific **Practice Questions**. In FRAN*6610, you will have the experience of a PEN author and will write an adapted Practice Question.

Visit [PEN Terminology and Features](#) to learn more about Practice Questions and more.

Complete this assignment in pair. In pair, divide the work as you wish, however the expectation is that you will co-create the Practice Question, and review, edit and approve each other's contributions. You will share the same mark.

Topics

There are many possibilities! The only guideline is that the topic be clinical in nature. Ideas:

- Choose a Practice Question from a placement – ask your preceptor for suggestions.
- Revisit the curriculum from the MAN Boot Camp. Is there a clinical topic about which you would like to learn more? Now's your chance!
- If you are interested in **updating a Practice Question**, choose from the list posted to CourseLink, provided by Elizabeth Manafò, PEN Content Manager
- If you are interested in **creating a new Practice Question**,
 - Visit PEN to confirm that the question has not already been published
 - OR
 - Review a current Knowledge Pathway based on an area of interest/placement/developing area of research. Is there a Practice Question within this Knowledge Pathway that you do not see and think should be included as part of evidence?

As a frame of reference, below is a sampling of topics from previous FRAN*6610 students:

- Does a low-FODMAP diet improve symptoms of Irritable Bowel Disease?
- Do post-operative, bariatric surgery patients who consume probiotics, compared to those who do not consume probiotics, have improved health outcomes?
- Do HIV+ individuals undergoing integrase strand transfer inhibitor treatment experience greater weight gain compared to those taking other HIV medications?
- Do breastfeeding women who take a fenugreek supplement or drink fenugreek tea have a higher breastmilk volume than those who do not?

PEN Search Strategy

Creating a PEN Practice Question requires excellent literature searching skills and appropriate bounding of the topic, so that the project is neither too small nor too large. To allow for feedforward (vs. feedback) early in the process, submit a single-spaced, **2-3 (max) page** search strategy with your and your partner's name (if applicable).

Include the following in your search strategy:

Title

Your Practice Question, in PICO format where possible.

PICO Format for Developing a PEN Practice Question (adapted from PEN Writer's Guide , 2019)	
P opulation - the relevant patients, clients, or groups	<i>Do patients with ileostomies...</i>
I ntervention or exposure	<i>who consume a high fibre diet (>20 g)...</i>
C omparison or control	<i>compared to those who consume a low fibre diet (5-10 g)...</i>
O utcome (patient-, client- or group-relevant consequences of the intervention or exposure)	<i>have a higher incidence of ostomy blockage?</i>

Methods

Methods for literature searching, including databases, search terms with Boolean operators (AND, OR, NOT) and search filters/criteria. These should be clear and comprehensive. Google Scholar is not sufficient.

References for Possible Inclusion

A list of 1-5 English-language systematic literature reviews (SLR), meta-analyses, narrative literature reviews (only those with search strategies) and/or primary studies that answer your Practice Question and that you are considering including as evidence statements in your final PEN Practice Question assignment.

In order of preference, include:

1. High quality SLR or meta-analysis that matches your Practice Question.

- If your Practice Question is completely answered with one SLR/meta-analysis, then stop here. No need to look for further evidence.
- If more than one SLR/meta-analysis is identified, choose the one that addresses all the important outcomes/best matches your Practice Question. If more than one SLR/meta-analysis addresses all the important outcomes/matches your Practice Question, select the one most recent and highest quality SLR/meta-analysis. Then stop here-no need to look further.
- If your Practice Question is not completely answered, you'll need additional

evidence. For example, if the SLR/meta-analysis considers men, you may need an additional primary study on women (if this example fits with your Practice Question).

2. **Recent narrative review to summarize primary research.** The narrative review should include a search strategy and be balanced and objective.
 - If the review-with-search-strategy addresses your Practice Question and is the best quality evidence you can find, then stop there. No need to look for further evidence.
 - If the review-with-search-strategy does not address your Practice Question, you'll need additional evidence.
 - If the review-with-search-strategy is biased (i.e., it includes only those studies which prove the author's point/hypothesis), you'll need to replace this review with other evidence.
3. **High quality/impactful primary study(s)**, such as RCTs. Do so ONLY if:
 - It is more recent than the SLR/meta-analysis.
 - It reports an important outcome not included in the SLR/meta-analysis.

Do not include narrative literature reviews which lack a search strategy, opinion pieces, perspectives in practice, consensus statements, practice guidelines, “grey” literature, etc. **These cannot be made into evidence statements.**

References Identified Using Literature Search Strategy Which Will Be Excluded

A list of 5 English-language systematic literature reviews, meta-analyses, narrative literature reviews with search strategies or primary studies from your literature search strategy that you will exclude from your final PEN Practice Question assignment. For each, briefly explain (1 to 3 sentences) why you are excluding it.

Submission Instructions

- Include your and your partner's name (if applicable). If submitting as a pair, submit to one partner's Dropbox only.
- 2-3 (max) single-spaced pages in Times New Roman size 12 or Arial size 11 font; 2.5 cm margins, paginated.
- Follow PEN referencing style on p. 9-10 in the PEN Style Guide posted to CourseLink See rubric in Appendix B.

Can you deviate from the search strategy after submission? Yes.
If you are interested in a new direction, submit an alternate search
strategy. The resubmission will not be graded.

PEN Practice Question

Brief description of what to include in your adapted PEN Practice Question assignment:

- An introduction and background
- A Practice Question with accompanying practice category and sub-category
- A Key Practice Point which answers your Practice Question
- Evidence
- Conclusion and recommendations for future research
- References

Expanded Description (see rubric in Appendix B)

Introduction and Background (~3-4 pages)

This includes background information about the condition/topic. It should be sufficiently descriptive to provide a practitioner new to the area of practice with the foundational information needed to understand the context of the Practice Question to follow. It can include definitions, prevalence, etiology, diagnosis, rationale for the Practice Question to follow, etc.

Practice Question, Category and Sub-Category (2-3 sentences)

Practice Question

A well-written background will set the stage for your Practice Question. Your Practice Question should follow (where possible) the PICO format.

Knowledge Pathway

Identify the Knowledge Pathway practice category to which your Practice Question belongs:

- *Population Health/Life Cycle*
- *Health Condition/Disease*
- *Food/Nutrients*
- *Professional Practice*

Practice Question Sub-Category

Identify the sub-category to which your Practice Question belongs:

- *Health Promotion/Prevention* – Questions relating to efficacy of health promotion or disease prevention activities or interventions; content may define or illustrate population health approaches including capacity building, social marketing, etc.
- *Assessment/Surveillance* – Questions relating to who should be assessed or screened, when, how, and why. Questions should be grounded in evidence and ideally tied to outcomes, not simply common or desirable practice.
- *Intervention* – Questions relating to effective program planning as well as nutrition interventions or therapy.
- *Evaluation/Outcome Indicators* – Questions relating to cost effectiveness, best practices, evaluation strategies, outcomes of interventions or validity of particular outcome measures.
- *Education* – Questions addressing effectiveness of specific types of education/counselling or education programming.

Key Practice Point (1-2 pages)

A key practice point (KPP) includes two elements:

Recommendation

A 1-3 sentence take-home message which directly answers your Practice Question. Think of the recommendation as the “so what?” factor. It should be valid (grounded in the evidence) and relevant (will make a difference to practice/outcomes and/or is one which practitioners/clients would care about).

Evidence Summary

A concise summary of each evidence point described in the Evidence section (below). Depending on the Practice Question, you are likely to need more than one evidence point. (See Example 1 Practice Question, KPP and Evidence, posted to CourseLink.) Each evidence point is accompanied by an evidence grade. Click [here](#) for the PEN evidence grading checklist. **For each evidence point, there should be an accompanying evidence statement to follow.**

Evidence (max 1 page per evidence statement)

The Evidence section is populated with evidence statements. Each evidence statement describes a single article in a concise and clear format. An evidence statement goes beyond paraphrasing the article abstract; it succinctly describes the study and results and puts these into context for the reader using your critical appraisal skills. **There should be one evidence statement for each evidence point.**

Setting Up Your Evidence Statements

Each lettered point is a separate article.

- Articles are ordered first by type (SLR/meta-analysis → narrative lit review with search strategy → primary study(s)), then publication date from newest to oldest

Each evidence statement should include the following information:

- Type and year of publication e.g., 2019 SLR, 2018 randomized controlled trial, etc.
- For a SLR, provide a brief description of the question addressed, number and type of articles and participants included (e.g., 12 RCTs (n=375 adults)), then the intervention/comparison and results.
- For primary studies, provide a brief description of the population (including drop-out rate, if applicable), intervention and results.
- When reporting results:
 - Only report those which are relevant to your Practice Question. If a SLR/study includes additional findings not relevant to your Question, don't report these.
 - Include quantitative findings such as odds ratio (OR), relative risk (RR), hazard ratio (HR), P-value etc., and Confidence Intervals (CI) where it makes sense to do so (i.e., when the question relates to risk)
 - When provided, report the degree of change/difference between groups or of association between two variables. This helps the reader determine clinical vs. statistical significance.

- For example, a 5% decrease in LDL-cholesterol may be statistically significant ($p \leq 0.05$) but this isn't a terribly clinically significant decrease. Alternatively, a 20% decrease in LDL-cholesterol levels may be statistically nonsignificant (i.e., $p > 0.05$), but one could argue that this decrease is pretty clinically significant.
- Article authors' main conclusions.
- Limitations of the study – both the authors' limitations as well as any limitations YOU identify. A transitional statement or phrase can help, e.g., "Limitations identified by the author of the study include.... and additional limitations are..."

How many evidence statements should you include?

It depends on your Practice Question. The typical range is 1 to 6.

Rather than focus on quantity, ask yourself:

Have I answered my Practice Question? Am I satisfied?

What's the Difference Between an Evidence Statement vs. Evidence Point vs. Evidence Summary?

An evidence statement is a description of the study and makes an evidence point.

There should be one evidence point for each evidence statement.

Evidence points make up the evidence summary.

Conclusion and Recommendations for Future Research (~1 page)

The conclusion should include practical information helpful in understanding and applying the recommendation to practice. For example, consider access, any financial or human resource implications of your recommendation, etc. The conclusion should elaborate/expand on the KPP recommendation. If, for example, you say in the KPP that the data are mixed, here's where you can unpack what that means from a clinical perspective. The conclusion should also provide suggestions for future research grounded in limitations identified in the evidence statement(s).

References (see p. 9 and 10 of the PEN Style Guide posted to CourseLink)

References to support your PEN Practice Question assignment will include those used to create the evidence statements, as well as a variety of other references to support the Introduction and Background, as well as the Conclusion and Recommendations for Future Research.

- Those references for the evidence statements will be SLR, meta-analyses, narrative literature reviews with search strategies, and/or high-quality primary study(s)
- Those to support the Intro and Conclusion sections can be broader and include narrative literature reviews, practice papers, "grey" literature, etc.
- All references should be presented in one reference list at the end of your assignment, in order of appearance in the text.
- Reference numbers in the text should be cited by using numbers in parenthesis at the end of the first sentence that refers to the material cited, before the period, such as (1). Do not

use superscripts. Multiple sequential referencing should be listed with the first and last number with a hyphen separating the two numbers e.g., (1-3).

How to Reference a Journal Article

Howard MM, Nissenon PM, Meeks L, Rosario ER. Use of textured thin liquids in patients with dysphagia. *Am J Speech Lang Pathol*. 2018; 27(2):827–35. doi:10.1044/2018_AJSLP-16-0140. Abstract available from: <https://pubmed.ncbi.nlm.nih.gov/29710346/>

- List all authors when six or fewer; when six or more, list only the first six and add "et al."
Example: Smith A, Jones B, Smith C, Jones D, Smith E, Jones F, et al.
- Abbreviate periodical titles according to Index Medicus. If a title does not appear in Index Medicus, provide the complete title.

Note: if using PubMed, there is an easy way to copy references using the 'cite' function - choose NLM as the format, then copy and paste the reference into your Word document.

The screenshot shows the PubMed.gov interface. At the top, the NIH logo and 'National Library of Medicine' text are visible. Below the search bar, the query '(cystic fibrosis) AND (dietary fat)' is entered. The search results page shows a single result for an 'Observational Study' titled 'Pancreatic enzyme replacement therapy in cystic fibrosis: dose, variability and coefficient of fat absorption' from the journal 'Rev Esp Enferm Dig'. The authors listed are Joaquim Calvo-Lerma, Sandra Martínez-Barona, Etna Masip, Victoria Fornés, and Carmen Ribes-Koninckx. On the right side of the article, there is a 'FULL TEXT LINKS' section with a 'REED.es' button. Below this is an 'ACTIONS' menu where the 'Cite' button is circled in red. To the right of the main page, a 'CITE' dialog box is open, showing the citation text and the 'Format' dropdown menu set to 'NLM', which is also circled in red.

PEN Practice Question Submission Instructions

- Include your and your partner's name (if applicable)
- 6-12 pages, paginated, double-spaced, 12 pt Times New Roman or 11 pt Arial font, 1" margins. The number of pages depends on how many evidence statements are included.
- The page limit excludes title page, references; these should be single-spaced.
- Do not include appendices. They will not be read.

Team Case Study – In teams of 5/6

Background

Your team will create a realistic clinical case study illustrating common nutrition concerns a clinician may encounter in the care of such a patient/client. The case study can be quantitative or qualitative, or some combination thereof. You can base your case study on a patient encountered in clinical practice; if you do, remove all identifying information. **The case should be sufficiently challenging to encourage *critical thinking* in working through the nutrition care process. That is, there should be *decision points* built in.** Max two pages.

A realistic case is one in which elements of the patient's presenting complaint(s), medical diagnosis, lab values, care plan, etc., make sense and are consistent with clinical practice.

An unrealistic case is one in which these elements would not likely be seen in clinical practice. E.g., implausibly low serum albumin.

As a frame of reference, below are some case study topics from F19 and F20 students:

- 55 y.o. M with COPD admitted w/ diagnosis of UTI, T2DM
- 75 y.o. M admitted post autologous stem cell transplant secondary to multiple myeloma. Diagnosed with mucositis, odynophagia, and ulcerative colitis
- 18 y/o F with newly diagnosed Crohn's disease
- 62 y.o. M; 1/12 post-ischemic stroke. Diagnosed with dysphagia
- 4 mo old infant with suspected allergy to cow's milk protein
- 8 y o M with autism and nephrotic syndrome relapse

Note that FRAN*6710 (Practicum in AHN I) also has a case study assignment, with topics including chronic kidney disease + vegan diet, cancer (leukemia), Wernicke's, chylothorax and GSW with an open abdomen. If in FRAN*6610 you choose a topic similar to the list provided by Alexia Prescod in FRAN*6710, ensure that the cases are substantially different.

Overview

Your team will do a short oral presentation on the clinical condition and introduce the case to the class. Each team member will then facilitate a small group discussion to work through the nutrition care process of the case. Following this, we will all return to the large group, where you and your team will debrief the case with the class.

Oral Presentation and Introduction of Case (~10-15 minutes)

The oral presentation should present the background of the condition. It should contain sufficient information to help your peers understand the condition and common nutrition issues to set the foundation for the case study. Use medical short forms/abbreviations in your case.

- How the presentation (and the subsequent debrief) are divided amongst team members is up to you; however, all should take part in the planning of both and the delivery of one or both.
- If you use PowerPoint:
 - “Share screen” from one team member’s computer so that the presentation is visible to all.
 - Use font size 24 or larger. If you need to use a smaller font to fit everything on a slide, you have too much information. Cut back.
 - Include references on slides as you go, rather than on a slide at the end.
- Either begin or conclude the presentation with the case study (a description of the patient).
- Email me your case study right before class starts. I will post to CourseLink for all to access and download.

Case Study Facilitation (~60 minutes)

Each team member will facilitate a small group of 4 to 5 peers through the nutrition care process related to the case. This includes nutrition assessment, nutrition diagnosis (PES statement), nutrition intervention, and nutrition monitoring and evaluation.

By the Sunday (at 11:59pm) following the team’s case study presentation, submit to Dropbox a one-page, single-spaced self-reflection on your facilitation. See p. 22 for elements to include in your reflection.

Large Group Debrief, Discussion and Conclusion (~15-20 minutes)

Following case study facilitation, the team will lead a class debrief/discussion about the case, including but not limited to:

- Particularly relevant (not necessarily all) steps of the nutrition care process
- Challenges a clinician may encounter with such a case in real clinical practice
- Recommended resources for patients and/or clinicians
- Summary and overall conclusion

In other words, do not ‘take up’ the case

Exemplar chart notes - and medical abbreviation resources - are posted to CourseLink!

ADIME Chart Note – Done individually (on any one or two teams' cases except your own team's case)

Create a medical chart note, based on the nutrition care process of any one or two teams' case study (except your own team). One chart note submission will be worth 20% of your grade; two submissions will each be worth 10%.

The chart note is due on the Sunday following the team's case study presentation, at 11:59pm, in Dropbox.

Format

The medical chart note should be in ADIME format (Assessment, Diagnosis, Intervention and Monitoring/Evaluation):

- **Assessment:** Nutrition assessment
 - Interpret data needed to identify nutrition-related problems, their causes, and significance. Follow A, B, C, D of nutritional assessment (anthropometrics, biochemical, clinical, and dietary)
- **Diagnosis:** Nutrition diagnosis (PES statement)
 - Identify and describe a specific nutrition problem that can be resolved or improved through treatment/nutrition intervention.
 - Not be confused with a medical diagnosis (e.g., cirrhosis).
 - 2019 Nutrition Diagnostic Terminology is posted to CourseLink under Content
- **Intervention:** Nutrition intervention
 - Should resolve or improve the nutrition diagnosis/problem
 - Can include advice, education, delivery of a food component of a specific diet or meal plan, etc.
- **Monitoring/Evaluation:** Nutrition monitoring and evaluation
 - Monitoring, measuring, and evaluating the changes in nutrition care indicators, and whether the nutrition-related goals/expected outcomes are being met.

Submission Instructions

The ADIME chart note should:

- Be a maximum of 1 page, single-spaced, 1" margins
- In Times New Roman font size 12 or Arial size 11
- Be written in professional language including appropriate medical short forms and abbreviations where possible, SI units. There are medical abbreviation resources posted to CourseLink under "Content."
- Include your name in a header or footer

No references are required.

APPENDIX B - RUBRICS

PEN Search Strategy

Practice Question, Knowledge Pathway Category and Sub-Category

Practice Question in PICO format (where possible) and positioned in appropriate practice category and sub-category.				
1	2	3	4	5

Search Strategy - Methods

Methods for searching, including databases, key search terms (MeSH, text words), search criteria/filters, are clear and comprehensive.									
1	2	3	4	5	6	7	8	9	10

References for Possible Inclusion in PEN Practice Question Assignment

1 to 5 English-language references which are high quality and can be made into evidence statements (i.e., systematic literature reviews, meta-analyses, narrative literature reviews with search strategies, and/or primary studies).				
1	2	3	4	5

References to Exclude from PEN Practice Question Assignment

5 English-language references (i.e., systematic literature reviews, meta-analyses, narrative literature reviews with search strategies, and/or primary studies) you will exclude from your final Practice Question assignment. Brief justification for exclusion provided for each.									
1	2	3	4	5	6	7	8	9	10

Total: /30 = /20

PEN Practice Question

Introduction/Background

The background is sufficiently descriptive to provide a practitioner new to the area with the foundational information needed to understand the context and relevance of the Practice Question to follow.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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Key Practice Point - Recommendation

Directly and succinctly answers the Practice Question. A clear practice recommendation is made. The recommendation is valid (grounded in the evidence presented) and relevant (will make a difference to practice/outcomes and/or is one which practitioners/clients would care about).

1	2	3	4	5	6	7	8	9	10
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Key Practice Point – Evidence Summary

Summary of each evidence point is concise, accurately reflects the evidence statement and is accompanied by an evidence grade consistent with the quality of evidence supporting the point.

1	2	3	4	5	6	7	8	9	10
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Evidence

Each evidence statement is clearly and succinctly explained and goes beyond a simple description or paraphrase of the article abstract. The study and results are contextualized for the reader, demonstrating excellent critical thinking and interpretative skills. Elements presented on p. 13-14 of the course outline are included. The author has skillfully identified one or more evidence points as needed to answer the Practice Question. Evidence statements (if more than one) are in the correct order. There is one evidence statement per evidence point.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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Conclusion and Recommendations for Future Research

Provides practical and helpful information to understand and apply the recommendation to practice. (e.g., considers access, practicality/cost, etc.). Recommendations for future research are grounded in limitations identified in the evidence statement(s).

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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Overall Considerations and References

The assignment is well-written. This includes flow and clarity of points, spelling, grammar, sentence structure, punctuation. Follows submission instructions. References are appropriate in number and quality, and are cited per PEN Style Guide, both in the text and the reference list.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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TOTAL /95 = /30

Team Case Study

Shared Marks

Background Presentation

Content – quality, quantity, organization of information; provides solid foundation for case study									
1	2	3	4	5	6	7	8	9	10

Case Study

Realistic and sufficiently challenging to get peers to critically think through the nutrition care process; decision points are built in; illustrates one or more challenges a RD may encounter in managing such a patient in real life; well written; clearly presented; uses medical charting terminology/short forms																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Group Debrief, Discussion and Conclusion

Facilitators solicit contributions from peers re: relevant steps of the nutrition care process, review “sticking points,” discuss challenges faced by RD and/or patient in scenario, keep discussion flowing and advancing, recommend resources, provide overall summary and “take away” message(s)									
1	2	3	4	5	6	7	8	9	10

Overall

Flow, Timing and Teamwork – presentation, group debrief and discussion flow well; team manages time well without rushing or going too slowly; team works well together; tasks appear equitably divided									
1	2	3	4	5	6	7	8	9	10

Individual Marks

Delivery

Presenter/discussant relaxed, confident, engaging, interested/non-monotone, professional. Minimal reading from notes/slides.									
1	2	3	4	5	6	7	8	9	10

Reflection on Case Facilitation

Facilitator provides an honest and substantiated reflection of their facilitation performance, identifying and explaining reasons why one or more elements of the facilitation went well/did not go well. Illustrative examples provided.														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

TOTAL /75 = /30

Case Study Facilitation – Reflection

This should be an honest reflection of your facilitation skills. What is being graded is the quality of your reflection rather than your actual facilitation performance. Use your peers' comments to inform your reflection. If you and/or your peers felt your facilitation skills were weak, explain here how/why. If the reflection on the facilitation performance is strong, there is still the opportunity for full marks.

Guidance

How skillfully did I guide the group discussion? Did I ask the group questions to keep the discussion moving? Did I redirect, rather than answer, questions posed by peers? Did I successfully resist the temptation to showcase my own knowledge?

Comments:

Group Dynamics

Did I engage all members of the group, including drawing in those who are quieter and redirecting those who were more dominant? Did I encourage my peers to work together?

Comments:

Flow, Time Management

How did I manage time? How did I manage the flow from section to section of the nutrition care process?

Comments:

ADIME Chart Note

Assessment

Interpret data needed to identify nutrition-related problems, their causes, and significance.									
1	2	3	4	5	6	7	8	9	10

PES Statement

Create as many nutrition diagnoses as are relevant to the patient, based on the nutritional assessment. PES statement(s) is(are) clearly written, well justified, based on information presented in the case. All available evidence to support the diagnosis is presented.				
1	2	3	4	5

Intervention

Proposed intervention(s) based on the PES statement(s). Consistent with (resolves or improves) the nutrition diagnosis.				
1	2	3	4	5

Monitoring and Evaluation

The plan monitors, measures, and evaluates the changes in nutrition care indicators, and whether the nutrition-related goals/expected outcomes are being met. Consistent with nutrition diagnosis and intervention.				
1	2	3	4	5

Charting and Writing

Clear, well-written, professional including appropriate use of medical terminology and short forms/abbreviations, excellent spelling and grammar. Consistent with ADIME charting and submission instructions.				
1	2	3	4	5

Total	/30 =	/20 for one submission, /10 for each of two submissions
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APPENDIX C – Dietetic Performance Indicators Incorporated Into FRAN*6610

(Per Partnership for Dietetic Education and Practice, 2020. www.pdep.ca)

Practice Competency	Performance Indicator	Learning Activity
2. Professionalism and Ethics		
2.01 Practice within the context of Canadian diversity	Identify structures that impact health equity and social justice	<ul style="list-style-type: none"> Case study.
2.02 Act ethically and with integrity	Treat others with respect Act in a manner that engenders trust Act in accordance with ethical principles Accept accountability for decisions and actions Act in a manner that upholds the reputation of the profession Maintain professional boundaries	<ul style="list-style-type: none"> Demonstrated throughout the course.
2.03 Practice in a manner that promotes cultural safety	Act with sensitivity and humility with regard to diverse cultural groups Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others	<ul style="list-style-type: none"> Case study presentation, facilitation and large group debrief and discussion Demonstrated throughout the course
2.04 Employ a client-centred approach	Ensure informed consent Identify client perspectives, needs and assets Engage client in collaborative decision making Maintain client confidentiality and privacy	<ul style="list-style-type: none"> Students determine client perspectives and needs when working through their team's case study. Students also recommend resources for their case study during the large group debrief/discussion.
2.05 Practice according to legislative, regulatory and organizational requirements	Adhere to regulatory requirements Comply with organizational policies and directives	<ul style="list-style-type: none"> Case study presentation, facilitation and large group debrief and discussion
2.06 Ensure appropriate and secure documentation	Document relevant information accurately and completely, in a timely manner Maintain security and confidentiality of records	<ul style="list-style-type: none"> Case study.
2.08 Manage time and workload effectively	Prioritize activities Meet deadlines	Demonstrated by meeting deadlines, and by adhering to time limits for case study presentation

2.09 Employ an evidence-informed approach to practice	Make evidence-informed decisions	<ul style="list-style-type: none"> PEN Practice Question and search strategy. Students work through the nutrition care process several times throughout the course (when they develop their own cases, but also when working through peers' case studies)
2.10 Engage in reflective practice	Critically assess approaches to practice	<ul style="list-style-type: none"> Throughout the course When working on their case studies, students must submit a self-reflection document on their facilitation process
	Develop goals and seek resources to improve practice	<ul style="list-style-type: none"> PEN Practice Question. In designing their case studies, students seek new knowledge.
2.12 Contribute to advocacy efforts related to nutrition and health	Use relevant terminology	<ul style="list-style-type: none"> Students develop an evidence-based PEN Practice Question ADIME chart note
	Identify relevant sources of information	
	Critically appraise information relevant to practice	
	Identify emerging information relevant to practice	
2.13 Use information management technologies to support practice	Use information management systems	<ul style="list-style-type: none"> Use of PowerPoint for case study presentation. Email class/instructor. Use of Zoom to attend and engage in class when needed.
		<ul style="list-style-type: none"> Use of PowerPoint and on-line literature-searching tools (i.e., PubMed, PEN, etc.).

Practice Competency	Performance Indicator	Learning Activity
3. Communication and Collaboration		
3.01 Select appropriate communication approaches.	Identify opportunities for and barriers to communication relevant to context	Case study presentation, PEN Practice Question, ADIME chart note
	Use communication approaches appropriate to context	
	Use language tailored to audience	
3.02 Use effective written communication skills.	Write in a manner responsive to audience	PEN Practice Question, case study description, ADIME chart note
	Write clearly and in an organized fashion	
3.03 Use effective oral communication skills.	Speak in a manner responsive to audience	Case study presentation, facilitation
	Speak clearly and in an organized fashion	
3.04 Use effective electronic communication skills	Use electronic communication relevant to context	Communication with team members and professor regarding the different assignments of the course
3.05 Use effective interpersonal skills	Employ principles of active listening	Case study facilitation.
	Use and interpret non-verbal communication	
	Act with empathy	
	Establish rapport	

	Employ principles of negotiation and conflict management Seek and respond to feedback Provide constructive feedback to others	
3.06 Engage in teamwork	Contribute effectively to teamwork	Case study presentation.
3.07 Participate in collaborative practice	Participate in discussions with team members	Case study presentation, facilitation and large group debrief and discussion
	Contribute dietetics knowledge in collaborative practice	
	Draw upon the expertise of others Contribute to collaborative decision making	
Practice Competency	Performance Indicator	Learning Activity
<i>4. Management and Leadership</i>		
4.03 Participate in practice-based research activities	Frame question(s) Critically appraise literature Identify relevant methodology Interpret findings Communicate findings	<ul style="list-style-type: none"> PEN Practice Question and search strategy. Case study presentation, facilitation
4.04 Undertake knowledge translation	Identify food and nutrition knowledge relevant to others Reframe knowledge into a format accessible to others	<ul style="list-style-type: none"> Case study presentation, facilitation and large group debrief and discussion
4.06 Foster learning in others	Identify opportunities for learning Assess learning needs and assets Implement educational strategies	<ul style="list-style-type: none"> Case study presentation, facilitation and large group debrief and discussion

Practice Competency	Performance Indicator	Learning Activity
<i>5. Nutrition Care</i>		
5.01 Conduct nutrition assessment	Use appropriate nutrition risk screening strategies	<ul style="list-style-type: none"> As part of case studies, students work through the nutrition care process, including nutrition assessment. In completing the ADIME chart note, students assess a patient's nutritional status.
	Identify relevant information	
	Assess and interpret food- and nutrition-related history	
	Obtain and interpret medical history	
	Obtain and interpret demographic, psychosocial and health behaviour history	
	Assess and interpret anthropometric parameters	
	Assess and interpret nutrition-focused physical findings	
	Obtain and interpret biochemical data	

	Obtain and interpret results from medical tests and procedures	
	Obtain and interpret medication data	
	Assess and interpret chewing, swallowing and eating abilities	
5.02 Determine nutrition diagnosis	Integrate assessment findings to identify nutrition problem(s)	<ul style="list-style-type: none"> As part of case studies, students work through the nutrition care process, including nutrition diagnosis. In completing the ADIME chart note, students report the patient's nutrition diagnosis.
	Prioritize nutrition problems	
5.03 Plan nutrition intervention(s)	Determine nutrition goals	<ul style="list-style-type: none"> As part of case studies, students work through the nutrition care process, including planning the nutrition intervention. In completing the ADIME chart note, students develop a nutrition intervention.
	Determine nutrition requirements	
	Determine dietary modifications	
	Determine therapeutic supplementation	
	Determine supportive physical and social / environmental accommodations	
	Determine enteral nutrition regimens	
	Determine parenteral nutrition regimens	
	Determine client learning needs and assets	
	Determine required resources and support services	

Practice Competency	Performance Indicator	Learning Activity
<i>5. Nutrition Care (cont'd)</i>		
5.04 Implement nutrition intervention(s)	Coordinate implementation of nutrition intervention(s)	As part of case studies and the ADIME chart note, students develop a nutrition intervention (which for some cases will include strategies to communicate the nutrition care plan with various stakeholders).
	Provide nutrition education	
	Provide nutrition counselling	
5.05 Monitor nutrition intervention(s) and evaluate achievement of nutrition goals	Determine strategies to monitor effectiveness of nutrition intervention(s)	As part of case studies and ADIME chart note, students develop a plan for nutrition monitoring and evaluation.
	Evaluate progress in achieving nutrition goals	
	Adjust nutrition intervention(s) when appropriate	