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**Department of Family Relations and Applied Nutrition**

# NUTR*4120: Applied Clinical Skills
# Winter 2019
# COURSE OUTLINE

## Instructor
Andrea "Dr. B" Buchholz, PhD, RD

## Contact Info
Room 324 Macdonald Stewart Hall
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## Office Hours
Visits are welcomed by appointment

## Course Day, Time and Location
Mondays, 11:30AM-2:20PM, MINS 037 (in the basement)

Feel free to bring your lunch to class. How are you supposed to learn on an empty stomach?

## Course Description
This is a laboratory-based course which will enable you to gain skills in independently completing nutritional assessments and care plans of individuals and groups as you would be expected to do as nutrition professionals. You will comprehensively assess nutritional status (with an emphasis on nutrition-focused physical examination) and apply knowledge of human physiology, pathophysiology, medical terminology and nutritional assessment to diagnose nutritional problems/issues.

## Prerequisites
NUTR*4010 (Assessment of Nutritional Status)
NUTR*4040 (Clinical Nutrition II)

## Learning Outcomes
1. To demonstrate practical skills used in clinical settings, with an emphasis on patient communication and nutrition-focused physical examination (NFPE).
2. To reflect on learning, including accomplishments and challenges, in communicating with, and conducting NFPE on, simulated patients.
3. To integrate findings from a NFPE with those from other components of a nutritional assessment.
4. To demonstrate proficiency in use of medical terminology and short forms/abbreviations.

## Evaluation

| Learning Activity | Associated Learning Outcome | Weighting | Date Due* |
|---|---|---|---|
| Written reflections on simulations | 2 | 50% | |
| • *Pre-simulation reflection* | | *10%* | Jan 27 |
| • *Four mini-reflections (5% each)* | | *20%* | Feb 1<br>Mar 1, 15, 29 |
| • *Meta-reflection* | | *20%* | Apr 5 |
| Anthropometry and BIA lab report | 1, 4 | 25% | Feb 15 |
| Nutritional assessment integration assignment | 3, 4 | 25% | Apr 8 (submit earlier if you like) |
| Total | | 100% | |

*All written assignments are due by **11:59pm** in Dropbox.

## Assignments

Assignments are described on the following pages. They are due by 11:59PM in CourseLink Dropbox on their respective due dates. Late assignments will incur a 10% (out of 100) per day (including weekend days) penalty, unless accompanied by written documentation such as a medical note.

## Resources

- NUTR*4120 course pack, available at campus bookstore (hard copy) or on CourseLink (electronic copy). You may prefer to have the hard copy - that way, you can flip back and forth as needed during class and labs.
- Medical dictionary. Try: https://medical-dictionary.thefreedictionary.com/
- Pharmacological database. Try: http://www.nlm.nih.gov/medlineplus/druginformation.html

## CourseLink

Lots of great resources are under the Content tab. Use Dropbox to upload assignments. The discussion board is also available. (Let's discuss!)

## Dr. B's Responsibilities

I will guide you as skillfully as possible through the practical application of various clinical skills. I will try to promote a positive, respectful and professional student-centered learning environment that will progressively challenge you to develop your clinical skills in a variety of situations. I will try my best to help you learn to think like a clinician.

## Your Responsibilities

- This is a small, hands-on class. It is not a spectator sport. Come to classes and labs prepared to actively participate. This includes *practicing* assessments on friends/family/roomies, etc.
- Please – just like at the movies – turn your cell phones off. No texting. No Facebooking. No Snapchatting. No Instagramming. No Pinteresting. No emailing. **Absolutely no photography.**
- Professionalism. There are sensitive components to a physical exam. Everyone will have a different comfort level with this, as patient and also as clinician. No giggling, eye-widening, pointing, quizzical looks, making fun of anyone for any reason, inappropriate comments or touching, etc., while conducting any aspect of any physical exam on anyone. This applies to performing assessments on your NUTR*4120 peers and simulated patients, and having assessments performed on you.
- Confidentiality. As is expected when working in a clinical setting (i.e., hospital), you are expected to maintain strict confidentiality about your "patients" (i.e., peers and simulated patients). It is unacceptable to tell *anyone anything* about any of your peers or simulated patients. (e.g., "I measured Susie's triceps skinfold thickness in lab today. Wow, is she ever skinny."). **100% confidentiality is expected 100% of the time.**
- Hygiene. Wash your hands thoroughly with warm soapy water/use hand sanitizer before conducting a physical examination. Clean the ear pieces of a stethoscope with an alcohol swab before inserting into your ears (for your protection), and the bell/diaphragm of the stethoscope before touching a patient (for the patient's protection). No perfume or cologne. The simulation rooms, like many hospitals, are a scent-free zone.

## NOTE

Much of this course involves nutrition-focused physical examination, including Subjective Global Assessment, skin assessment, anthropometric assessment, clinical swallowing assessment, and abdominal assessment. These units require physical contact between you and your peers and simulated patients. Relevant body parts include the hands, arms, shoulders, waist, hips, knees, ankles, feet, abdomen, face and throat.

**IF YOU ARE NOT COMFORTABLE HAVING THESE BODY PARTS TOUCHED, OR TOUCHING THESE BODY PARTS ON OTHER PEOPLE, THEN THIS COURSE IS NOT FOR YOU.**

## Policies

### When You Are Unable to Meet a Course Requirement

Life happens to all of us. If and when you find yourself unable to meet a course requirement due to illness or compassionate reasons, please advise me in writing (email is fine). Where possible, this should be done in advance of the missed requirement, but otherwise, just 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. Otherwise, late assignments will incur a 10% (out of 100) per day (including weekend days) penalty.

### 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 2018-2019 Undergraduate Calendar and on the following website: https://www.uoguelph.ca/registrar/calendars/undergraduate/2018-2019/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 you intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse you from responsibility for verifying the academic integrity of your work before submitting it. If you are in any doubt as to whether an action on your part could be construed as an academic offence, consult with a faculty member or faculty advisor.

## Schedule

| Week | Date | Topic |
|---|---|---|
| 1 | Jan 7 | • Course introduction and overview<br>• Unit 1: Patient interaction and communication |
| 2 | Jan 14 | Unit 2: Nutrition-focus physical examination |
| 3 | Jan 21 | Unit 3: Subjective Global Assessment (SGA) |
| | Jan 27 | **Pre-simulation reflection due** |
| 4 | Jan 28 | SGA simulations |
| | Feb 1 | **Mini-reflection #1 due** |
| 5 | Feb 4 | Unit 4: Anthropometry and BIA lab (dress comfortably, bring a calculator). Half the class does lab from 11:30-12:50; the other half from 12:55-2:20PM |
| 6 | Feb 11 | Unit 5: Skin assessment |
| | Feb 15 | **Anthropometry and BIA lab report due** |
| ***READING WEEK – YIPPEE!*** | | |
| 7 | Feb 25 | • Skin assessment simulations<br>• Discussion about integration assignment |
| | Mar 1 | **Mini-reflection #2 due** |
| 8 | Mar 4 | Unit 6: Swallow screen and assessment |
| 9 | Mar 11 | Swallow screen and assessment simulations |
| | Mar 15 | **Mini-reflection #3 due** |
| 10 | Mar 18 | Unit 7: Abdominal assessment |
| 11 | Mar 25 | Abdominal assessment simulations |
| | Mar 29 | **Mini-reflection #4 due** |
| 12 | Apr 1 | • Rescheduled snow day (if applicable)<br>• Otherwise:<br>  ○ Semester debrief; looking ahead to clinical practice<br>  ○ Discussion about integration assignment<br>  ○ Free time to work on integration assignment, meta-reflection |
| | Apr 5 | **Meta-reflection due** |
| | Apr 8 | **Integration assignment due (submit earlier if you like)** |

## Reflections on Sessions with Simulated Patients

This course is in part based on experiential learning, that is, *learning by doing*. Thus, there are several reflections on your simulation experiences, each described in more detail on the following pages:

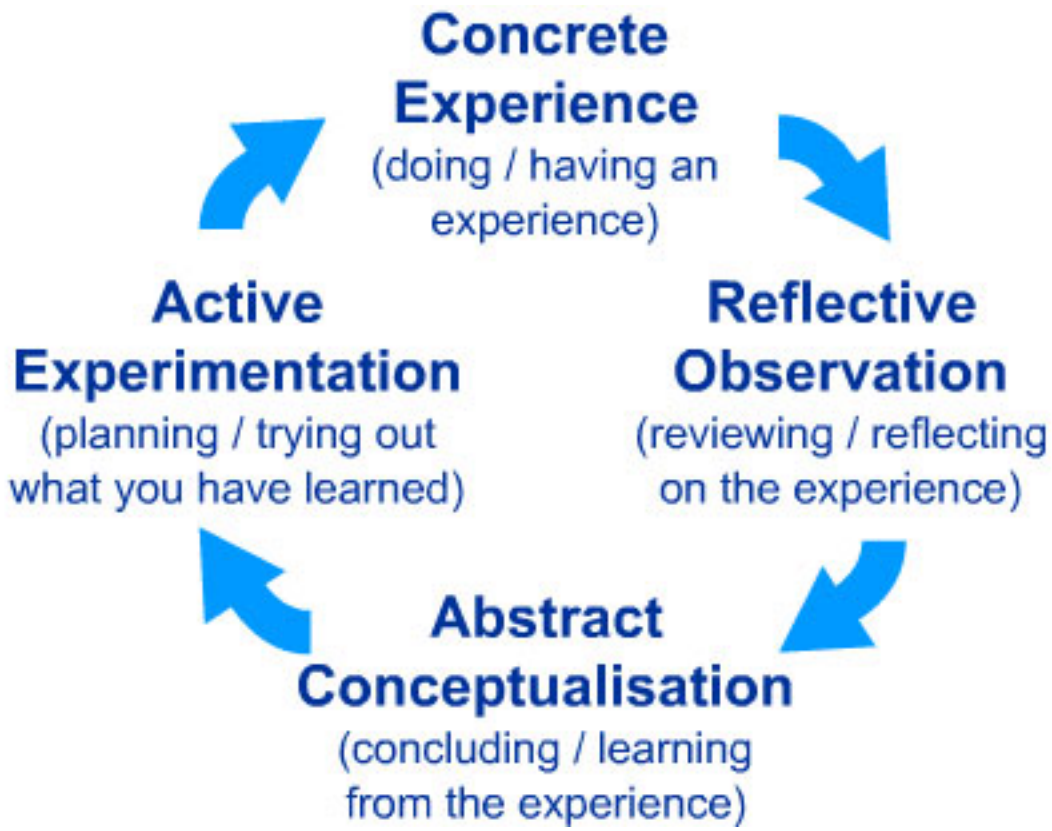
**Pre-Simulation Reflection**: anticipating the simulation sessions to come throughout the semester

**First Impression Reflection:** completed immediately after each individual simulation session. Jot down your gut reaction about how you think the session went. Not graded.

**Mini-Reflection:** on individual simulation sessions

**Meta-Reflection**: a look back at all simulation sessions over the semester

The purpose of the reflections is for you to identify areas of strengths and challenges in your interactions with patients and in conducting nutrition-focused physical examinations. Someone who knows a lot about learning by doing, and the reflection which arises from this kind of learning, is David Kolb. Kolb's theory of experiential learning is summarized in the model below:




Source: Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

In reflecting on the simulation sessions, consider your performance relative to the Calgary Cambridge Guide, and the following elements:

| **What is my perception of my…** | **Examples *(not an exhaustive list)*** |
|---|---|
| Approachability | Smiling, welcoming, friendly, good eye contact |
| Patient-centredness | 10/4 rule observed (as appropriate)<br>Response to patient's non-verbal cues (e.g., confusion, relief, irritation, etc.)<br>Professional (e.g., hands washed/sanitized and warmed prior to touching patient)<br>Respectful |
| Communication skills | Clarity<br>Speed<br>Level of language (i.e., medical jargon avoided; not too simplistic)<br>Ability to answer patient questions<br>Minimal reliance on notes |
| Knowledge | Clear understanding of patient condition |
| Competence | Ability to conduct a physical examination (e.g., SGA, dehydration, etc.)<br>Appropriate use of equipment (e.g., monofilament, stethoscope, etc.) |
| Confidence/comfort | How comfortable and confident am I in interacting with and assessing a patient? |
| Time management | Appropriate pace (not rushed, not too slow)<br>Appropriate time spent on each step of the session |
| Structure of the session | Good flow, logically structured |
| Technical skills | Physical assessment. Comment on your clinical/technical skills in conducting the physical assessment. For example, did you remember all the steps? How well do you know the steps? |

## Pre-Simulation Reflection
## (10% of final grade, due by 11:59pm on Sun Jan 27)

Anticipate upcoming simulation sessions throughout the semester by answering the following questions:

1. Identify and explain your anticipated strengths with respect to clinical (technical, assessment) skills and patient interaction/communication skills. Be specific.
    - For example: "I am a good listener," while a lovely attribute, is vague, not particularly insightful and does not communicate to the reader why this is a clinically relevant strength.
    - Instead: "I have strong active listening skills. I have demonstrated this in the past when *[insert illustrative example]*. I responded by *[what did you do or say to demonstrate this skill?]*. This approach may work well in the clinical setting because *[insert why you anticipate active listening to be relevant/helpful]*."

A tip!
This section may come in handy in preparing for any upcoming dietetic internship/grad school interviews!

2. Identify and explain areas you anticipate might be challenging with respect to your clinical (technical, assessment) and patient communication skills. How might you address or work on these areas? Be specific.
    - For example: "Abdominal assessments will be hard for me," while perhaps true, does not clearly communicate which element(s) will be challenging, and why this may be.
    - Instead: "The auscultation part of the abdominal assessment will be challenging for me because I've never used a stethoscope before. In anticipation of this, I will practice using a stethoscope on my room-mate, and will find clips of bowel sounds on the internet so that I can anticipate what I might hear when I auscultate the various abdominal quadrants."

3. From your perspective, what are the most important and relevant things you anticipate learning as a result of the simulation sessions? E.g., about yourself as an emerging clinician, clinical care, the various health conditions, etc. Explain.

**Format:**

- Use 8.5" x 11" paper, 1" margins, 12 pt Times New Roman/11 pt Arial, double-spaced, paginated.
- Include your name and student ID either on a title page (not included in the page limit) or in a header/footer.
- Use subheadings to organize your meta-reflection.
- The pre-simulation reflection should be ~2 pages.
- Use medical abbreviations as appropriate throughout (e.g., pt, meds, etc.).
- References are optional.

The Pre-Simulation Reflection is due by 11:59pm Sun Jan 27 in Dropbox. See the evaluation on p. 11.

## Mini-Reflection (4) on Individual Simulation Sessions (5% each, due by 11:59pm on the Friday following each simulation)

Answer the following questions for each of the four simulation sessions (SGA, skin, swallowing, abdomen) related to your performance as a clinician. As you work your way through the questions, consider *What?* (what happened?), *So What?* (why did what happened matter?) and *Now What?* (connect what happened to future actions).

1. Identify the patient with whom you interacted.

2. What went well in your session with the simulated patient? Why? Consider your clinical (technical, assessment) skills as well as patient interaction/communication skills.

3. What did **NOT** go well in your session with the simulated patient? Why? Consider your clinical (technical, assessment) skills as well as patient interaction/communication skills.

4. What challenge(s) would you like to address, or what change(s) would you like to make, in future sessions? Why? How will you address these challenges or make these changes?

**Format:**

- Use 8.5" x 11" paper, 1" margins, 12 pt Times New Roman/11 pt Arial, double-spaced, paginated.
- Include your name and student ID either on a title page or in a header/footer.
- Each mini-reflection should be ~1 page.
- Use medical abbreviations as appropriate throughout (e.g., pt, meds, etc.).
- No references are required.

Mini-reflections are due in Dropbox by 11:59pm on the Fri following the simulation session (Feb 1, Mar 1, Mar 15, Mar 29).

## Meta-Reflection on All Simulation Sessions (20% of final grade, due by 11:59pm on Fri Apr 5)

Reflect on **all** your sessions with the simulated patients over the semester by answering the following questions:

1. Identify and explain strengths with respect to your clinical (technical, assessment) skills and patient interaction/communication skills. Be specific.
    - For example: "I am a good listener," while a lovely attribute, is vague, not particularly insightful and does not communicate to the reader why this is a clinically relevant strength.
    - Instead: "I have strong active listening skills. I demonstrated this during the *[insert session(s)]* when my pt said *[insert what pt said]*. I responded by *[what did you do and/or say to demonstrate this skill?]*. This was effective because *[insert why active listening was helpful in the session(s)]*."

2. Identify and explain areas for improvement with respect to your clinical (technical, assessment) and patient communication skills. How can you address or work on these areas? Be specific.
    a. For example: "I don't think I palpate well. During the *[insert session]*, I was too quick. I know this because [*insert reason*]. That's a problem because [*insert reason*]. Also, I did not really know what I was supposed to be feeling. I should work on this skill because *[why is it important to palpate well?]*. I can improve this skill by *[insert strategy/ies which may help improve your palpation skills]*
    b. Another example: "I am not comfortable asking sensitive questions. I noted this during the *[insert session(s)]*, when I was hesitant to ask the pt *[insert challenging question(s).]* This may have negatively impacted the sessions because *[insert reason(s)]*. To work on this skill, I can *[insert one or more strategies.]*"

3. From your perspective, what are the most important and clinically relevant things you learned as a result of the patient simulation sessions? E.g., about yourself as an emerging clinician, clinical care, the various health conditions, etc. Explain.

**Format:**

- Draw from all sources in your responses (Pre-Simulation Reflection, Session Observer Checklists (from your observers), First Impression Reflections, Mini-Reflections)
- Use 8.5" x 11" paper, 1" margins, 12 pt Times New Roman/11 pt Arial, double-spaced, paginated.
- Include your name and student ID either on a title page (not included in the page limit) or in a header/footer.
- Use subheadings to organize your meta-reflection.
- The meta-reflection should be ~4 pages.
- Use medical abbreviations as appropriate throughout (e.g., pt, meds, etc.).
- No references are required.

The Meta-Reflection is due by 11:59pm Fri Apr 5 in Dropbox. See the evaluation on p. 11.

# NUTR*4120: EVALUATION OF PRE-SIMULATION REFLECTION (10% FINAL GRADE) AND META-REFLECTION (20% FINAL GRADE)

| | |
|---|---|
| Date | |
| Name | |

**Quality, Insight and Level of Reflection**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Reflections lack insight, substance and/or relevance.<br>Reflections vague.<br>An imbalance between strengths, challenges and/or limitations identified.<br>An imbalance between communication and technical skills. | | | | | | | | | | | | | | | | | | | Reflections are meaningful, insightful and relevant.<br>Reflections are specific.<br>An excellent balance of strengths, challenges/limitations identified.<br>An excellent balance of communication and technical skills identified.<br>Meta reflection:<br>Grounded in multiple sources, including Pre-Simulation Reflection, Observer Checklist, Competency Checklist, First Impression Reflections and Mini-Reflections. |

**Presentation and Writing**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|
| Inconsistent with instructions.<br>Grammatical, spelling and/or punctuation errors.<br>Writing lacks clarity. Poor flow.<br>No/poorly used medical short forms/terminology, or poorly used.<br>No/too many subheadings. | | | | | | | | | Consistent with instructions.<br>Free of grammatical, spelling and punctuation errors.<br>Writing clear. Flows well with subheadings to help the reader follow.<br>Excellent use of medical short forms/terminology.<br>Subheadings well used. |

**Comments:**

**Total= /30**

# Anthropometry and BIA Lab Report (25% of final grade, due by 11:59pm on Fri Feb 15)

## Purpose

The purpose of this lab report is to interpret your personal results from anthropometric and BIA assessments…

(1) …relative to reference values
(2) …relative to published literature
(3) …to explain differences in measures taken at different anatomic locations, or using different methods

## Instructions

- Answer the questions below on 8.5" x 11" paper, 1" margins, 12 pt font, double-spaced, paginated.
- *Draw from the literature in your responses*. Reference your sources, using your preferred referencing style.
- The answers to all questions below should not exceed 10-12 pages. The reference list is not included in this page limit.
- Late lab reports will incur a 10% (out of 100) per day (including weekend days) penalty, unless accompanied by a medical note.

## Questions to Answer in Your Report

**Stature and Knee Height [10 MARKS]**

1. How does your stature determined from knee height compare with your measured stature? [1] What might account for any differences between the two? [3]
2. Identify and briefly explain **TWO (2)** alternative method(s) for estimating stature. [6]

**Waist Circumference and Waist-to-Height Ratio [20 MARKS]**

3. How does your waist circumference measured at the midpoint (between lowest rib and iliac crest) vs. iliac crest compare? [1] What might account for any differences between the two? [3]
4. How does your waist-to-height ratio (iliac crest , midpoint) compare to cut-off values? [1]
5. Which indicator (waist circumference$_{\text{iliac crest}}$, waist circumference$_{\text{midpoint}}$, waist-to-height ratio$_{\text{iliac crest}}$ or waist-to-height ratio$_{\text{midpoint}}$) best captures cardiovascular disease risk and why? [15]

**Arm Muscle Area [5 MARKS]**

6. Calculate your arm muscle area from your triceps skinfold and mid-arm circumference. Show your calculations. [2].
7. How does your arm muscle area value compare with the Frisancho reference values? Provide an interpretation. [3]

**Handgrip Strength [4 MARKS]**

8. How does your handgrip strength (left and right) compare with the reference values of Bohannan et al (2006)? [1] What might account for any differences between your values and the reference values? [3]

**Fat Mass [29 MARKS]**

*Supine BIA [10 marks]*

9. Calculate your percent fat mass using the BIA equation of Chumlea et al. Show your calculations. [2]
10. Find **TWO (2)** other BIA equations in the literature and calculate your percent fat mass from raw resistance/reactance values. Include the references for the equations. Justify your choices of equations [6] and show your calculations. [2]

*Skinfold Thickness vs. Supine BIA vs. Foot-to-Foot BIA [19 marks]*

11. Calculate your body density, and then convert to percent fat mass, from skinfold thicknesses (F: triceps, suprailiac; M: subscapular, thigh). Show your calculations. [2]
12. How do your percent fat mass values calculated by supine BIA (using the equation of Chumlea et al), the two additional BIA equations you found for question 10, foot-to-foot BIA vs. skinfold thicknesses compare? [2] What might account for any differences between the methods? [15]

**Presentation [12 MARKS]**

Quality of references [6]
Writing (spelling, grammar and punctuation) [5]
Adherence to assignment instructions [1]

| **Total** | **/80 =** | **/25** |
|---|---|---|

# Nutritional Assessment Integration Assignment (25% of final grade; due by 11:59pm on Apr 8)

## Purpose of the Integration Assignment

1. To relate findings of a nutrition-focused physical exam (NFPE) with those of the other components of a nutritional assessment, including dietary, biochemical and clinical assessments.
2. To interpret the NFPE findings and determine the next steps in the patient's nutrition care with you as the dietitian.
3. To continue practicing using medical terminology and short forms/abbreviations.

This is an individual, not a team, effort.

## What To Do

***"Invent" a Patient from One of the Following Populations***

- Cystic Fibrosis
- Cancer
- Crohn's Disease
- Ulcerative Colitis
- Diabetes
- A surgical population
- Stroke
- Multiple Sclerosis
- Brain injury
- Gerontology
- ??? *Run an alternate idea by me…*

***Begin With a Brief Description of The Patient (1 paragraph – ½ page).***

In this introductory paragraph, describe your patient (age, gender, occupation, etc.). Describe the diagnosis, brief medical history, current medications, presenting complaint, etc.

***Relate Findings from a NFPE With Other Nutritional Assessment Findings (~4 pages)***

Relate the findings of what you might expect during a NFPE with those you might expect from other components of a nutritional assessment. That is, describe the NFPE findings you would anticipate for your patient, and identify and explain any dietary, biochemical and/or clinical assessment findings which may correlate with NFPE findings.

Not every NFPE finding will be correlated with dietary, biochemical *and* clinical assessment findings. Make as any many connections as make sense for your patient. Don't forget to consider the effect of any medications the patient may be taking.

Below are some examples:

- If you anticipate a NFPE to reveal an elevated waist circumference in a cardiac patient, you might expect a dietary assessment to reveal consumption of energy and/or dietary fat in excess of recommendations. You might also expect a biochemical assessment to reveal elevated serum triglycerides and insulin resistance.

- A patient who has suffered a CVA (cerebrovascular accident) may demonstrate poor hand grip strength on the affected side. A clinical assessment may reveal some facial drooping or onset of dysphagia. A dietary assessment may suggest insufficient energy intake secondary to the patient's need for a texture-modified diet.

- An adolescent patient with Cystic Fibrosis may inconsistently take her pancreatic enzymes. In this case, a NFPE may reveal recent weight loss and SGA category B. A clinical assessment may reveal steatorrhea. A biochemical assessment may reveal fat-soluble vitamin deficiency.

***Describe Next Steps in the Care of the Patient (~1 page)***

After summarizing and interpreting the nutritional assessment findings for your patient, describe the next steps, as you see them, in the nutritional care of this patient. What should be done? What dietary changes do you recommend (if any)? Do further tests need to be ordered? If so, which? And why? When will you next follow up with the patient? Etc.

## Subheadings

Use subheadings to help organize your report. For example:

- Organize by nutritional diagnosis, such as Dehydration, Protein Energy Malnutrition, etc. Under each subheading, describe possible NFPE findings and any dietary, biochemical and/or clinical assessment finding(s), to support the diagnosis.

  **OR**

- Organize by NFPE element, such as Skin Assessment, Clinical Swallowing Assessment, etc. Under each subheading, describe the dietary, biochemical and/or clinical assessment finding(s) you think might accompany the NFPE finding.

## Format

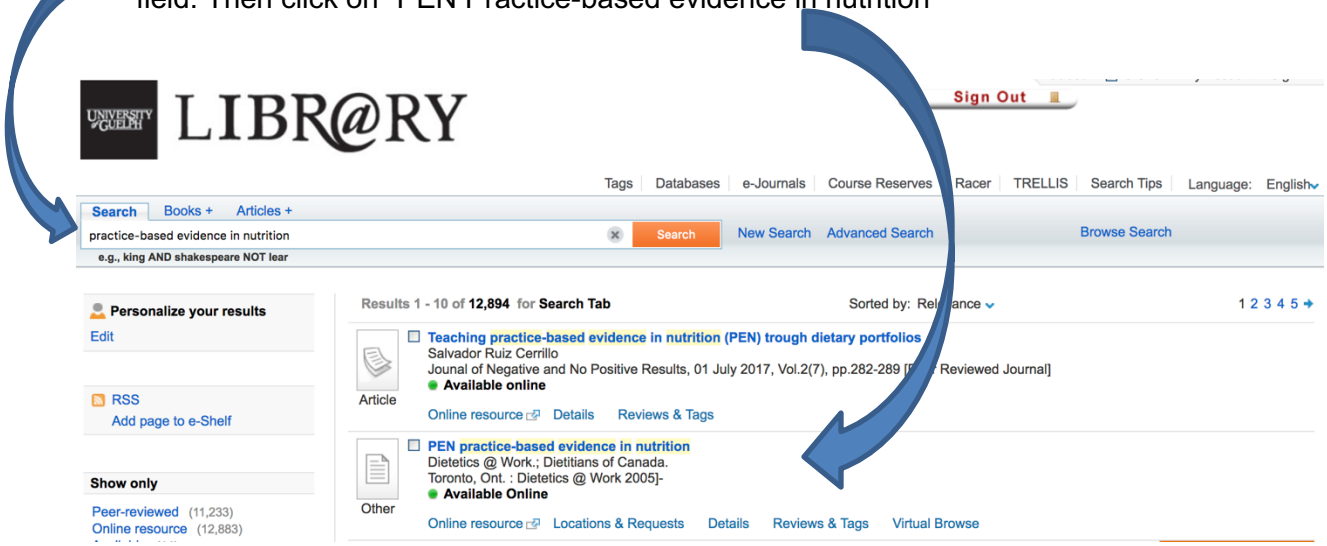
The assignment should:

- Be approximately five to six (5 to 6) double-spaced pages, excluding title page and reference list
- Be size 12 pt Times New Roman/11 pt Arial, 1" margins, paginated
- Be accompanied by a title page complete with your name and student number
- Include medical terminology and medical short forms/abbreviations as appropriate
- Use first person (i.e., "I", "me") if you like
- Include a reference list. Referencing style is up to you – just be consistent throughout.
- Not include an appendix

## Resources and Referencing

- Include a mix of clinical and nutritional assessment resources such as your NUTR*4040 clinical text, NUTR*4010 text, articles from the clinical nutrition literature, etc.

- PEN (Practice-Based Evidence in Nutrition) can be accessed through Primo in the university's library website. Enter "practice-based evidence in nutrition" in the Primo search field. Then click on "PEN Practice-based evidence in nutrition"




- Also available in Primo is the Academy of Nutrition and Dietetics (formerly American Dietetic Association) nutrition care manual. Enter "ADA nutrition care manual" in the Primo search field.
    - Alternatively, if you are off campus and/or you do not use Primo you can go directly to the ADA manual website and access the online manual using the username: lday@uoguelph.ca) and password: uoguelph

- Online medical dictionary. Try: https://medical-dictionary.thefreedictionary.com/

- Online pharmacological database. Try: http://www.nlm.nih.gov/medlineplus/druginformation.html

- Use any referencing style you wish, just be consistent throughout. The reference list is not included in the page limit.

## Submission

- Submit your assignment to Course Link Dropbox on or before Mon Apr 8 by 11:59pm, although you can submit earlier if you like.
- Late assignments will incur a 10% (out of 100) per day (including weekend days) penalty, unless accompanied by a medical note.
- Your assignment will be evaluated using the rubric on the following page.

# EVALUATION OF NUTRITIONAL ASSESSMENT INTEGRATION ASSIGNMENT (25% FINAL GRADE)

| | |
|---|---|
| Date | |
| Name | |
| Case scenario | |

### Integration of NFPE with dietary, biochemical and clinical assessment findings (as appropriate)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Patient description is unclear and/or lacks detail. Poorly integrated assessment. Detail lacking or extraneous. Clinical knowledge of condition or accompanying treatment (including medications) is not evident. Not thinking like a clinician. | | | | | | | | | | | | | | | | | | | | | | | Patient description is clear and sufficiently detailed. Highly integrated assessment. Comprehensive. Appropriate level of detail. Clinical knowledge of condition and accompanying treatment (including medications) is evident. Thinking like a clinician. | |

### Next Steps in Patient Care

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Unclear, no or poor justification, unrealistic, irrelevant to the case. | | | | | | | | | | | | | | Clear, justified, realistic, relevant. |

### Presentation of Assignment

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Poor spelling, grammar and/or punctuation. Formatting not consistent with instructions. Poorly organized. Poor flow. No or poor subheadings. No medical terminology and/or short forms/abbreviations. | | | | | | | | | | | | | | Free of spelling, grammar, punctuation errors. Formatted per instructions. Well organized. Excellent flow. Excellent use of subheadings. Excellent use of medical terminology and short forms/abbreviations. |

### References

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Poor quality references. Too many/not enough for a report of this length. | | | | Good quality references. Sufficient for a report of this length. |

**Grade /60 = /25**