**INTERVIEW EVALUATION**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Directions: For each criterion, mark the appropriate number corresponding with the scale shown below indicating the student’s**skill compared to that of an entry-level dietitian.  Write suggestions to help the student improve in the comments section.  Total all criterions to calculate the student’s overall score.*

***Rating Scale***

***1:*** *Demonstrates minimal skills and has limited knowledge and/or critical thinking ability related to topic or concept. More learning experience is needed to meet basic knowledge to start developing the skills for entry-level practice.*

***2-3:*** *Needs Improvement: Demonstrates skills below expectation for other students at this level of training. More learning experience is needed to demonstrate competency and critical thinking. Has mastered some aspects of the competencies or skills, but more improvement and/or development are needed to attain the level of what is expected for entry-level practice.*

***4-5:*** *Competent: Demonstrates competency in all aspects of this competency, skill, or concept. Completed all requirements satisfactorily. Skills, knowledge, and critical thinking are still developing but appropriate for what is expected at this training level and for entry-level dietetics practice.*

***6-7:*** *Advanced Competent: Demonstrating skills, knowledge, and critical thinking at a level above what is expected at current training and above that expected for entry-level dietetics practice.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional Skills, Responsibility, Time Management, and Resources** | **Needs Improvement** | | | **Competent** | | **Advanced Competent** | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| Reviews patient chart and gathers other pertinent information before entering room. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Avoids interrupting other healthcare providers. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Extends greeting in a professional and courteous manner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Introduces self and identifies patient by name. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Explains the purpose for the interview. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Shows interest in and concern for the patient. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Inquires about pertinent nutrition-related information including:   * Client history. * Food/nutrition-related history. * Anthropometrics. * Biochemical data and medical tests. * Nutrition focused physical findings. * Follows a logical sequence in conducting the interview | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comments: | | | | | | | |
| **Communication Techniques** | | | | | | | |
| Utilizes appropriate verbal/nonverbal modes of communication to foster good patient interaction.   * Uses open ended questions. * Allows patient to talk and ask questions. * Actively listens to patient. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Addresses patient’s questions and concerns. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Appropriately steers conversation to stay on track. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Shows appropriate concern for patient privacy. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Attentive to patient comfort and reactions to interview. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Assertive, yet respectful of patient’s background. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Expresses appreciation for patient’s time and help. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Asks if patient has any last questions or requests. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Summarizes any plans or future contacts. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Comments: | | | | | | | |
| **COMPETENCIES ADDRESSED IN THIS TASK/ASSIGNMENT** | | | | | | | |
| Comp 2.2 Selects, develops and/or implements nutritional screening tools for individuals, groups or populations.  *(Note:* *If dietitians at the facility do not complete screenings, the graduate dietetics student will need to describe the screening process to the preceptor to pass the competency.)* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**Overall Comments:**

1. What are the student’s areas of strength and areas for needed improvement?

**Signatures**:

Preceptor/Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_