



## THE RD BOARD ADVISORY

### FOR NON-RD ONLINE DIETETIC INTERNSHIPS

The Pandemic times are very challenging in all aspects including the sphere of education. Most Undergraduate and all post graduate courses of all institutions do have the component of internships. For reasons of safety and in accordance with the directives of the UGC and the respective state governments, educational institutions have had to postpone internships and convert them into an online modules as young students cannot be placed at risk. However, in the field of dietetic internships, a very high priority is placed on patient/client interaction given the various aspects of the Nutritional Care Processes from assessment to counselling. Thus, a dietetic internship requires careful monitoring and organisation to ensure that the competencies are achieved as much as possible.

The Registration Board of the Indian Dietetic Association, after due deliberations have come out with an advisory module specifically for **Non RD, College based** Dietetic Internships (Hospital or clinic passed) organised by academic institutions for their undergraduate and post graduate courses; especially as it seems that in many areas of the country, online internships may continue into the following academic year. **It must be noted that this advisory is not for temporarily suspended RD Internships.** This has been put together with the aim of providing a road map to those institutions which would like to have a reference of guidelines.

This module is to ensure the achievement of **minimum skillsets** in such difficult times. Suggestions are provided in terms of trainer's extended involvement **ONLY** if it is in line with the Hospital policies and time schedules of respective trainers. We do understand that some students are advanced learners and, in such cases, more intensified work can be allotted to them upon the mutual agreement of both trainer and student. Some aspects are designed for post graduate students only; motivated and capable undergraduates can take up some of these additional more challenges if agreed upon by the trainer and the college faculty.

To ease out the responsibility of the trainer, please explore the option of having junior staff guide the interns on a regular basis and the senior staff can be involved in weekly reviews and evaluations. This can ease up time constraints and provide teaching opportunities to all in the department.

If the diet department is addressing the challenge of COVID 19 patients, an aspect of that could feature in the competencies developed.

1. **Hours of work:** Most institutions have a period of 4 – 6 weeks of internship. In an onsite internship that translates into 48 hours per week i.e. 192- 288 hours for the period. It must be ensured that the student completes at least 75% of the manhours



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required. It is understood that the student can shorten the number of hours put in everyday or decrease number of days worked in a week to achieve this minimum consideration.

#### 2. **Acquiring an understanding of the place/institution of work and its functioning including the organisational structure**

Onsite Method: To make an observational report

Online Method: To make a report based on available online details. Information can be added on by an interview by telephone or video conferencing of the employees of the dietetic and the food service department or by collecting information through a simple google form

Suggested additional inputs from trainers **only if possible**, based on time schedules and work intensities: Provision of contacts or emails for such data collection

#### 3. **Gathering an understanding of the working of the Kitchen, the Food Service systems and standardisation process.**

Onsite method: To make observations of the process, to be involved in menu planning and food service systems and to create a report of the same.

Online Method: An online tour organised by the dietetic department of the kitchen, the distribution and pantry systems. In addition, the student can collect information with a structured google form administered to the members of the FSM dept or the Dietetic Dept to understand the process.

This can be documented by making a detailed report of the processes using flowcharts.

Suggested additional inputs from trainers **only if possible**, based on time schedules and work intensities

- Facilitating the process and providing online access to documents for viewing and contact details for the interview/questionnaire as per hospital policies
- Conducting a remote class to explain the processes followed in the organisation.



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- Providing the recipe structure or items used or deciding the recipes that will be used in the standardisation process.

Intern's inputs into the Dietetic Department:

- Standardisation:
  - Based on duration of internship, Standardisation of 4 -6 recipes (for 4 portions each) used or to be used in the kitchen. This will use all processes of standardisation and the results will be documented in the processes used for standardisation with regards to weights, household measures, portion size and weights.
  - These recipes will then be stepped up to the required number of portions.
  - The detailed macro and micro nutrient and fibre value of each portion will be calculated and documented
- Calculation of the nutrient value of existing meal/menu plans and compiling it to make charts and info grams that can be used by the diet department.
- This will be submitted as a printable pdf document with hospital name and logo.

In case of OPD/ clinic set up – the recipe standardisation can be done with the end result being a document that can become a resource for the organisation or the community.

#### **4. Understanding the Flow of the Nutritional Care Process:**

The intern is expected to write a review of the NCP and create a NCP for an online consultation brand that he/she has devised. This will include assessment protocols, diet planning sheets, counselling techniques and documentation of the entire process.

#### **5. Understanding the Assessment protocols and diagnostic tools used in IPD and OPD set up:**

Onsite Method: Actual patient interaction and guided treatment

Online Method: Creating SOP for understanding purposes.

- Creating a Standard Operating Procedure (SOP) by using processes in the institution as well as literature review



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- o SGA
- o Nutritional Assessment in the community
- o Nutritional Assessment tools and techniques used in IPD/OPD (**Any Four** of the following)
  - ✓ Paediatric malnutrition and hypercatabolic cases,
  - ✓ Type 1 Diabetes
  - ✓ NCD management – diabetes, hypertension, dyslipidemia management and management of cardiovascular diseases
  - ✓ Renal disease, dialysis and transplant management
  - ✓ Gastro intestinal and Liver, gall bladder and pancreatic Diseases
  - ✓ All forms of Nutritional Anaemias
  - ✓ Skeletal and Bone Diseases
  - ✓ Cancer therapy
  - ✓ Adult hypercatabolic cases
  - ✓ Weight management

It is understood that in a clinic-based internship modification of the above as applicable will need to be used.

#### The Trainer's Inputs:

- One video conferencing lecture to explain the requirements.
- Case formulation: It can be hypothetical or can be shared from existing case files with patient confidentiality.
- Evaluation and quick guidance

#### 6. Developing Competency in Diet Planning and Case Study Documentation :

- The intern will have to be assigned case studies to enhance their diet planning skills, **ideally a minimum of one case study per week** (at least four cases for a for a Four-week internship and six cases for a six-week internship)
- Each case should have a detailed MNT put together by the intern which is based on a review of literature of published evidences and established guidelines used nationally and globally as applicable. This document needs to be as professional as possible with references cited and a bibliography.
- The case will have to detail the following:
  - o Dietary recall (wherever records are available)
  - o Diagnosis and Goals



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- o Progressive hospital menu plan and discharge diet. OPD set up will show only the one diet plan
- o Detailed calculation
- o Supplement schedule
- o Recommendations and patient education material
- One **paediatric** case and one **critical care** case and one **Type 1 Diabetic** case should be chosen as these spheres do come under minimum skill sets development. The cases can have co morbidities that needs management. The exact condition can be chosen from the detailed list given in the appendix.
- Each intern must present at least two cases to the diet department on a video conferencing platform which will be evaluated.

The Trainer's Inputs:

- o One video conferencing lecture to explain the requirements.
- o Case formulation: It can be hypothetical or can be shared from existing case files with patient confidentiality.
- o Evaluation and quick guidance

Contribution to the Dietetic Department:

- Calculation of detailed micronutrient values of planned RT or ostomy feeds with different formulae to be made into a reference ready reckoner

#### 7. **Counselling and Community Nutrition Education.**

- If the organisation permits and the patient consents, counselling and follow ups can be observed by the intern if there is possibility of video conferencing
- Every intern should make an attempt to counsel at least 6 patients/clients from her contacts by video conferencing. This need not be complicated cases but more in terms of lifecycle conditions – Children, pregnancy, lactation, weight management, diabetes and NCDs, infections, immunity, allergies, bone and skeletal diseases, anaemia.
- It will consist of taking diet recalls, planning a diet and counselling.

The Trainer's Inputs:

- The trainer can conduct a session by video conferencing on counselling techniques

Contribution to the Dietetic Department:



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- Creating Content on Dietary and lifestyle practices in various clinical conditions and deficiencies, for the lower, middle income and upper income group that are creative, correct, evidence based, original and effective (Local language, Hindi or English)
  - 4 -6 printable Modules as flipcharts or flashcards or booklet.
  - 4 - 6 Infograms/videos/blog posts
  - 4 - 6 Diet and health slogans
- Assisting the department in creating interesting social media posts/ YouTube channel/blog

#### 8. Developing Research Skills: (Specifically for post graduate Internships)

**Any TWO of the following** can be chosen from the following activities can be used to achieve competency:

1. Submitting a review paper on any recent research and development int **two** of the following clinical conditions:
  - a. Weight management and NCD
  - b. Paediatric Nutrition
  - c. Critical Care Nutrition
  - d. Any organ disease/failure or transplant
2. A comprehension synopsis of **any two** latest guidelines to be submitted (Suggested areas – critical care/ Renal/ Bariatric surgery/ GI)
3. Data Entry and Analysis of available data with the trainer.
4. Conducting a minor research with the slant on Knowledge, Attitude and Practices and development of an educational tool
  - The subjects(n=30) will have to be sourced by the intern or data provided by trainer
  - The data collection will be done by telephonic interview or video conferencing.
  - A digital nutritional education tool can be developed and the efficacy and acceptability tested on the same population
  - One publication worthy paper with the trainer and the intern sharing authorship can be generated from this data.

The Trainer's Inputs:

- Suggestion of topics and broad guidance.



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- The guidance and evaluation will have to be shared with the academic faculty.

#### 9. Ongoing Education.

The intern is expected to attend a minimum of 4 webinars regarding Nutrition and Dietetics that provides a certificate of participation.

The registration confirmation needs to be shared with the trainer.

#### Monitoring:

- The faculty in charge can suggest a timeline grid for chosen activities based on the academic credits. This can be fine-tuned by the trainer.
- The intern should make a time plan for the selected activities on a weekly basis. This time plan can include the commencement the completion date of the activity. This plan is to be approved by the trainer.
- **Daily Monitoring:**
  - The intern must be logged in for a minimum of five hours per day.
  - The time duration is to be mutually decided by the trainer and the intern. It is to be kept in mind that currently many households have multiple people working from home and online classes also occurring and the intern may have to make adjustments with the available computer facilities at home to do so. Therefore, a provision of staggered working hours or rotating shifts should be considered for this to be a sustainable, viable option.
  - Each day the intern needs to log in, submit a plan of action for the day and the activities that will be completed. At the end of the day, the intern has to log in and give an account of completed tasks as per plan. She also has to share a tentative plan for the next day that can be approved by the trainer.
- **Weekly monitoring:**
  - The trainer can have a minimum of one video conferencing per week to evaluate the completion of the weekly schedule.
  - The intern should present her work at the meeting or can mail the work prior and the discussion can happen at the meeting, doubts clarified and feedback given
  - Plan of action of the next meeting can also be completed.



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#### **Evaluation:**

- Points 2 -9 can be assigned 10 marks and marks allotted based on the quality of the work and the quantity of the work accomplished in comparison to the expectations.
- The detailed evaluation structure can be worked out by the academic institution based on the syllabus and credits.
- Evaluation can be shared between the Faculty and the trainer.

**Endnote:** The following points need to be carefully considered by the trainer, the faculty and the student.

1. This is an attempt to ensure that a comprehensive practical training can be provided to the intern in this online avatar or dietetic Internships.
2. Th intern has to be extremely diligent and conscientious in ensuring that maximum learning has occurred; thus, the responsibility of learning is on the intern equally.
3. Th intern needs to log in and log out daily and this time report must be submitted to the trainer and faculty. Multiple log ins or touch points can be set by the trainer for accountability.
4. The intern will have to mention the hours worked per week and the outcome in her report which will need to be evaluated by the trainer.
5. In an onsite internship, the trainer participates in all of the above as part of her daily routine and seamlessly. In an online module, she may have to carve time out to guide.
6. It is understandable that in the online module of internships, the intern learns by review and by creating resources that can be used by the dietetic department of the institution. The advantage to the trainer with an online internship is to facilitate the designing of resource materials and calculations for research projects.
7. The Research competency can be deleted or diluted for the undergraduate internship.
8. This has been formulated based on an ideal concept and the competencies outlined are what is required for the intern to learn. However, each faculty can dilute or upscale the advisory as per requirements of the institution.

*Refer to Appendix A for the Virtual Internship Calendar Format for ease of monitoring and evaluation.*