


Skills Experience Checklist Hospice Registered Dietician



- This form is a self-assessment of your current skills and abilities upon initial application.
- This form is also used to document skill demonstration.





Employee Profile			
Last Name	First Name	Middle Initial	Employee Number
Title	Program	Expiration Date on CPR Card	
Direct Supervisor (Name)	Hire Date (m/d/yy)	Date Due (m/d/yy)	

The instructions below will guide you in completing this form.

Sections designated with  to be completed by employee.

Sections designated with  to be completed by supervisor or preceptor.

 Previous Experience (Sections Employee Must Complete)	 Instruction, Review, or Skill Demonstration (Sections Supervisor or Preceptor Must Complete)
<p>Place an X in the appropriate column using the key below:</p> <p>KEY A = I am competent to supervise this skill B = I am competent to perform this skill without supervision C = I need to review this skill D = I need additional instruction on this skill E = I have never performed this skill</p>	<p>Supervisor: Indicate whether or not instruction is required then document completion in the appropriate columns. If C or D is selected, review the instruction and possibly the skills demonstration is required prior to assignment to applicable patients.</p> <p>Preceptor: Document completion of skills demonstration or indicate NA as applicable. A date and initials in the Skill Demonstration column indicates competency has been achieved. Do not date or initial until competency is achieved. An additional column is provided for repeat demonstrations.</p> <p>Complete the signature section at the end of this form.</p> <p><i>RD must demonstrate competencies for items in bold text and marked with an asterisk (*) prior to the first assignment requiring those skill regardless of previous experience.</i></p>

 Previous Experience						 Instruction, Review, or Skill Demonstration				
<input checked="" type="checkbox"/> Required for RDs conducting patient visits	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Infection Control										
* Bag Technique										
* Hand Hygiene										
 Previous Experience						 Instruction, Review, or Skill Demonstration				
Screening/Assessment Planning/Monitoring/Documentation	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Review of Advance Directives documentation										
Documentation of physician orders										
Perform nutritional screening to evaluate individual nutritional status relative to end of life potential factors and level of criticality for services										

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👤 Previous Experience						📋 Instruction, Review, or Skill Demonstration				
Screening/Assessment Planning/Monitoring/ Documentation (Continued)	A	B	C	D	E	Review of Instruction Needed (Y/N/NA)	Review of Instruction Complete Date / Initials	Skill Demo Needed (Y/NA)	Competency Demonstration Date / Initials	For Repeat Skills Demo / Competency Date / Initials
Evaluation of nutritional status considering: dysphagia, dysguersia/aguersia, anorexia, decrease in salivation, hypersomnia, depression, oral /dental factors, constipation, nausea and vomiting, decreased peristalsis, functional decline affecting ability to feed self										
Documentation of nutritional evaluation and follow up consultation.										
Collection of information related to patient's use of pharmacotherapy and dietary supplements.										
Communication to physician re: any potential drug-nutrient interaction										
Determines if adaptive equipment is required (e.g., grip on food utensils) and coordinates services with OT/ST/SN; community resources e.g. Meals on Wheels										
Creation of PES statements (problem, etiology and signs and symptoms)										
Prioritization of nutrition diagnosis based on assessment and Hospice goals for the patient										
Establishment of nutrition goals in coordination with Hospice plan of care										
Formulation of nutritional plan of care										
Selection of interventions - defining time, frequency and duration of each										
Documentation of interventions implemented										
Monitoring of the impact of interventions on the desired nutritional outcomes in accordance with the Hospice plan of care										
Documentation of and factors affecting, progress towards nutritional goals										
Interdisciplinary communication, documentation and participation in IDG meetings as appropriate.										
State Specific:										

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Supervisor/Preceptor Comments:

Initials	Print Name	Signature	Title	Date (m/d/yyyy)