This manual is an adaptation of materials, information, and preceptor training manuals from SUNY Oneonta Dietetic Internship Program and the Syracuse University Dietetic Internship Program
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Introduction

Leading to an Associate of Applied Science Degree, Morrisville State College’s Dietetic Technician Program includes intensive course work in nutrition, clinical dietetic practice, food management, liberal arts, and sciences. The program is accredited by the Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association. Supervised Field Experience requires the student to fulfill 450 total hours of supervised field experience required for the curriculum. This balanced approach gives the student a broad professional education complemented by extensive laboratory and industry experience.

The Morrisville State College Dietetic Technician Program faculty is appreciative of the dietetics professionals who volunteer their time to act as site coordinators to our students. Site coordinators have an enormous impact on the education of students. The purpose of this manual is to provide you with an orientation to MSC’s Dietetic Technician Program and NUTR 170 - Supervised Field Experience I course requirements. The information contained in this manual is designed to assist you in your role as a site coordinator.

We hope you and the students have a memorable experience and we welcome your suggestions for improving this supervised field experience course.

Sincerely,

Joan A. Nicholson, MA, CAS, RD, CDN, CHES
Assistant Professor
Dietetic Technician Program Director

Bonnie St. Hilaire, MA, RD, CDN
Assistant Professor

<table>
<thead>
<tr>
<th>Dietetic Technician Program Director</th>
<th>Course Instructor</th>
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<tbody>
<tr>
<td>Joan A. Nicholson, MA, CAS, RD, CDN, CHES</td>
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<tr>
<td>Assistant Professor</td>
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<tr>
<td>Department of Nutrition &amp; Dietetics</td>
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<td>Morrisville State College</td>
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<tr>
<td>Crawford Hall #323</td>
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<tr>
<td>P.O. Box 901</td>
<td></td>
</tr>
<tr>
<td>Morrisville, NY 13408</td>
<td></td>
</tr>
<tr>
<td>Office Phone: 315-684-6213</td>
<td></td>
</tr>
<tr>
<td>Email: <a href="mailto:nicholj@morrisville.edu">nicholj@morrisville.edu</a></td>
<td></td>
</tr>
<tr>
<td>Bonnie St. Hilaire, MA, RD, CDN</td>
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<td>Assistant Professor</td>
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<td>Office Phone: 315-684-6213</td>
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<tr>
<td>Email: <a href="mailto:sthilab@morrisville.edu">sthilab@morrisville.edu</a></td>
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</table>
WHAT IS A SITE COORDINATOR?

As a site coordinator, your main role is to serve as a liaison between the host facility, the course instructor and the dietetic technician students assigned to the facility during NUTR 170 - Field Experience I. Site coordinators are dietetics professionals who provide guidance and supervision as students learn through by practicing professional skills. Site coordinators serve as role models for students and can significantly influence a student’s life and career. Being a site coordinator is an opportunity to pass on your vast knowledge to the next generation of nutrition professionals.

BENEFITS FOR FACILITY & STAFF

Dietetic Technician students can give back to the preceptor and the facility by:

1. Assist in developing and conducting in-service education programs for employees
2. Assist in developing and conducting education programs for clients, patients, other professionals, and the community
3. Researching and presenting information on nutrition care principles, medications, and other studies.
4. Assist in developing patient, client, and/or employee educational material.
5. Gathering, analyzing, and reporting performance improvement data.
6. Completing a wide array of projects, audits, data gathering activities.
7. Providing staff relief in clinical and food production areas.

Perhaps the most valued reward a site coordinator receives is the satisfaction and feeling of accomplishment that comes with positively influencing a student’s transformation into a capable entry-level dietetic technician.

NUTR 170 –FIELD EXPERIENCE I

The first of the Dietetic Technician Program’s Supervised Field Experience courses is NUTR 170 –Field Experience I. This course is held in the Spring semester during the student’s first year in the program. The student will spend approximately 15 weeks at a long term care facility. Students will be exposed to low to moderate risk residents and learn how to conduct nutrition screening, assessment, and diet instructions of these residents. The student will be supervised by an on-site clinical instructor in coordination with the department staff at the facility. Clinical and food production rotations will be assigned.
The MSC DTP Student Learning Assessment Plan specifies the student to achieve the specified Commission on Accreditation for Dietetics Education (CADE) competencies. The following learning outcomes are identified for NUTR 170 – Field Experience I.

<table>
<thead>
<tr>
<th>DTP Competency</th>
<th>Assessment Method Utilized</th>
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<tr>
<td>CDT 1.3: Collect performance improvement, financial, productivity or outcomes data and compare it to established criteria</td>
<td>Student will receive a letter grade of C or above on clinical or food service rotations that include quality assurance audits (meal rounds; sanitation audit, test tray)</td>
</tr>
<tr>
<td>CDT 1.4: Implement actions based on care plans, protocols or policies</td>
<td>Student will receive a letter grade of C or above on 70% of long term care case studies</td>
</tr>
<tr>
<td>CDT 2.6: Participate in professional and community organizations</td>
<td>Student enrolled in course will attend annual MRDA Nutrition Conference</td>
</tr>
<tr>
<td>CDT 3.2: Perform specific (a-e below) activities of the Nutrition Care Process as assigned by registered dietitians in accordance with the Scope of Dietetics Practice for individuals, groups and populations in a variety of settings</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 3.2.a: Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 3.2.b: Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 3.2.c: Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, and establishing goals and selection and managing intervention</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 3.2.d: Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 3.2.e: Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting</td>
<td>Student will receive a letter grade of C or above on 80% of clinical nutrition case study rotations</td>
</tr>
<tr>
<td>CDT 4.1: Participate in performance and quality improvement, customer satisfaction activities to improve delivery of nutrition</td>
<td>Student will receive a letter grade of C or above on clinical or food service rotations that include quality assurance audits (meal rounds; sanitation audit, test tray)</td>
</tr>
</tbody>
</table>
**PREREQUISITE COURSES**

*Students have successfully completed the following courses to be eligible for NUTR 170 – Field Experience I:*

- NUTR 110 – Nutrition I
- NUTR 115 – Introduction to the Health Field
- FSAD 101 – Quantity Food Production
- FSAD 102 – Applied Food Service Sanitation (Serv-Safe Certification)

**COREQUISITE**

- NUTR 160 – Diet Therapy

**COURSE SCHEDULE**

NUTR 170 is offered only in the Spring Semester. The semester is 15 weeks long, starting at the end of January and ending in the beginning of May. NUTR 170 Field Experience I runs each week on Wednesday and/or Thursday depending on the number of students enrolled in the course. Course enrollment levels are capped at a maximum of 7 students per section per facility. Each course section runs from 8 am to 1:50 pm. Please note the course instructor accompanies the students to the site each week. The instructor is responsible for supervising and teaching the students while they are on site.

**REQUIRED ROTATIONS**

1. Five (5) or more weeks of clinical dietetic rotations
2. Four (4) food production rotations
3. One (1) Day with a Dietetic Technician or Registered Dietitian
4. Other rotations as deemed necessary

**SELECTION & PERIODIC EVALUATION OF FIELD EXPERIENCE FACILITIES**

A wide variety of field experience sites are continuously developed to meet the diversity of student learning needs, abilities, and objectives. Examples of types of organizations available include acute and long term care facilities and community health agencies. The Department has established on-going affiliations with a number of facilities and agencies. These facilities provide reliable, quality field experience sites on a continuing basis.

To comply with the Commission on Accreditation for Dietetics Education (CADE) standards of education, the Department of Nutrition & Dietetics must ensure that field experience facilities will provide supervised learning experiences compatible with learning outcomes/competencies DTP students are expected to achieve. Field Experience facilities must be able to provide sufficient staff, medical and food production experiences, and/or community health experiences.

Selection of facilities used for all Field Experience courses will be evaluated for adequacy and appropriateness to ensure the facility is able to provide supervised practice learning experiences compatible with the learning outcomes/competencies DTP students are expected to achieve. Continued use of facilities will be periodically evaluated on a 3 year schedule for continued adequacy and appropriateness.
**PROCEDURE**

1. Potential field experience facilities will be evaluated for adequacy and appropriateness using the “New Field Experience Site Evaluation Form,” prior to selection of facility for student use.
2. Continuing field experience facilities will be evaluated every 3 years for adequacy and appropriateness using the “Continuing Field Experience Site Evaluation Form,” prior to reselection of facility for student use.
3. All evaluations will be conducted by the field experience faculty with final approval made by the DTP Program Director.
4. Department will retain copies of all field experience site evaluations and periodic reviews.

**ACCEPTABLE SITE COORDINATOR CRITERIA**

Acceptable site coordinators for Field Experience I must meet **ONE** of the following:

1. Registered Dietitian (proof of current ADA registration required)
2. Dietetic Technician, Registered (proof of current ADA registration required)
3. Certified Dietitian/Nutritionist (CDN) (proof of current NYS certification required)
4. Dietetic Technician, not registered
5. Current employment in a Community Nutrition site
6. Food Service Director

*In addition, preceptors must meet the following:*

1. A minimum of 3 years experience in their chosen field.
2. Be committed to their own lifelong learning. Their resumes should document that they regularly participate in appropriate professional development programs and training.
3. Have an interest in and time for guiding, teaching, and assessing a dietetic technician student.

**SITE COORDINATOR RESPONSIBILITIES**

1. Serve as facility liaison with course instructor.
2. Provide student orientation to Food & Nutrition Department’s policy and procedures.
3. Provide a list of residents with low to moderate risk diagnosis for students to work with on a weekly basis
4. Allow students to work with various clinical and food production staff.
5. Allow student access to residents, their medical charts and other sources of information to complete basic nutrition screens and assessments.
6. Serve as facility liaison to students.
7. Complete all required forms as detailed in this manual.
8. Assist with development of student rotation schedule
9. Agree to abide by the policies and procedures that govern Morrisville State College’s Dietetic Technician Program.
10. Maintain the confidentiality of student records, treating students fairly and objectively, and provide regular constructive evaluations using the forms provided.
11. Agree to the Dietetic Technician Program Policy of “Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences.”
12. Maintain contact with course instructor via in-person/email/phone to address any course or student related issues.
13. In the event of course instructor short term absence, agree to coordinate with MSC Department of Nutrition & Dietetics and supervise student rotations on site to ensure course continuance. Responsibilities do not include creating or grading course work.
14. Students are not allowed to conduct any course related work in the facility outside of the assigned/scheduled supervised field experience rotation day and without the presence and supervision of the course instructor, except as noted in #13 above.
15. Other requirements as necessary after discussion with course instructor

SITE COORDINATOR ORIENTATION & TRAINING PROGRAM
Field Experience I site coordinators will be provided with orientation to the field experience rotation objectives and expected student learning outcomes before assuming responsibilities. Orientation will utilize a variety of learning methods, including but not limited to: in-person sessions, electronic learning, and interactive discussion. Orientation will be conducted by the DTP director and/or faculty assigned to teach the specific field experience course.

Ongoing training for site coordinators will be conducted annually and will be based on formative and summative data gathered from field experience evaluations completed by the DTP director/faculty, site coordinators, and students.

In addition, The Commission on Dietetic Registration (CDR) offers a Preceptor Training Program free of charge. Access the CDR website http://www.cdrcampus.com/ for complete details. Upon completion, 8 Continuing Education Units (CEU) will be awarded. The Morrisville State College Department of Nutrition & Dietetics faculty strongly encourages preceptors to take advantage of this free offer.

EVALUATING STUDENT PERFORMANCE
Site coordinators and facility staff are expected to evaluate student performance. Evaluation tells the student what they do correctly and helps them to improve performance when needed. Student performance evaluation should be done informally by the facility staff on a daily basis. In addition, formal student performance evaluation will be completed by staff during specified rotations. Forms will be provided for student evaluation. All other formal student performance evaluation will be conducted by the course instructor.

ADVICE FOR SITE COORDINATORS
1. Each student, regardless of ability, has a great deal to learn. Explain each new experience. Talk to the student about what you are doing and why you are doing it.
2. Students learn best by doing. The more hands-on experiences, the better. The student needs your guidance and constructive suggestions as they learn and begin to translate theory to practice.
3. The goal is for students to develop the knowledge and skills expected of an entry-level dietetic technician.
4. Address issues and concerns early, fully, frequently, and honestly.
5. Encourage and support the student’s development of independence yet always retain accountability.
6. Students will make mistakes. Help them learn from them. This is their training ground for the real world.
7. Communicate expectations and rules clearly, early, and frequently.
8. Communicate with the course instructor and/or program director anytime you deem appropriate.
STUDENT RESPONSIBILITIES

The student will be required to do the following:
1. Comply with all facility health clearance requirements.
2. Comply with all facility and department policies & procedures.
3. Students are expected to conduct themselves as professional persons. Students are expected to follow the Code of Ethics for Dietetic Technicians (see Appendix) and to maintain high ethical standards.
4. Students are not allowed to conduct any course related work in the facility outside of the assigned/scheduled supervised field experience rotation day and without the presence and supervision of the course instructor, except as noted in #13 above.

COURSE INSTRUCTOR RESPONSIBILITIES

The NUTR 170 –Field Experience I course instructor will be required to do the following:
1. Act as a liaison between site coordinator/facility and college/students.
2. Contact potential facility to complete Field Experience Site Evaluation Form.
3. Approve the facility/site coordinator for the students to complete the Field Experience I.
4. Provide site coordinator with course manual.
5. Develop student rotation schedule with assistance of site coordinator.
6. Supervise students at the field experience facility during scheduled rotations in conjunction with facility staff.
7. Maintain communication with site coordinator via in-person/email/phone during the academic term to assist with any student or course related issues.
8. Maintain all required records on facility/site coordinator.
9. Maintain communication with students via in-person/email/phone during the term to assist with any course related issues.
10. Responsible for all formal student teaching, assessment, and supervision as outlined in the course manual.

STUDENT INSURANCE COVERAGE & CONTRACTS WITH FACILITIES

After a facility agrees to host students for Field Experience I, the Morrisville State College Contract Officer will send a SUNY Affiliation Agreement to the administrator or legal department of the facility. This contract between the State University of New York and the facility includes SUNY providing liability insurance for the student while completing the supervised practice experience. Students are not required to be covered under NYS Workmen’s Compensation since they are not paid employees of the college or facility.

Appropriate facility administrators and/or legal representatives must sign this agreement/contract with Morrisville State College prior to the students’ first scheduled rotation day. The student may not attend the facility until the required affiliation agreement has been signed by the appropriate representative of the facility and the College, and the student has met all other obligations such as meeting appropriate facility health clearances and other course requirements. It is strongly recommended that each facility review the sample SUNY Affiliation Agreement located at the end of this manual prior to making a decision about hosting students for NUTR 170 –Field Experience I.
All students are required to have their own personal health insurance, car insurance coverage, and professional liability insurance policy.

**TRANSPORTATION**
Students are required to either provide their own transportation to the facility or utilize Morrisville State College sponsored bus transportation. Students utilizing the school bus for transportation may arrive at the facility prior to 8 am, but are required to wait for the course instructor to arrive at the facility for class to begin. Students providing their own transportation are responsible for any fees associated with parking at the facility.

**STUDENT HEALTH REQUIREMENTS**
1. Current physical within 1 year
2. Current PPD within 1 year
3. Other requirements as per facility
4. Copies of student health forms will be provided to the facility

**STUDENT INJURY REPORTING PROCEDURES**
In the event of accidents or illness, the site is responsible to render emergency care to the student or faculty member. Students must have health insurance and may need to follow-up with their health care provider following an accident or injury. If a student becomes injured while completing duties as assigned at the facility during Field Experience I, a Report of Injury Form must be completed and returned to the course instructor as soon as possible, at the address provided. A copy of this form is located at the end of this manual.
SITE COORDINATOR REQUIRED SUBMITTAL FORMS

The following forms must be completed by the site coordinator and returned to the course instructor prior to students commencing field experience rotations at the facility:

1. Site Coordinator Information Form
2. Facility Information Form
3. Memorandum of Understanding for Site Coordinator
4. New or Continuing Field Experience Site Evaluation Form

The following form must be completed by the site coordinator and returned to the course instructor at the conclusion of Field Experience I:

1. Preceptor Evaluation of Field Experience

Course Instructor Mailing Address
Bonnie St. Hilaire, MA, RD, CDN
Assistant Professor
Department of Nutrition & Dietetics
Morrisville State College
Crawford Hall #322
P.O. Box 901
Morrisville, NY 13408
**Site Coordinator Information Form**

*Please attach a copy of your resume to this form before submitting.*

<table>
<thead>
<tr>
<th>Site Coordinator’s Information</th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Title:</strong></td>
</tr>
<tr>
<td><strong>Employer:</strong></td>
<td><strong>Employer’s Address:</strong></td>
</tr>
<tr>
<td><strong>Daytime phone number with area code:</strong> (   )</td>
<td><strong>Email address:</strong></td>
</tr>
<tr>
<td><strong>Site Coordinator’s Education (A.A., B.S., B.A, M.S., etc):</strong></td>
<td><strong>Years of professional experience:</strong></td>
</tr>
<tr>
<td><strong>Site Coordinator’s Professional Credentials (RD, DTR, etc):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ADA Registration #</strong></td>
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| Term:_______________________________ | Instructor:____________________________ | Location:_____________________________

| Will you have regular access to email during Field Experience II semester? | Yes | No |
**MORRISVILLE STATE COLLEGE**
Department of Nutrition & Dietetics

**NUTR 170- Field Experience I**

Facility Information Form

*Please print all information*

<table>
<thead>
<tr>
<th><strong>FACILITY INFORMATION</strong></th>
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<tbody>
<tr>
<td><strong>Facility Name:</strong></td>
</tr>
<tr>
<td><strong>Phone Number:</strong> ( )</td>
</tr>
<tr>
<td><strong>Facility accredited/licensed by:</strong></td>
</tr>
<tr>
<td><strong>Mailing Address for facility:</strong></td>
</tr>
<tr>
<td><strong>City:</strong></td>
</tr>
<tr>
<td><strong>Type of patients/clients/residents cared for:</strong> (Please describe)</td>
</tr>
<tr>
<td><strong>Typical patient/resident/client census:</strong></td>
</tr>
<tr>
<td><strong>Number of Registered Dietitians Employed Full-time:</strong> _______</td>
</tr>
<tr>
<td><strong>Number of Dietetic Technicians, Registered Employed Full-time:</strong> _______</td>
</tr>
<tr>
<td><strong>Type of foodservices provided:</strong></td>
</tr>
<tr>
<td><strong>Approximate number of meals served daily for:</strong> patients ____ employees and others ____ :</td>
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</table>
Each NUTR 170 – Field Experience I Site Coordinator must sign the “Site Coordinator's Memorandum of Understanding.” The forms sent to the Dietetic Technician Program must include original signatures - preferably in blue ink. Faxes of signed MOU's are not acceptable.

My signature below indicates that I agree to fulfill the expectations of serving as a site coordinator for the Morrisville State College Dietetic Technician Program. Please return the signed form to the course instructor.

I agree to:

1. Maintain Acceptable Site Coordinator Criteria for the duration of the semester the students attend the facility.

2. Make reasonable effort to continue as an employee at the facility where the student will complete his or her supervised practice experience.

3. Assist the course instructor in planning and scheduling additional experiences at selected facilities and with appropriate staff at those facilities (if applicable).

4. As needed, provide guidance, instruction, and evaluations for Field Experience I to assist the student as he/she develops the expected competencies.

5. Assist the student in problem solving and conflict resolution as needed.

6. Evaluate the student performance when required throughout Field Experience I.

7. Communicate information as requested, verbally, and/or in writing regarding the student’s performance with the student, course instructor, and the Dietetic Technician Program Director (if applicable).

8. Comply with the Dietetic Technician Program curriculum policies and procedures and utilize the established student assessment forms and formats as needed.

9. Furnish the Course Instructor with my working e-mail address.

10. Abide by the policies and procedures that govern the SUNY Morrisville State College Dietetic Technician Program.

11. Maintain the confidentiality of student records, treating the student fairly and objectively, and providing regular constructive evaluations as needed.
12. In the event of course instructor short term absence, agree to coordinate with MSC Department of Nutrition & Dietetics and supervise student rotations on site to ensure course continuance. Responsibilities do not include creating or grading course work.

13. Agree to the American Dietetic Association established policy "Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences." Accreditation/Approval Manual for Dietetic Education Programs, Fourth Edition, Standards of Education.

14. I have read, understand, and agree to comply with the contents of this Site Coordinator Manual.

____________________________________  ____________________________  _________
Print name                                          Signature                                                Date

____________________________________
Credentials/Degrees

____________________________________
E-mail address

____________________________________     ____________________________
Name of Employer           Phone Number
# New or Continuing Field Experience Site Evaluation Form

**Facility Name:** __________________________  **Date:** ______________

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<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>An established organization providing one or more health or health-related services to the public.</td>
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<tr>
<td>Consider participation in DTP field experience a professional obligation of the agency.</td>
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<td>Have one or more on-going programs which interest the student and provide him/her with needed learning opportunities</td>
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<tr>
<td>Have qualified staff of Registered Dietitians, DTR’s or health educators who are interested in ensuring that the student learns as much as possible while placed in the agency, and in providing assistance and guidance whenever appropriate.</td>
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<td>Provide necessary support to the student – such as desk, supplies, computer station, etc, in order to facilitate the completion of any tasks which the student will be assigned as part of the supervised practice experience.</td>
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<td>Be located so as to be reasonably accessible to both student and faculty so that planning, monitoring, and evaluation of student field work will be facilitated</td>
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## For Office Use Only

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<thead>
<tr>
<th>Approved for Field Experience</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTP Program Director</td>
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<td></td>
</tr>
</tbody>
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SITE COORDINATOR EVALUATION  
FIELD EXPERIENCE NUTR 170 – Field Experience I

Name:  Site:  # of students:  Date:

Faculty: Bonnie St. Hilaire, MA, RD, CDN

**Directions:** Evaluate your experience with the College, faculty, course materials, and the student during the supervised field experience. Your feedback is essential to our continuing course development for future students.

<table>
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<tr>
<th>Agree</th>
<th>Disagree</th>
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| The faculty contacted me within a reasonable time prior to the start of field experience |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| The faculty provided adequate information about the program and expectations for me and the students. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I felt adequately connected to the College and the faculty overseeing the field experience. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I am satisfied with the communications and the relationship I had with the faculty this semester. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I felt the students were well-supervised by the faculty. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I felt that the students had a good knowledge base in nutrition. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I felt that the students should have done more tasks on their own. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| The faculty included facility staff in program planning. |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

| I would like to participate as a site coordinator in the future |
| ☐ ☐ ☐ ☐ ☐ | ☐ ☐ ☐ ☐ ☐ |

*Please add any recommendations for additions or changes to this entire experience for yourself and the student.*
### Student #1 - 1/19
Course Orientation & Introduction to Nutrition Assessment

### Student #2 - 1/26
Orientation at facility

### Student #3 - 2/2
Clinical #1

### Student #4 - 2/9
Clinical #2

### Student #5 - 2/16
Clinical #3

### Student #6 - 2/23
DTR F1 SNF 1 SNF1 SNF1 F3 SNF1 4

### Student #7 - 3/2
F1 DTR F4 SNF2-DI F3 SNF1 F2 2

### Student #8 - 3/9
F4 SNF1 DTR F1 SNF2-DI F2 SNF2-DI 3

### Student #9 - 3/23
SNF1 F4 F1 DTR F2 SNF2-DI F3 2

### Student #10 - 3/30
SNF2-DI F3 SNF2-DI F2 DTR F4 SNF3 3

### Student #11 - 4/7
MRDA Conference, New Hartford, NY – 4/7 (Thursday) all students attend

### Student #12 - 4/13
F3 SNF2-DI F2 SNF3 F1 DTR F4 2

### Student #13 - 4/20
SNF3 F2 F3 F4 SNF3 F1 DTR 2

### Student #14 - 4/27
F2 SNF3 SNF3 F3 F4 SNF3 F1 3

### Student #15 - 5/4
Case Study Presentations – On Campus

***Schedule Subject to Change per Instructor/Facility discretion***

**Food Production Rotations**
- **F-1** = Hot/Cold Food Production
- **F-2** = Trayline & Service/Nourishment
- **F-3** = Diet Office
- **F-4** = Management
- **SNF 1-3** = Case Study Packet - students will work with a new resident each week.
- **DI** = Graded Dietary Interview of Resident to be observed by Instructor
- **DTR** = Rotation spent with Facility DTR

**Clinical #1, 2, 3** – completed at facility – each student will be required to work with one resident for the series of 3 rotations. These rotations include introduction to basic nutrition assessment. Instructor is responsible for primary teaching on these rotations.
AFFILIATION AGREEMENT BETWEEN
HOSPITAL
AND
STATE UNIVERSITY OF NEW YORK
(SAMPLE)

This Agreement is made by and between Hospital, a corporation organized and existing under the laws of the State of New York, with its principal office located at ________________ (hereinafter referred to as "Hospital") and the State University of New York, a corporation organized and existing under the laws of the State of New York, with its principal office located at State University Plaza, Albany, New York 12246, for and on behalf of Morrisville State College (hereinafter referred to as "University").

WHEREAS, the University has undertaken an educational program in the discipline of Nutrition and Dietetics; and
WHEREAS, the Hospital operates a facility under Article 28 of the Public Health Law; and
WHEREAS, the University and Hospital desire to affiliate for the purpose of carrying out the said educational program in the discipline of Nutrition and Dietetics and meeting the medical needs of the Hospital's patients.

NOW, THEREFORE, it is agreed that:

1. The University shall assume full responsibility for planning and executing the educational program in the discipline of Nutrition and Dietetics including programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for matriculation, promotion and graduation and shall bear all costs and expenses in connection therewith. Attached as Exhibit B is a copy of the curriculum. The University furthers agrees to coordinate the program with the Hospital's designee.

2. The University shall be responsible for assigning students to the Hospital for clinical practice. However, the University shall notify the Hospital one (1) month in advance of the planned schedule of student assignments to clinical duties including the dates, number of students and instructors. The schedule shall be subject to written approval by the Hospital.

3. The University, at its sole expense and cost, shall provide faculty as may be required for the teaching and supervision of students assigned to the Hospital for clinical experience.

4. The University agrees to provide the students with comprehensive infection control training, including blood borne pathogens, prior to rotation at the Hospital. The University also agrees to inform students of the need for a hepatitis B vaccination prior to rotation at the Hospital.

5. The University agrees that at all times students and faculty are subject to the supervision of the Hospital administration and the University shall inform both students and faculty that they must comply with all applicable rules and insofar as they may pertain to the activities of both while at the Hospital, and failure to comply shall constitute a cause for terminating such student's assignment to or faculty member's relationship with the Hospital. The Hospital will provide copies of all policies and procedures to the students and faculty members.

6. The University shall advise each student and faculty that he/she must provide the Hospital, upon request, with a physician's statement that the student is free from any health impairment which may pose a risk of illness or injury to health center patients or interfere with the performance of his/her assigned duties. The following documentation is also required: (i) PPD (Mantoux) skin test for tuberculosis performed within one year, and a chest x-ray if positive; iii) Td (Tetanus-
diphtheria) booster within ten years; and (iii) proof of immunity against measles (Rubella) and German measles (Rubella); such proof is documentation of adequate immunization or serologic confirmation. The health information and documentation required by this paragraph shall be furnished, upon request, to the Hospital with respect to each student prior to the assignment of such student for clinical experience. The health information and documentation required to be furnished for participating students shall also be furnished for any faculty.

7. The students and faculty shall respect the confidential nature of all information that they have access to, including but not limited to patients' personal health information provided to them orally, contained in patient medical records or maintained on the Facility's electronic information system. The University shall advise all students and faculty of the importance of complying with all relevant state and federal confidentiality laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to the extent applicable. In addition, the University agrees to provide students and faculty with training in the requirements of the privacy and security provisions of HIPAA and to advise them of the importance of complying with Facility’s policies and procedures relative to HIPAA. Facility agrees to provide students and faculty with training regarding Facility’s policies and procedures relative to HIPAA. University and Facility acknowledge that students and faculty may use patients’ personal health information for educational purposes at Facility and at University. To the extent practicable, all information used for such purposes shall be appropriately de-identified so as to remove all data that may be used to connect such information back to the patient to whom it relates.

8. The Hospital may terminate any student's assignment from the Hospital when a student is unacceptable to the hospital for reasons of health, performance or other reasons which, in the Hospital's reasonable judgment and to the extent allowed by law, cause the continued presence of a student at the Hospital not to be in the best interest of the Hospital any such action will be reported to the University orally and in writing.

9. Notwithstanding any other provision of this agreement, the Hospital remains responsible for patient care and treatment rendered at the Hospital.

10. The Hospital, as it deems necessary and proper, shall make available the classroom and clinical areas for student experience, including the necessary equipment and supplies, consistent with current policies in regard to availability. The Hospital shall also provide orientation for the University faculty and students to the Hospital.

11. The Hospital shall have no responsibility for the transportation of faculty and students to and from the Hospital.

12. In case of an emergency during the clinical experience at the Hospital, the Hospital will provide emergency care to the students and faculty. With the exception of emergency care, the students and faculty will arrange for their own medical care.

13. Any student, instructor or faculty member shall not for any purpose be deemed to be an employee, servant or agent of the Hospital, but shall be considered an invitee. Neither the University, including the students and faculty, nor the Hospital shall pay any party compensation to any obligation or benefit arising out of this agreement. It is understood by all parties that the Hospital is not providing any insurance, professional or otherwise, covering any such persons.

14. The University agrees that it shall secure Workers’ Compensation for the benefit of and keep insured during the life of this Agreement all faculty, and other University employees as are required to be insured by the Workers’ Compensation Law. For the purposes of this Law, no student or faculty member is to be considered an employee, servant or agent of the Hospital.
15. The Hospital agrees to indemnify and hold harmless the University, its officers, employees and agents, from any and all loss or liability including claims, demands, costs, attorney's fees and expenses of any nature whatsoever for bodily injury or damage to property whenever to the extent that such loss or liability arises out of or occurs by reason of the acts or omissions, within the scope of this agreement, of the Hospital, its agents, servants and employees.

16. The University, to the fullest extent authorized by State law and decisions thereunder, shall be responsible for any claims, costs, damages or injuries to persons or property of whatever kind or nature arising out of the activities carried out under this agreement and out of the negligence of the University, its officers and employees. In addition, the University shall take out and maintain during the term of this agreement liability insurance, in amounts not less than $3,000,000 for bodily injury and property damage combined single limit; and the Hospital is to be additionally named insured under such liability policy or policies. It is agreed that the persons insured under such policy or policies shall be the students of the State University of New York with respect to liability arising out of their participation in the clinical training program carried out under this agreement. The University agrees that the Hospital will receive no less than ten (10) days written notice prior to the cancellation, modification or non-renewal of any insurance coverage. Notwithstanding the foregoing, the Hospital shall remain liable for direct damages resulting from its negligence.

17. It is mutually agreed that at no time shall either party discriminate against any party to or beneficiary under this agreement based upon color, religion, sex, sexual orientation, national origin, age, veteran status and/or handicap. The provisions of Exhibit A, State standard contract clauses, attached hereto, are hereby incorporated into this Agreement and made part hereof.

18. This Agreement will become effective as of September 1, 2008 and shall continue in full force and effect until terminated as set forth in this paragraph. This Agreement may be terminated by either party giving at least ninety (90) days written notice to the other, provided, however, that no such termination shall take effect until the students already placed in the program have completed their scheduled clinical training.

19. For purposes of written notification:

To the UNIVERSITY
Office of the Vice Chancellor
State University of New York
State University Plaza
Albany, New York 12246

To the HOSPITAL
CEO
ABC Hospital
PO Box 555
Anytown, New York 13408
IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the dates set forth below:

By: _______________________  __________
    Mary Ellen Burdick   Date
    Director of Business Affairs

By: _______________________  __________
    Name _______________________  Date
    Title _______________________  

(ACKNOWLEDGMENT BY INDIVIDUAL)

STATE OF NEW YORK  )
COUNTY OF                ) SS.: 

On this ____ day of ___________, 2008, before me personally came ______________________________, to be known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledge to me that he/she executed the same.

__________________________________
Notary Public

(ACKNOWLEDGMENT BY UNINCORPORATED ASSOCIATION)

STATE OF NEW YORK  )
COUNTY OF                ) SS/Fed ID #:

On this ___ day of ___________, 2008, before me personally came ______________________________, to be known and known to me to be the person who executed the above instrument, who, being duly sworn to me, did for himself/herself depose and say that he/she executed the foregoing instrument in the firm name of ________________________________ and the he/she had the authority to sign same, and he/she did duly acknowledge to me that he/she executed the same as the act and deed of said firm of ________________________________, for the uses and purposes mentioned therein.

__________________________________
Notary Public
(ACKNOWLEDGMENT BY CORPORATION)

STATE OF NEW YORK
COUNTY OF

On this ___ day of __________, 2008, before me personally came ______________________________, to be known, who being duly sworn, did depose and say that he/she resides in _________________________ that he/she is the ____________________________________ of _________ _______________________

__________________________________________________________________ the corporation described in and which executed the foregoing instrument; that he/she knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal, that it was so affixed by the order of the Board of Directors of said corporation, and that he/she signed his/her name thereto by like order.

__________________________________
Notary Public
STATE UNIVERSITY OF NEW YORK
REPORT OF ACCIDENT OR INJURY
(OTHER THAN A MOTOR VEHICLE ACCIDENT)

1. Campus: __________
2. Date and time of accident: Mo Day Year Time
3. Date of report: Mo Day Year
4. File ID: ________ Year No. ________ Sequence ________

6. Victim: A) Student B) Faculty/Staff C) Patrol Officer D) FSA E) Patient F) Vendor G) Visitor
   Status: ________

7. Name of office or department where employee is regularly assigned: ________

8. Sex: A) Female B) Male
9. Date of birth: Mo Day Year
10. Name of victim (PRINT LAST NAME, FIRST, MIDDLE)

12. Social Security Number: ________

13. Job title and grade:

14. Employment: A) Yes B) No
15. Was victim in authorized area: A) Yes B) No C) Unknown

16. Reporter of incident: A) Faculty/Staff B) Victim C) Other (specify)

17. Name of reporter of accident (PRINT LAST NAME, FIRST, MIDDLE): ________

18. Specific area of occurrence:

19. If physical injury, part of body injured: (ONE ONLY, MOST SERIOUS)
   P) Other (specify)

20. If physical injury, extent: A) Fatal B) Major C) Minor
21. If physical injury, type of injury: A) Abrasion B) Amputation C) Burn D) Bruise

22. If physical injury, nature: A) Temporary B) Permanent C) Other

23. Accident: A) Athletic B) Academic C) Job related D) Other

24. Were safeguards provided: A) Yes B) No

25. Were safeguards in use: A) Yes B) No

26. Medical assistance rendered: A) First aid by staff B) Intermittent C) Hospital D) Ambulance E) Other

27. Are there witnesses: A) Yes B) No
   (List in narrative) ________

28. Name and address of physician:

29. Name and address of hospital:

30. Employee have restricted duties: A) Yes B) No

31. Has employee returned to work: A) Yes B) No
   If yes, date: Mo Day Year

32. Supervisor notified: A) Yes B) No
   Date: Mo Day Year Time

33. Name of Supervisor:

NARRATIVE. (Only give a brief description of who, what, when, where, how, etc.) List witnesses names and addresses.

Report completed by: Title: Date: ________

Safety Supervisor's signature: Title: Date: ________
2009 Code of Ethics for the Profession of Dietetics

Please access the American Dietetic Association website link below to review the 2009 Code of Ethics for the Profession of Dietetics

http://www.eatright.org/About/Code.aspx?id=7602&terms=ethics