Andrews University Dietetic Internship Written Case Study Rubric

Intern's name: Karen Ca		itle: <u>Hidden Malnutrition in Down</u> ome Infant				
Category	Excellent	Acceptable	Needs Improvement	Raw	Weight	Final
5)	(5)	(4)	(3)	Score		Score
Introduction	The introduction presents the overall topic and draws the reader into the presentation.	The introduction presents the overall topic somewhat clearly and draws the reader into the presentation.	The introduction does not present the overall topic clearly. The reader is not drawn to the presentation.	5	1	5
Content/knowledge*	The content is written clearly and concisely with a logical progression of ideas and supporting information. Follows the case study outline for content and organization. All elements of the case study are present including vegetarian nutrition, ethical considerations and multi-disciplinary interactions. Shows knowledge of disease processes and medications. Recommends appropriate interventions. Implications of a plant-based diet are included. Indicates critical thinking: barriers, limitations, strengths, gaps in information	The content is written concisely but may be unclear. Some parts of the case study lose a logical progression of ideas and may miss supporting information. Follows the case study outline for content and organization most of the time including vegetarian nutrition, ethical considerations and multi-disciplinary interactions. Shows knowledge of disease processes & medications. Recommends appropriate interventions most of the time. Implications of a plant-based diet are included, but not thorough.	most of the time. Doesn't have a clear understanding of the disease process. May or may not recommend appropriate interventions. A plant-based section, ethical considerations and multi-disciplinary interactions are not included, . Critical thinking not indicated: barriers, limitations,	5	6	30
MNT/Calculations:	Applies evidence-based guidelines in the Nutrition Care Process. Justifies choice of MNT based on evidence. Nutrient calculations are accurate. Accurate analysis of the previous diet is included. Critical thinking skills are well utilized regarding patient assessment resulting in thoughtful recommendations.	Misses some elements of the Nutrition Care Process. 1 nutrient calculation is inaccurate. Analysis of the previous diet is included with some inaccuracies. Critical thinking skills are utilized regarding patient assessment resulting in thoughtful recommendations.	No evidence of using the most appropriate MNT. 2 or more calculations are incorrect. Analysis of the previous diet is missing. Minimal critical thinking skills are utilized regarding patient assessment resulting in thoughtful recommendations.	4	6	24
Text Elements/ Mechanics:	The fonts are easy to read. The layout is visually pleasing and contributes to the overall message. The text is written with one error or less in grammar, capitalization, punctuation, and spelling. Cover page with the title is present.	The fonts are easy to read. The layout is good. The text is written with 2-3 errors in grammar, capitalization, punctuation, and spelling. Cover page is incomplete.	The fonts are not easy to read. The layout is average. The text is written with more than 3 errors in grammar, capitalization, punctuation, and spelling. No cover page.	5	2	10
Research/Citations:	Evaluates emerging research for application of dietetic practice. Research of disease processes is complete. Sources of information are properly cited and not more than 5 years old (exception if a classic citation). There are 10 or more citations for the major case study and 5 citations for the property of the price age of the price.	Incomplete evaluation of research. Sources of information are properly cited and not more than 5 years old. Missing 2 citations for major case study & 1 for minor case study.	Missing major evaluations of research. Sources of information are not properly cited or some citations are older than 5 years. Missing more than 2 citations for major case study	5	5	25
					Total Score:	94
pertinent information to feels the PMH of the cas since family attributes the noting no change betwee status (weight decline, was specifics should be included are accurate for formula coordination/education)	case. PMH is well explained, does not contain all se was sufficiently summarized with information p hese changes to the change in patient's physical een regimens just administration changes). Nutriti what percent over what period, -1 WFL z score, bu uded here. For feeding changes, would present fu a provision. Nicely written PES statements, would	comprehensive yet succinct manner. Missing WF information as recommended in outline, but review resented. Present treatment should include curre status (appearing more malnourished) with the valon related impacts of home medications needs grit declined from what to what over what date range all feeding regimen, what it provides, change in regard depth to symptoms for malnutrition PES. Intermunicate changes in care plan. References jumpagnating grade is 80%.	ewing RD would likely not have ind nt/recently revised changes to NG riation in energy/protein provision eater assessment. Not enough de e), weight gain velocity - whats no gimen, and the % increase/decrea erventions are comprehensive (ind	cluded this feeding re if applica epth preser rmal vs wh se this rep cluding car	information egimen es ble (but ot nted in ma nat happer resents. C	on and pecially herwise Inutrition ned; the
(Please include correct Preceptor's Signature	ted case study with rubric) Alyssa Price, MS, RDN, LD, CNSC		Date: 1/7/2025			
	Myssa Thee, Mis, NDN, LD, CNSC					
Intern's Signature			Date:			