

Comprehensive On-Site Evaluation for Full Accreditation
Site Visit Report

California State University-Chico
Dietetic Internship
Chico, CA
May 1 through May 3, 2011

Overview of the Evaluation Visit

A comprehensive, on site evaluation of the California State University-Chico (CSU-Chico) Dietetics Internship (DI) at Chico, CA was conducted on May 1 through May 3, 2011 to determine compliance with the 2008 Eligibility Requirements and Accreditation Standards (ERAS) of the Commission on Accreditation for Dietetics Education (CADE) for the purpose of full accreditation.

Lead Reviewer: Karen Lacey, MS, RD, CD Senior Lecturer & DPD Director University of Wisconsin-Green Bay. Green Bay, WI

Accompanying Reviewer: Terese M. Scollard, MBA, RD, LD Regional Clinical Nutrition Manager, Providence Health & Services. Portland, OR

Accompanying Reviewer: Teri L. Burgess-Champoux, PhD, RD, LD Lecturer, Department of Food Science and Nutrition, University of Minnesota. St. Paul, MN

During the site visit, the CADE review team met with representatives of the program via individual sessions consisting of the Program Director, current students, graduates, faculty, Advisory Board members and Administrators.

During the site visit, the Program Director conducted a tour of the facilities on campus including the library and also toured Enloe Medical Center where they visited both the Food Service Administrative and Clinical Facilities and Chico WIC. Overall, the facilities appeared to be conducive to student training, learning and supportive of the requirements of CADE's 2008 accreditation standards.

The program is housed in the College of Natural Sciences. The college has nine departments and programs, including the Department of Nutrition and Food Sciences. This department has four undergraduate majors: Didactic Program in Dietetics, Dietetic Internship, and Master's program. The program started in 1991 and was most recently accredited by CADE in 1999.

The program participates in the pre-select option for up to four interns that are selected from the Master's program. With this self-study and site visit, the program is seeking continued accreditation from CADE under the 2008 ERAS for a full-time non-degree granting dietetic internship with an enrollment of five full-time interns annually and a Nutrition Education concentration.

Program Strengths:

- Strong commitment to the community of Northern California and the nutrition-specific needs of the population served by those who complete the internship
- Professional credentials, experience and number of preceptors
- Dedication of Program Director and Coordinator
- Associated with a Master's Program – interns have very good critical thinking and communication skills
- The preceptors are highly committed and dedicated and many are alumni of program

Overall Organization and Clarity of the Self-Study Report

	Exemplary	Meets Expectations	Needs Improvement
Participation in the Self-Study Process	The self-study report was written and reviewed with broad-based input from interns, faculty, preceptors, staff, administrators and a range of other stakeholders, such as patients, practitioners, and employers. Exemplary <input type="checkbox"/>	The self-study report was written and reviewed with broad-based input from interns, faculty, preceptors, staff and administrators. Meets Expectations <input checked="" type="checkbox"/>	The self-study report was written by a small number of individuals who did not seek broad input from interns, faculty, preceptors, staff, and administrators. Needs Improvement <input type="checkbox"/>
Knowledge of the Self-Study Report	Interns, faculty, preceptors, and staff are conversant in the major themes of the report and how the program intends to address any deficiencies. Exemplary <input type="checkbox"/>	Interns, faculty, preceptors, and staff are aware of the report and its contents. Meets <input checked="" type="checkbox"/>	Interns, faculty, preceptors, and staff have little or no knowledge of the content of the self-study report or its impact on the program. Needs Improvement <input type="checkbox"/>
Completeness and Transparency of the Self-Study Report	All narratives and supporting documentation are thorough, clear and concise. The content appears thoughtful and honest. Interviews match the self-study findings. Exemplary <input type="checkbox"/>	All narratives and supporting documentation are present. The content is organized and logical. Meets <input checked="" type="checkbox"/>	Information is missing or written in a dismissive, uninformative or disorganized manner. Portions of the content appear biased or deceptive. Needs Improvement <input type="checkbox"/>
Relevance of Supporting Documentation	Supporting documentation of activities is informative and used judiciously. Exemplary <input type="checkbox"/>	Supporting documentation is present when needed. Meets <input checked="" type="checkbox"/>	Additional documentation is missing, irrelevant, redundant, or uninformative. Needs Improvement <input type="checkbox"/>
Evidence of Continuous-Quality Improvement	The program presents thoughtful, viable plans to not only address areas of deficiency, but also to further advance the quality of the program beyond the requirements of the Standards. Exemplary <input type="checkbox"/>	The program proactively presents plans to address areas where the program is in need of improvement. Meets <input checked="" type="checkbox"/>	No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. Needs Improvement <input type="checkbox"/>
Organization of the Self-Study Report	All sections of the report are complete and organized or hyper-linked to facilitate finding information, e.g., pages are numbered and sections have labeled or tabbed dividers. Exemplary <input type="checkbox"/>	The reviewer is able to locate a response for each standard and the supporting documentation with minimal difficulty. Meets <input checked="" type="checkbox"/>	Information appears to be missing or is difficult to find. Sections are not well labeled. Needs Improvement <input type="checkbox"/>

Review team’s comments on the self study report to assist in the program’s quality improvement:

The on-site documents were well organized in binders. The self-study report was concisely written and information was tabulated. There was congruency between the written report and the on-site interviews.

Eligibility Requirements & Accreditation Standards	Meets		Partially Meets	Does Not Meet	N/A
		monitor			
Eligibility Requirements					
1. Program Structure and Finance (ER 1)	●	<input checked="" type="checkbox"/>	○	○	
2. Prior Recognition and Operation (ER 2)					● US Only
3. Required Program Characteristics (ER 3)	●	<input type="checkbox"/>	○	○	
4. Requirements for Supervised Practice (ER 4)	●	<input type="checkbox"/>	○	○	
5. Requirements for Program Directors (ER 5)	●	<input type="checkbox"/>	○	○	
6. Title IV Compliance for Dietetic Internships (ER 6)	○	<input type="checkbox"/>	○	○	●
7. Consortia	○	<input type="checkbox"/>	○	○	● 1 Program
Program Planning and Outcomes Assessment					
8. Program Mission (1.1)	●	<input type="checkbox"/>	○	○	
9. Program Goals (1.2)	●	<input type="checkbox"/>	○	○	
10. Program Outcomes (1.3)	●	<input type="checkbox"/>	○	○	
11. Program Assessment (1.4-1.5)	○	<input type="checkbox"/>	●	○	
12. On-going Program Improvement (1.6-1.7)	○	<input type="checkbox"/>	●	○	
Curriculum & Student Learning Outcomes					
13. Learning Activities (2.1)	○	<input type="checkbox"/>	●	○	
14. Program Concentrations (2.2)	○	<input type="checkbox"/>	●	○	
15. Curriculum Plan (2.3)	○	<input type="checkbox"/>	●	○	
16. Curriculum Length (2.4)	●	<input type="checkbox"/>	○	○	
17. Learning Assessment (2.5-2.6)	○	<input type="checkbox"/>	●	○	
18. On-going Curricular Improvement (2.7)	○	<input type="checkbox"/>	●	○	
Program Management					
19. Qualifications of the Program Director (3.1)	○	<input type="checkbox"/>	●	○	
20. Responsibilities of the Program Director (3.1.1)	●	<input type="checkbox"/>	○	○	
21. Program Resources (3.2)	●	<input checked="" type="checkbox"/>	○	○	
22. Faculty (3.3-3.3.2)	●	<input type="checkbox"/>	○	○	
23. Preceptors (3.3.3-3.3.5)	○	<input type="checkbox"/>	●	○	
24. Supervised-Practice Facilities (3.4-3.5)	●	<input type="checkbox"/>	○	○	
25. Program Information (3.6)	○	<input type="checkbox"/>	●	○	
26. Policies and Procedures (3.7-3.8.1)	●	<input type="checkbox"/>	○	○	
27. Program Handbook (3.8.2)	○	<input type="checkbox"/>	●	○	

(S-Satisfactory, MI-Missing Information, NI-Needs Improvement).

ELIGIBILITY REQUIREMENTS

All programs applying to the Commission on Accreditation for Dietetics Education (CADE) for accreditation must meet certain basic requirements, including sponsorship by an organization responsible for the program.

- **S:** The program has achieved this element of the standard at a **satisfactory** level.
- **MI:** The program is **missing information** necessary to evaluate this element of the standard.
- **NI:** The program **needs improvement** to achieve this element of the standard.

Program Structure and Finances (ER 1) ●	S	MI	NI
The DI is housed in a college or university, health care facility, federal or state agency, business or corporation. (DI ER 1.1) <ul style="list-style-type: none"> • Colleges and universities must be located in the U.S. or its territories and accredited in good standing by a U.S. regional institutional accrediting body for higher education. • Hospitals must be accredited by The Joint Commission or Healthcare Facilities Accreditation Program (HFAP). • Facilities for individuals with developmental disabilities must be accredited by the Council on Quality and Leadership in Support for People with Disabilities or by The Joint Commission or HFAP. • Other health-care-related facilities must be licensed by an agency of the state in which it is located or accredited by The Joint Commission. • Corporations must be publicly held. (Note: Privately-held corporations currently sponsoring DIs under the 2002 ERAS should contact CADE staff for direction.) 	●	○	○
The program is integrated within the administrative structure of the college university or sponsoring organization, as evidenced by an organization chart showing the relationship of the program to other programs/services. (DI ER 1.2)	●	○	○
The program has a budget to support the program. (DI ER 1.3)	●	○	○

ER 1.1

California State University, Chico, is accredited under the Western Association of Schools and Colleges (WASC). CSU- Chico was originally accredited in 1954 and was most recently commissioned on June 2009. A copy of the most recent WASC report was confirmed.

ER 1.2

The DI is part of the Department of Nutrition and Food Sciences, which is housed in the College of Natural Sciences. The University and departmental organizational charts are included in the self study report.

ER 1.3

The self-study report stated that the revenue sources are adequate to accomplish program goals and expected outcomes. The budget provided in the self-study report only included the use of DI program fees to pay the DI Coordinator and a small summer salary for the DI Program Director. The budget provided the following information:

“DI revenue sources include a \$50 application fee, \$4,000 program fee, and occasional continuing professional education (CPE) event registration fees for non DI preceptors. Interns pay the \$4,000 program fee in four \$1,000 installments over the course of the supervised practice.” Expenses include a salary for the DI Coordinator and a summer stipend for the Program Director.

On site, the review team met with the Program Director, who stated that the DI Program fees increased to \$4000 last year, which covers the DI Coordinator and summer stipend for the DI Program Director. The Program Director clarified that the full-time appointment is for ten months and paid over ten months. The Program Director discussed how she was able to negotiate for summer salary from the DI program fees.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input checked="" type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Prior Recognition and Operation (ER 2) ●	S	MI	NI
Not applicable to U.S. programs.	○	○	○

ER 2.0

Not applicable; the program is a U.S. program.

Required Program Characteristics (ER 3) ●	S	MI	NI
The DI schedules supervised practice experiences full-time, part-time, or both, to be completed within a two-year period. (DI ER 3.1)	●	○	○
The DI is a post baccalaureate program that admits only individuals who have completed Didactic Program in Dietetics requirements and at least a bachelor's degree. (DI ER 3.2)	●	○	○

ER 3.1

In the self-study report, the documentation and program advertising confirms that the DI is a full-time nine-month program that begins in August and ends in May.

ER 3.2

The program only accepts students who have a DPD verification statement and a master's degree. The DI uses a pre-select option for CSU-Chico graduate students who have either completed the MS or are at near completion. Evidence of plans for completion must be provided at the time of application.

On site, the review team discussed with the Program Director what would happen if the DI is not able to fill slots with CSU-Chico graduate students. The Program Director noted that the recent DI match was only from pre-selected CSU-Chico MS students; only one time in the past did the program use the February DI match process.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Requirements for Supervised Practice (ER 4) ●	S	MI	NI
The program provides at least 1200 hours of supervised practice experiences to meet the Competencies defined in Standard Two - Appendix A (pages 16-18) for entry-level practice as a RD. (DI ER 4.1)	●	○	○
The DI includes one, but not more than two, concentrations that builds on the Competencies defined in Standard Two - Appendix A. If the DI offers two concentrations, each intern must choose only one. (DI ER 4.2)	●	○	○
If the program includes international supervised practice experiences, these experiences must not exceed 25 percent of the total planned hours. (DI ER 4.3) (Not Applicable)	○	○	○

ER 4

The self study report stated that the program includes 1200 hours of supervised practice in three major rotations including: MNT (600 hours), Food Service Administration (300 hours), and Community Nutrition (300 hours). Supervised practice begins in late August and the MNT rotation hours are completed in 16 weeks, followed by an eight-week Food Service Administration rotation and end in an eight-week Community Nutrition rotation.

On site, the review team verified that based on information provided on site, the program is at least 1200 hours. The review team verified with the Program Director that any make-up time required would occur either at the end of a rotation or would extend beyond the usual end date of the DI. The Program Director provided a current example of an intern who had medical issues and will complete the DI program later than the others.

ER 4.2

The CSU-Chico Dietetic Internship has developed a Nutrition Education Concentration.

ER 4.3

Not applicable. The program does not include any international experiences.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Requirements for Program Directors (ER 5) ●	S	MI	NI
The program must have a designated director who:			
• has earned at least a master's degree. (DI ER 5.1)	●	○	○
• is credentialed as a registered dietitian by the Commission on Dietetic Registration. (DI ER 5.2)	●	○	○
• has a minimum of three years professional experience post credentialing. (DI ER 5.3)	●	○	○
• is a full-time employee of the sponsoring institution as defined by the institution/organization. (DI ER 5.4)	●	○	○
• does not direct another CADE-accredited dietetics education program. (DI ER 5.5)	●	○	○

ER 5

The Program Director holds a PhD in Nutrition, is a Registered Dietitian and is credentialed by the Commission on Dietetic Registration (CDR). The Program Director is tenured since 2004 and holds the rank of Professor. She meets the minimum of three years post credentialing. On site, the review team verified that the Program Director met all of the necessary requirements and does not direct another CADE-accredited dietetic program.

The program has a part-time program Coordinator, with over 20 years experience as a registered dietitian in positions such as hospital food services director, clinical dietitian, and senior nutrition program director.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Title IV Compliance for Dietetic Internships (ER 6) ●	S	MI	NI	NA
<p>A DI certified by the USDE for eligibility for Title IV student financial aid must document compliance with Title IV responsibilities, including audits, program reviews, monitoring default rates, and other requirements. If the program’s default rate exceeds the federal threshold (currently 25 percent over a three-year period or 40% in one year), a default reduction plan, as required by USDE, must be provided. (This applies only to DIs not included in the Title IV (student aid) eligibility of the sponsoring college or university.) (DI ER 6)</p>	○	○	○	●

Consortia (ER 7) ●	S	MI	NI	NA
The consortium considers itself a single education program. (DI ER 7.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
A formal agreement exists between the two or more organizations that jointly sponsor the program. (DI ER 7.2.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The formal agreement among members of the consortium clearly defines financial and other resource contributions of each member to the total program. (DI ER 7.2.2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
One individual serves as Consortium Program Director and has primary responsibility for the program and communications with CADE. (DI ER 7.3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Each member organization in the consortium has designated a Coordinator for the program within that organization who is employed by the organization. (DI ER 7.4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
The organization chart clearly shows the relationship of each member of the consortium to the total program and the relationship of each Coordinator to the Consortium Program Director. (DI ER 7.5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
• Membership of committees reflects representation of each member institution or organization. (DI ER 7.5.1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
• Coordinators share responsibility for planning and assessment with the Consortium Program Director. (DI ER 7.5.2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

ER 7

The program is not part of a consortium; therefore, this Eligibility Requirement is not applicable.

STANDARD ONE: PROGRAM PLANNING AND OUTCOMES ASSESSMENT

The program clearly states a mission, goals, expected program outcomes and assessment measures. The program implements a systematic continuous evaluation process, including assessing expected versus actual program outcomes and achievement of goals; and uses the results to take action to maintain or improve program effectiveness.

- **S:** The program has achieved this element of the standard at a **satisfactory** level.
- **MI:** The program is **missing information** necessary to evaluate this element of the standard.
- **NI:** The program **needs improvement** to achieve this element of the standard.

Program Mission (1.1) ●	S	MI	NI
The program has a mission that distinguishes it from every other program in the college/university/organization. (DI 1.1)	●	○	○
The program mission is compatible with the mission statement or philosophy of the sponsoring college/university/organization. (DI 1.1)	●	○	○
The program mission is consistent with the preparation of entry-level registered dietitians. (DI 1.1)	●	○	○

1.1

“The Mission of the California State University, Chico Dietetic Internship is to provide the opportunity for graduate students in the University service area to become Registered Dietitians who will enhance the quality of life and health of individuals and families through their service in institutions and agencies in northern California.”

University Mission: California State University, Chico is a comprehensive university principally serving Northern California, our state and nation through excellence in instruction, research, creative activity, and public service.

College of Natural Sciences Mission: to serve as an anchor institution in Northern California for mathematics and the sciences, providing a diverse set of services to our students and the larger community.

Department of Nutrition and Food Science Mission: to provide students with a broad educational background in the science of food and nutrition and foodservice management.

The mission of the program is compatible with the mission statement for California State University, Chico, especially in terms of serving northern California. This emphasis is carried over into the mission statement for the College of Natural Sciences as well as the DPD and DI mission statements.

The self-study report also discussed how the goals were consistent with the ADA Standards of Professional Practice (SOPP).

On site, the review team reviewed the Advisory Board and faculty minutes and verified involvement of discussion and revision of mission, goals and outcomes. The Advisory Board members verified that they had input in the revision of the program’s mission and goals. The Provost of Academic Assessment acknowledged how the program’s mission was compatible with the university and a good fit.

At this time, no additional information is needed.

Evaluation of the Criteria ●☑	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (☐ Monitor). • Compliance problems exist, but all are being resolved successfully (☐ Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Program Goals (1.2) ●	S	MI	NI
The program has goals that reflect the program's mission. (DI 1.2)	●	○	○
The program's goals are accomplished through activities conducted by the faculty, preceptors and graduates. (DI 1.2)	●	○	○

DI 1.2.

Goal One:

To prepare graduates to meet eligibility requirements for becoming Registered Dietitians as established by the Commission on Dietetic Registration (CDR).

Goal Two:

To prepare graduates who will be able to fulfill employment requirements for entry-level dietitians.

Goal Three:

To prepare dietetic professionals who will develop and implement evidence based nutrition education interventions to enhance the health and well being of individuals and populations served.

On site, the Program Director described how the 2008 Advisory Board provided input to the revised goals regarding the new concentration. The team reviewed the Advisory Board and faculty minutes verifying involvement of discussion and revision of mission, goals and outcomes. The Advisory Board members described and verified their involvement.

The review team informed the Program Director that the Intern Handbook still had four goals. The Program Director agreed to correct that document.

At this time, no additional information is needed.

Evaluation of the Criteria ●☑	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (☐ Monitor). • Compliance problems exist, but all are being resolved successfully (☐ Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Program Outcomes (1.3) ●	S	MI	NI
The program has established expected program outcomes with appropriate target measures to assess achievement of each of the program's goals. (DI 1.3)	●	○	○
Each outcome measure is aligned to one or more of the program goals. (DI 1.3)	●	○	○
Expected program outcome measures <i>must</i> include, but are not limited to, the following:			
<ul style="list-style-type: none"> • Program Completion Percentage of interns enrolled in the DI program that is expected to complete all program requirements within 150% of the time planned for completion. (DI 1.3.1) 	●	○	○
<ul style="list-style-type: none"> • Graduate employment Over a five-year period, 70% or more of DI graduates who sought employment in dietetics will be employed within three months of program completion. (DI 1.3.2) 	●	○	○
<ul style="list-style-type: none"> • Pass rate of first-time test takers on the registration examination Over a five-year period, the pass rate for DI graduates taking the registration examination for the first time will be at least 80%. (DI 1.3.3) 	●	○	○
<ul style="list-style-type: none"> • Other measures of graduate and program performance appropriate to assess the full intent of the program mission and goals (such as employer satisfaction, graduate school acceptance rates, contributions to the community, continuing education activities, professional leadership. (DI 1.3.4) 	●	○	○

DI 1.3

Goal One:

To prepare graduates to meet eligibility requirements for becoming Registered Dietitians as established by the Commission on Dietetic Registration (CDR).

Outcome Measure:

1.a Program Completion (1.3.1)

Over a five-year period, 90% of interns enrolled in the DI program will complete all program requirements within 13.5 months or 150% of the time planned for completion.

1.b Pass Rate (1.3.3)

Over a five-year period, the pass rate for DI graduates taking the registration examination for the first time will be at least 80%.

Goal Two:

To prepare graduates who will be able to fulfill employment requirements for entry-level dietitians.

Outcome Measures:

2.a Graduate Employment (1.3.2)

Over a five-year period, 70% or more of the DI graduates who sought employment in dietetics will be employed within three months of program completion.

2.b Employer Satisfaction (1.3.4)

Over a five-year period, 75% of employers will rate the DI graduates ability to meet performance requirements for entry-level dietitians and nutrition education responsibilities specifically, at the proficiency or mastery level.

Goal Three:

To prepare dietetic professionals who will develop and implement evidence based nutrition education interventions to enhance the health and well being of individuals and populations served.

Outcome Measures:

3.a Graduate Satisfaction (1.3.4)

Over a five-year period, 80% of graduates will indicate that the DI program developed their competency to meet performance requirements for entry-level dietitians and additional requirements related to the nutrition education concentration at the proficiency or mastery level, one year after graduation.

Over a five-year period, 60% of graduates will be employed in northern California and providing evidence-based nutrition education to patients/clients served. (1.3.4 2)

All the CADE required outcome measures are included as well as additional ones established by the program.

On site, the team reviewed the Advisory Board and faculty minutes verified involvement of their discussion and revision of mission, goals and outcome measures. The review team discussed Goal Three with the Program Director and suggested revision of outcome measure one to better reflect outcomes associated with the program's concentration. The Program Director was receptive to suggestion and acknowledged how this change would be an improvement and could benefit the program and its goal measurements.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none">• No compliance problems are present.• No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor).• Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Program Assessment (1.4-1.5) ●	S	MI	NI
The program has a written plan for ongoing assessment of the program’s mission, goals and expected outcomes. (DI 1.4)	●	○	○
The program assessment plan includes the following: ● Each program goal and the outcome measures that will be used to assess achievement of the goal. (DI 1.4.1)	●	○	○
● Qualitative and/or quantitative data needed to determine if expected outcome measures have been achieved. (DI 1.4.2)	●	○	○
● Groups from which data will be obtained; internal stakeholders (such as interns, graduates, administrators, faculty, preceptors) and external/those not involved with the program (such as employers, practitioners, dietetics education program directors, faculty from other disciplines) must be represented. (DI 1.4.3)	●	○	○
● Assessment methods that will be used to collect the data. (DI 1.4.4)	○	○	●
● Individuals responsible for ensuring data are collected. (DI 1.4.5)	●	○	○
● Timeline for collecting the necessary data. (DI 1.4.6)	●	○	○
The program has implemented the assessment process on a continuous basis. (DI 1.5)	●	○	○
The assessment process provides evidence of the following: ● Data on actual program outcomes for each track or option are collected, summarized and analyzed by comparing actual outcomes with expected outcomes according to the timeline in the assessment plan. (DI 1.5.1)	●	○	○
● Data analysis is used to assess the extent that expected program outcomes and goals are being achieved. (DI 1.5.2)	●	○	○

1.4

The written program assessment plan (PAP) provided in the self study report includes each program goal with outcome measures aligned to the program goals (1.4.1); the data to be collected (1.4.2); groups from which data will be obtained (1.4.3); individuals responsible for data collection (1.4.5); and timeline (1.4.6). (Appendix H, p.155)

1.4.4

On-site, the review team verified actual and original DI graduate survey data and employer data. The review team discussed with the Program Director how the current graduate evaluation form is not collecting the data that would be meaningful to measure Goal Three, outcomes one and two. During the analysis on the outcome measures for Goal Three and the evaluation tools that were used to gather that data, the review team found that there were inconsistencies in the terms of the outcome and the terms on the evaluation tool. The Program Director provided information on how the evaluation form was developed; however, she acknowledged the need to revise the evaluation form further to include competency measurements. The review team recommended that the program carefully review all of the various evaluation forms and evaluation tools. Therefore, the program needs to provide the revised evaluation tools to more accurately gather the type of data needed for measure outcome achievement.

1.5

Data were collected from intern progress reports, summative evaluation completed for each supervised practice, intern evaluations of preceptors, exit interviews, employer surveys and alumni surveys. These constituencies were contacted for feedback/data. The original data for the pass rate and employment of the graduates were provided in Appendix I.

1.5.1

Data on program outcomes were collected, summarized and analyzed by comparing actual outcomes with expected outcomes according to the assessment plan and timeline.

The program provided discussion in the self study report that all the goals and target outcomes were met. The results were as follows:

- 1.a** From 2005-2010, only one intern of 27 did not complete all program requirements within 13.5 months (150% time planned for completion). This outcome was met as 96% of interns completed the program versus 90% target.
- 1.b** The 2005-2009 first time pass rate was 83%. In addition, four of the five interns from the 2010 graduating class have taken the exam and passed the first time. This outcome was met at 83% versus 80% target.
- 2.a** From 2006-2010, 19 out of 23 program graduates (83%) found full or part-time employment within three months of program completion. This outcome was met at 83% versus 70% target.
- 2.b** The revised Graduate Survey was sent to 27 program graduates from 2005-2010 in November 2010. Fifteen graduates returned the survey (56%). 93% of respondents indicated that they were currently employed in dietetics, 79% full-time, and 57% in community based programs. This outcome was met versus 75% target.
- 3.a** 19 out of 27 program graduates from 2005-2010 (70%) are employed in northern California and provide nutrition education to patients/clients as part of their job responsibilities in clinical and food service settings, as well as in community and public health programs, such as the Center for Nutrition & Activity Promotion WIC, and Del Norte Clinics.

The program must provide additional information to address criterion 1.4.4 (revision of graduate evaluation forms to align with desired outcome measure).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> ● No compliance problems are present. ● No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). ● Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

On-going Program Improvement (1.6-1.7) ●	S	MI	NI
Results of the assessment process are used to identify strengths and areas for improvement. (DI 1.6)	●	○	○
Results of the assessment process are based on achievement of expected program outcomes and goals. (DI 1.6)	●	○	○
Areas in the assessment process include policies, procedures, curriculum, faculty, preceptors and resources. (DI 1.6)	●	○	○
● Actions are taken to maintain program strengths and address areas for improvement identified through the assessment process. (DI 1.6.1)	●	○	○
● Short- and long-term strategies are planned to maintain or improve program effectiveness and achievement of expected program outcomes and goals in future years. (DI 1.6.2)	○	○	●
● If the program does not meet CADE's national benchmarks for pass rates for dietetic education programs, the program implements and monitors a plan of action that addresses program components, including policies, procedures, curriculum and methods of assessing intern learning as they progress through the program, to improve graduate performance. (DI 1.6.2.1)	●	○	○
● If other expected outcome measures are not achieved, the program implements and monitors strategies to improve results. (DI 1.6.2.2)	●	○	○
● Costs to accomplish short and long term strategies are included in the budgeting process. (DI 1.6.3)	○	○	●
Programmatic planning and outcomes assessment is integrated with institutional planning and assessment. (DI 1.7)	●	○	○

1.6

The self study report provided an example of how data are evaluated.

1.6.1

The program described ways in which changes had been made in response to feedback and data.

Program strengths: Identified in the last five-years include:

- Small program allows for high preceptor to intern ratio and frequent communication among program constituents
- 96% program completion rate within 150% of planned time
- First time RD exam pass rate exceeds benchmark
- Approximately 90% of graduates are employed within three months of program completion
- Exceptional Preceptor commitment to providing a high quality internship experience
- Master's level trained interns have a strong nutrition knowledge foundation and proficient problem solving and critical thinking skills resulting from their research experience
- The program graduates, the preceptors and the employers express a high degree of satisfaction with the program

Overall areas for improvement: Areas for improvement identified in the last five-years include:

- Intern perception that their Medical Nutrition Therapy (MNT) knowledge was inadequate at the start of supervised practice
- Limited numbers of acute and long-term care facilities providing MNT supervised practice rotations, and lower acuity levels than may be available to urban programs
- Limited exposure to ethnically and racially diverse populations CSU-Chico Dietetic Internship
- Poor response rate for graduate surveys
- Perceived need to improve Intern management/business knowledge and skills

The review team confirmed the following program changes through discussion with the Program Director on site: change in required MS courses, applicant qualifications, changes in the DI classes and plans to add the DI class content regarding cultural competence and management/business skills. The review team verified that the self study report described changes made based on feedback from the interns, the preceptors and faculty.

Strengths noted on site:

- Preceptors: high quality and professionalism of interns, flexibility of the Program Director and Coordinator in meeting the needs of the preceptors and rotations
- Interns: expressed variety of internship experiences and flexibility to assign community rotations based on individual interests
- Advisory Board liked the small-town feel of the program

All constituents on site verified the strengths noted in self-study report.

1.6.2

Short-term strategies:

None provided.

Long-term strategies:

The strategies were not identified; therefore, strategies that are linked to the program assessment process to maintain or improve program performance based on the ongoing assessment process need to be provided.

On site, the review team discussed with the Program Director the importance of clearly stating strategies noted within the text (p. 26) of the self-study report to better link to strengths and areas for improvement. It was not always clear, based on the assessment process how the strategies were developed. It was also not clear as to what the budgetary impact will be if strategies are further developed and/or refined.

1.6.2.1

The program's current pass rate on the dietitian registration examination (2006-2010) is 87% exceeding the 80% CADE required minimum.

1.6.2.2

Not applicable as all the outcome measures were achieved.

1.6.3

Once the short- and long-term strategies are determined, the program needs to clearly describe how costs to accomplish the strategies are included in the budgeting process.

1.7

The self study report stated that the program's planning and assessment process are consistent with the institution plans and that data information were used for continuous program improvement.

The program must provide additional information to address criteria 1.6.2 and 1.6.3 (improved strategies and budget implications).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none">• No compliance problems are present.• No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor).• Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

STANDARD TWO: CURRICULUM AND STUDENT LEARNING OUTCOMES

The Dietetics Program has a planned curriculum based on the program’s environment, mission, goals and expected outcomes. The curriculum supports achievement of student learning and expected competence of the graduate.

- **S:** The program has achieved this element of the standard at a **satisfactory** level.
- **MI:** The program is **missing information** necessary to evaluate this element of the standard.
- **NI:** The program **needs improvement** to achieve this element of the standard.

Learning Activities (2.1) ●	S	MI	NI
The curriculum is planned to provide learning activities to attain all the Competencies (Appendix A) defined to enter practice as a Registered Dietitian. (DI 2.1)	○	●	○
Didactic and supervised practice learning activities prepare interns for professional practice with patients/clients with various conditions, including but not limited to weight management and obesity, diabetes, cancer; cardiovascular, gastrointestinal and renal diseases. (DI 2.1.1)	●	○	○
Didactic and supervised practice learning activities prepare interns to implement the nutrition care process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly. (DI 2.1.2)	●	○	○
Didactic and supervised practice learning activities prepare interns to implement all nutrition interventions defined in the nutrition care process (food and/or nutrient delivery, nutrition education, nutrition counseling and coordination of nutrition care). (DI 2.1.3)	●	○	○
Supervised practice learning activities occur in various settings, including acute and critical care, outpatient, long-term care, a wellness program, public health/community (must include schools and WIC), and others determined by the program. (DI 2.1.4)	○	●	○

2.1

The curriculum is planned to provide learning activities to attain all the Competencies (Appendix A) defined by CADE. On site, the review team reviewed intern learning outcomes (DI competency 1.5 and discussions with the current interns revealed lack of business plan (DI competency 4.1). Furthermore, even though the interns use research and the EAL extensively there does not appear to be a specific rotation assignment in which the interns “conduct research” where data were collected and analyzed. All of the interns do have a master’s degree and have likely conducted some type of research in their graduate program; however the internship still needs to address that competency. Therefore, the program needs to provide evidence of the competencies: preparing a business plan and conducting research.

2.1.2

The self study report provided information on various populations and diverse cultures. The self-study report provided data on the demographics of Butte County, Tehama and Shasta Counties for six ethnic groups. The interns interact primarily with Caucasian patients/clients followed by Hispanic/Latino. The Hmong and East Indian populations in the area are growing.

On site the review team reviewed assignments that demonstrated activities with various conditions, various populations and diverse cultures and all interventions of the Nutrition Care Process (NCP).

2.1.3

During MNT, the supervised practice opportunities address the various aspects of the Nutrition Care Process and Model, as well as the Food Service Administration, and Community Nutrition rotations. Food and/or nutrient delivery interventions include meals and snacks, enteral and parenteral nutrition, supplements, feeding assistance, feeding environment, and nutrition-related medication management, most commonly occur during the MNT in-patient rotation. On site, the review team observed multiple examples of interns’ assignments and projects such as Continuous Quality Improvement (CQI) study from Enloe Outpatient and formulary review from Enloe Hospital. The reviewer team also examined the Administration menu project, food service management abstract, the Professional Development Portfolio (PDP) of the Commission on Dietetic Registration (CDR), Clinical case study and presentation on acute respiratory failure, and practice chart notes.

2.1.4

The self-study report did not clearly discuss various settings as outlined; although a list of practice sites and preceptors are included in Appendix J and many practice settings are noted in the discussion of the curriculum plan in DI 2.3. These do include acute care, WIC, schools, and extension. On site, the Program Director clarified where interns received critical care experiences. However, the review team did not see evidence of a comprehensive schedule grid for the internship which would illustrate all of the supervised practice experiences during the course of the program. Therefore, the program needs to provide a more comprehensive schedule for the internship. This is also connected with the comparability of learning that will be addressed in criterion 2.7.3.

The program provided individual supervised plans for each intern that when reviewed more carefully indicated community rotations that were not consistent across the board; where it became clear that not all interns were scheduled for schools, WIC or LTC as noted above. Furthermore it appeared that rotations such as outpatient renal and diabetes were counted as community. Therefore, the program needs to provide evidence of experience in LTC, WIC and schools for all interns as well as consistent community rotations.

The program must provide additional information to address criteria 2.1 and 2.1.4 (evidence of a business plan and conducting research and comprehensive rotation schedule grid showing evidence of experience in LTC, WIC and schools for all interns).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none">• No compliance problems are present.• No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor).• Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Program Concentrations (2.2) ●	S	MI	NI
In addition to the Competencies defined in Appendix A, the DI includes one, but not more than two, concentrations designed to begin development of the entry-level depth necessary for future proficiency in a particular area. (DI 2.2)	●	○	○
The concentration area(s) is chosen on the basis of mission, goals, resources and expected learning outcomes. (DI 2.2.1)	●	○	○
Competencies and learning activities are developed by the DI for the concentration area(s) that build on the Competencies defined in Appendix A. (DI 2.2.2)	○	○	●

2.2

The self study report stated the development of the concentration of Nutrition Education and revealed involvement of preceptors, graduates, employers, interns, Advisory Board members, and Department of Nutrition and Food Sciences faculty. Minutes of meetings were provided (Appendix G).

2.2.1

The rationale for selecting this concentration was based on the program accepting master's students finishing their degree in Nutritional Sciences—Option in Nutrition Education at CSU-Chico. The graduate level courses in Nutrition Education and Counseling Psychology are included in the master's curriculum. Both courses cover evidence based behavior change theories and strategies (Appendix C). In addition, many MS applicants' research is evaluation of the impact of nutrition education interventions.

2.2.2

The current interns were in community rotations at the time of the site visit and had not yet completed the concentration education project; therefore, the reviewers were not able to view projects reflecting the new competencies. On site, the review team observed one pilot project from the previous year. Based on this review, there is no competency (and learning outcome) that addresses evaluation of the nutrition education. It appears that an important component of a concentration in this area is missing. This was discussed with the Program Director and she agreed that it would be important to add an additional competency for evaluation.

The competencies for the Concentration were developed to reflect the processes involved in evidence based nutrition education interventions and build on core competencies. The concentration competencies are the following:

- DI 5.1 Conduct a community nutrition needs assessment
- DI 5.2 Develop an evidence based nutrition education intervention
- DI 5.3 Implement the developed nutrition education intervention

The program must provide additional information to address criterion 2.2.2 (additional competency regarding evaluation for the program concentration).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Curriculum Plan (2.3) ●	S	MI	NI
The program's curriculum plan includes the following:			
Identification of supervised practice rotations that interns will complete to meet each of the Competencies defined in Appendix A and the program-defined competencies for the concentration area(s). (DI 2.3.1)	○	●	○
Organized, sequential supervised practice rotations that logically progress from introductory learning activities and build on previous experience to achieve the expected competency upon completion of the program. (DI 2.3.2)	●	○	○
Culminating experiences (such as planned staff experience) to demonstrate entry-level competence. (DI 2.3.3)	●	○	○
A variety of educational approaches necessary for delivery of curriculum content, to meet learner needs and to facilitate expected learning outcomes, e.g. field trips, role-playing, simulations, problem-based learning, classroom instruction, laboratory experiences and other practice-related experiences. (DI 2.3.4)	●	○	○
Opportunities for interns to participate in interdisciplinary learning activities. (DI 2.3.5)	●	○	○
Opportunities for interns to develop collaboration, teamwork, problem solving, critical thinking and self-assessment skills; and personal and professional attitudes and values, leadership and decision-making skills. (DI 2.3.6)	●	○	○
Opportunities for interns to develop cultural competence. (DI 2.3.6)	●	○	○
Supervised practice rotation descriptions with clearly defined objectives reflecting the breadth and depth of supervised practice and expected intern performance. (DI 2.3.7)	●	○	○

2.3.1

The self study report provided a curriculum planning matrix (Appendix L). However, the concentration competencies were not included in the matrix. Therefore, the program needs to provide an intern learning assessment plan that includes the concentration competencies listed in criterion 2.2.

2.3.2

All interns are in similar rotations, beginning with clinical for 16 weeks; culminating two weeks of staff relief, followed by eight weeks of administrative rotations and finishing the internship with eight weeks of community rotations. A detailed schedule for each intern (2009-2010) denoting this sequence was provided (Appendix M). Discussion of sequential and integrated learning experiences are described in the self-study report and that most interns go to two hospitals since the patients vary among the facilities that the program uses. Since all interns are in similar rotations at the same time, the didactic classes can be scheduled accordingly. A number of specific examples are cited in this discussion. On site, the review team confirmed with the Program Director that there are organized sequential experiences that culminate in staff relief in both clinical and administrative rotations.

2.3.3

The interns have two weeks of staff relief in clinical, they complete a menu project in foodservice and the nutrition education concentration competencies are met near the end of the community rotation. The review team visited the hospital and confirmed staff relief; discussed and verified the information with both the intern and preceptors and confirmed they were valued and well prepared for these experiences. Furthermore the preceptors spoke highly of the “pay- back” provided by the intern during the staff relief.

2.3.4

A variety of educational methods are described in the self study report and in the course syllabi (p. 37). For example, case studies, guest speakers, field trips for legislative experiences, developing menu projects and conducting classes and presentations were included.

2.3.5

The majority of interdisciplinary learning experiences occur in the clinical rotations: patient rounds, working with social workers and case managers; although mention was also made of food service staff and public health and community practitioners.

2.3.6

The review team verified the on-site experiences for teamwork and collaboration. The preceptors indicated that interns were able to complete the self-assessment. The interns described a variety of educational approaches, opportunities for interdisciplinary activities and experiences that develop skills such as team work, problem solving, critical thinking and self-assessment skills; and personal and professional attitudes and values, leadership and decision-making skills. Interns were exposed to a variety of cultures in the community rotations.

2.3.7

On site the review team verified that “Rotation Competency Forms” were in fact rotation syllabi with the intern competency, corresponding activities, and evaluation procedure. They reviewed the use of these forms and discussed with the Program Director how the interns were provided these in their manual and used in the rotations consistently. The review team observed one Rotation Competency Form for each for clinical, community and food service management rotations. The interns were able to take responsibility for assuring that all activities were completed in the rotation. A review of the form revealed that concentration competencies were included in the community forms; since the interns were currently in community there was no evidence that these projects were completed yet this year.

The program needs to provide additional information addressing criterion 2.3.1 (include concentration competencies in the curriculum planning matrix).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> ● No compliance problems are present. ● No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). ● Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Curriculum Length (2.4) ●	S	MI	NI
The curriculum's length including planned number of supervised practice hours is based on the program mission and goals. (DI 2.4)	●	○	○
The curriculum's length conforms to commonly accepted practice in higher education. (DI 2.4)	●	○	○
The curriculum's length is consistent with the program's learning outcomes. (DI 2.4)	●	○	○

2.4

The program will provide 1200 hours of supervised practice and is completed in thirty forty-hour work weeks, an additional two weeks is built into the rotations in order to accommodate holidays and 28 hours of scheduled DI Class time. The supervised practice rotations include:

Medical Nutrition Therapy: 600 supervised practice hours completed over 16 weeks.

Food Service Administration: 300 hours completed over eight weeks.

Community Nutrition : 300 hours completed over eight weeks.

The program is a single-track, full-time program with one concentration in Nutrition Education. It appears that the program length is sufficient to allow interns to meet the program outcomes.

On site, the review team discussed with the Program Director the need to develop a more detailed breakout of supervised practice hours.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> ● No compliance problems are present. ● No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). ● Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Learning Assessment (2.5-2.6) ●	S	MI	NI
The program has a written plan for ongoing assessment.	●	○	○
The plan for ongoing assessment demonstrates the process by which interns are regularly evaluated on their acquisition of the abilities necessary to attain each Competency specified in Appendix A and the program-defined competencies for the concentration area(s). (DI 2.5)	○	●	○
The written plan includes the following:			
• The assessment methods that will be used. (DI 2.5.1)	○	○	●
• The didactic and/or supervised practice course(s)/rotation(s) in which assessment will occur. (DI 2.5.2)	●	○	○
• The individuals responsible for ensuring assessment occurs. (DI 2.5.3)	●	○	○
• The timeline for collecting formative and summative assessment data. (DI 2.5.4)	●	○	○
The program has implemented the process for assessing intern competencies. (DI 2.6):	●	○	○
Data on actual intern learning outcomes are collected, aggregated, and analyzed by comparing to expected competencies/outcomes according to the timeline in the assessment plan. (DI 2.6.1)	●	○	○
Analysis of aggregate data is used to determine the extent that expected competencies/learning outcomes are being achieved. (DI 2.6.2)	●	○	○

2.5

The program provided a written plan for ongoing assessment of intern learning outcomes. (Appendix O)

The student learning assessment plan identifies each competency/learning outcome as defined in the 2008 ERAS (2.5.1). The plan incorporated the required elements including the course/rotation in which assessment will occur (2.5.2), the individual responsible for the assessment (2.5.3) and the timeline for collecting assessment data (2.5.4). However, the concentration competencies were not included in the plan. Therefore, the program needs to provide an intern learning assessment plan that includes the concentration competencies listed in criterion 2.2.

On-site, the review team verified the actual forms for evaluation of intern learning outcomes in the interns folders, completed for all of experiences, and the final intern evaluation for completion of program.

The review team discussed with the Program Director the meaning of proficiency as noted in the intern learning outcomes assessment plan as it appeared that not all interns were expected to be proficient based on the expected outcome of 75%. The Program Director agreed to revise the evaluation scale used on the various evaluation forms and more clearly define the meaning of proficiency versus adequate proficiency and mastery levels of achievement as these are confusing and non-descript. The preceptors confirmed that the use of the evaluation forms was inconsistent and confusing as to its meaning. The preceptors did not feel confident in using the scoring system.

The preceptors stated they would appreciate and value more formal feedback on their rotations. The review team did not see nor hear described a formal evaluation of the rotation by the interns. The DI Coordinator explained how she listened to the interns' comments about rotations at the scheduled class time and selectively shared comments with preceptors as needed.

2.6

The Learning Assessment Data provided in the self study report included outcome data results and states that all the interns met every competency at the 2=adequate proficiency level and the vast majority demonstrated 3=proficiency or 4=mastery for each competency (Appendix O, p. 41). The data for the next five years is expected to provide detailed information to more closely determine the achievement of each competency.

The program must provide additional information to address criterion 2.5 and 2.5.1 (include the concentration competencies and the revised evaluation and assessment methods and tools).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

On-going Curricular Improvement (2.7) ●	S	MI	NI
Ongoing, formal review of the program curriculum maintains or improves educational quality. (DI 2.7)	●	○	○
Didactic and supervised practice course/rotation objectives and content, length and education methods undergo ongoing, formal review. (DI 2.7)	●	○	○
Curriculum review uses results of the intern learning and program outcomes assessment processes to determine strengths and areas for improvement. (DI 2.7.1)	●	○	○
Curriculum review includes awareness and integration of new knowledge and technology impacting dietetics practice. (DI 2.7.2)	●	○	○
Curriculum review includes assessment of comparability of educational experiences and consistency of learning outcomes when different courses, delivery methods (such as distance education) or supervised practice sites are used to accomplish the same educational objectives. (DI 2.7.3)	○	●	○
Curriculum review results in actions to maintain or improve intern learning. (DI 2.7.4)	●	○	○

2.7

On site, the review team verified that there was evidence that curriculum improvement was discussed at an Advisory Board meeting. The team observed records of e-mail correspondence between the Program Director and preceptors and observed the standardized guidelines for the Case Study, Clinical CQI and Menu Project.

2.7.1

On site, the Program Director described various examples of curriculum changes and improvements such as adding MNT course to the MS program in preparation for the DI, and changing the sequence of the Administrative rotation to proceed the clinical based on feedback from preceptors. One example noted in the self study report was in reference to changing an elective graduate course in Topics in Clinical Nutrition to be required for the option in Nutrition Education.

2.7.2

Numerous examples of new knowledge and technology are cited as added to the DI directly or the master's program from which the interns are selected. The program has also offered CPE for preceptors on new topics such as the NCP and the Health at Every Size Paradigm.

2.7.3

The graduates verified that changes to the internship occurred and confirmed those noted above; however, the interns may not all have comparable experiences. The program provided individual supervised plans for each intern that when reviewed more carefully indicated community rotations that were not consistent across the board; where it became clear that not all interns were scheduled for schools, WIC or LTC as noted above. Furthermore it appeared that rotations such as outpatient renal and diabetes were counted as community. Therefore, the program needs to provide evidence of experience in LTC, WIC and schools for all interns as well as consistent community rotations.

The program needs to provide additional information to address criterion 2.7.3 (comparability and consistency of community rotations).

Evaluation of the Criteria ●☑	
<input type="radio"/> Meets	<ul style="list-style-type: none"> ● No compliance problems are present. ● No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). ● Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

STANDARD THREE: PROGRAM MANAGEMENT

Management of the Dietetics Program and availability of program resources are evident in defined processes and procedures. Fair, equitable, and considerate treatment of both prospective interns and those enrolled in the program is incorporated into all aspects of the program.

- **S:** The program has achieved this element of the standard at a **satisfactory** level.
- **MI:** The program is **missing information** necessary to evaluate this element of the standard.
- **NI:** The program **needs improvement** to achieve this element of the standard.

Qualifications of the Program Director (3.1) ●	S	MI	NI
The program director is a full-time employee of the sponsoring college/university/organization. (DI 3.1)	●	○	○
The program director has the authority, responsibility and sufficient time allocated to manage the program. (DI 3.1)	●	○	○
The program director's other responsibilities do not compromise the ability to manage the program. (DI 3.1)	○	○	●
Responsibilities and time allocation for program management are reflected in a formal position description for the program director and approved by administration. (Di 3.1)	○	●	○

3.1

As noted in the ER, the Program Director is full-time employee of CSU-Chico.

On site, the review team obtained further clarification from the Program Director as to the release time allocated for the DI is only one unit per semester. The Program Director expressed difficulty in meeting all of the responsibilities with current job duties and minimum time allocation. The Program Director also noted that the Coordinator likely spends approximately ten hours per week working with the interns and that most of the day-to-day responsibilities are done by the Coordinator who has historically been the face of the internship. The Coordinator reviews the evaluations of the interns and communicates with the preceptors as well as coordinates the majority of the internship classes. The current DI Coordinator also has another full time job (independent employment) and at times is also a preceptor.

The preceptors noted that there has been more interaction with the Program Director and Coordinator recently as a result of the preparation for the self-study report, which they appreciated. There appears to be inconsistency in fulfilling some of the responsibilities such as regular site visits and preceptor training. The self study report provided a Dietetic Internship Director and Coordinator Responsibilities list; however, the review team did not have evidence of a formal position description approved by administration as defined in 3.1 above.

The Department Chair and other administrators appeared receptive to possible changes in time release to better meet the needs for program management.

The program must provide additional information to address criterion 3.1 (decisions regarding future management of program and a formal position description that clearly defines all Program Director responsibilities and time allocation for Program Management).

Evaluation of the Criteria ●☑	
○ Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (☐ Monitor). • Compliance problems exist, but all are being resolved successfully (☐ Monitor).
● Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Responsibilities of the Program Director (3.1.1-3.1.8) ●	S	MI	NI
The program director responsibilities include development of policies and procedures for effectively managing all components of the program. (DI 3.1.1)	●	○	○
The program director responsibilities include development of policies and procedures to ensure fair, equitable and considerate treatment of prospective and enrolled interns (such as program admission, retention and completion policies). (DI 3.1.1)	●	○	○
The program director responsibilities include intern recruitment, advising, evaluation and counseling. (DI 3.1.2)	●	○	○
The program director responsibilities include maintenance of program accreditation, including timely submission of fees, reports and requests for major program changes. (DI 3.1.3)	●	○	○
The program director responsibilities include maintenance of DI intern records, including transcripts and DPD verification statements for admission, rotation schedules and verification statements at completion. (DI 3.1.4)	●	○	○
Verification statements are kept indefinitely. (DI 3.1.4)	●	○	○
The program director responsibilities include maintenance of complaints about the program received from interns or others, including disposition of the complaint. (DI 3.1.5)	●	○	○
The program director responsibilities include ongoing review of program curriculum to meet the accreditation standards. (DI 3.1.6)	●	○	○
The program director responsibilities include communication and coordination with program faculty, preceptors and others involved with the program. (DI 3.1.7)	●	○	○
The program director responsibilities include facilitation of processes for continuous assessment of program and intern learning outcomes. (DI 3.1.8)	●	○	○

3.1.1

Many of the duties are shared between the Program Director and the DI Coordinator. The Program Director responsibilities are primarily to develop and update policies and procedures.

On site, the review team discussed the functions of the Program Director position with the Program Director and noted that these responsibilities are being met in cooperation with the DI Coordinator.

3.1.2

Primarily the Program Director's responsibilities are recruitment, advising/evaluation and counseling; although the DI Coordinator first reviews the interns' evaluations before sharing with the Program Director. The Program Director writes letters of recommendation.

3.1.3

The Program Director has responsibility for program accreditation.

3.1.4

The Program Director maintains records and verification statements in a file cabinet in office. The Coordinator maintains the interns' files during the year.

On site, the review team verified with the Program Director that the verification statements will be kept in a locked file cabinet. However, the review team noted that there is not an electronic copy of each verification statement; that too will exist in the future. The Program Director maintains program graduate records in a file cabinet in the department office and is also responsible for issuing verification statements at the exit interview and confirms that all program requirements have been met.

3.1.5

Complaints are initially handled by the DI Coordinator, who then communicates with the Program Director.

On site, an example was provided in which one intern in the last five years was not meeting preceptor expectations regarding the speed at which she assessed patients and determined appropriate care plans. The DI Coordinator, Program Director and intern met and discussed a plan for the intern to review common disease states and their MNT every evening, in order to improve her speed in determining and documenting an appropriate nutrition plan.

3.1.6

The curriculum review and assessment of program and intern learning outcome are primarily the responsibility of the Program Director.

3.1.7

The Program Director and the Coordinator have at least two regular meetings per month.

The Program Director was clear about owning all this and seemed highly dedicated. There appears to be good interaction with the DI Coordinator.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Program Resources (3.2) ●	S	MI	NI
The program has the administrative and financial support, learning resources, physical facilities and support services needed to accomplish its goals. (DI 3.2)	●	○	○
The annual budget for the program or other financial information, such as percentage of department budget allocated to support the program, is sufficient to produce the desired outcomes. (DI 3.2)	●	○	○

3.2.

The self study report provided the DI Budget and stated that the budgeting process and DI revenue sources appear adequate to accomplish program goals and are used to pay the DI Coordinator, seven to ten days summer salary for the Program Director, travel to professional meetings and conferences, hosting of a CPE event for DI preceptors. The program stated that it is almost entirely self-supporting and is not financially affected by the California State Legislature funding decisions.

On site, the review team noted that the administration was very supportive of the program and noted its compatibility with the university’s mission and goals. There were adequate physical resources; however, the DI Program Director does not currently have clerical support services that are available to the DPD and the graduate program. Therefore, all of the present clerical needs are fulfilled directly by the Program Director herself.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input checked="" type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Faculty (3.3-3.3.2) ●	S	MI	NI	NA
The program has a sufficient number of qualified preceptors to provide the depth and breadth of learning activities required in the curriculum. (DI 3.3)	●	○	○	
The program has a sufficient number of qualified preceptors to provide the diversity of practice. (DI 3.3)	●	○	○	
In addition to the DI director, other faculty are involved with the program, if the DI is sponsored by a university. (DI 3.3.1)	●	○	○	○
DI faculty, including the program director, meets the college/university's criteria for appointment if the DI is sponsored by a university. (DI 3.3.2)	●	○	○	○

3.3

The self study report stated that there are a total of 26 preceptors: “seven primary preceptors providing MNT rotations, three hospital Food Service Administration primary preceptors, two school food service Administration primary preceptors and 14 Community Nutrition primary preceptors.” All preceptors in clinical facilities are registered dietitians, and those who are supervising have extensive experience. Most of the community Nutrition and Food Service Administration Preceptors are experienced Registered Dietitians and those who are not RDs have appropriate education and training to work with the interns. The preceptors are able to provide the depth and breadth of learning activities required in the curriculum.

3.3.1

There are six additional tenure/tenure track faculty members and six additional part-time instructors in the Department of Nutrition & Food Sciences. As the DI recruits interns from the MS program, these faculty members serve as instructors and research mentors to the students prior to the internship. The program provided a complete list of faculty and the teaching assignments; many of the faculty members teach in the undergraduate DPD and the graduate program.

On site, the review team noted that the preceptors are well qualified for their assigned area. The program has a sufficient number of preceptors. The interns and graduates identified a program strength to be the variety of preceptors and their dedication. Many of the preceptors are graduates of the program. A wide variety of guest speakers conduct intern classes. The DI Program Director meets the qualifications of a full professor in the department.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Preceptors (3.3.3-3.3.5) ●	S	MI	NI
Primary preceptors are credentialed or licensed as appropriate to meet state and federal regulations for the area in which they are supervising interns. (DI 3.3.3)	●	○	○
Primary preceptors have a minimum of one year professional practice experience post credentialing. (DI 3.3.3)	●	○	○
Preceptors are provided orientation to the supervised practice activity/practicum/rotation objectives and expected intern learning outcomes. (DI 3.3.4)	○	○	●
Orientation occurs before preceptors assume responsibilities. (DI 3.3.4)	○	○	●
Preceptors are provided ongoing training. (DI 3.3.4)	○	○	●
Preceptor training is based on evaluation by the program director and feedback from interns. (DI 3.3.4)	○	○	●
Program faculty, including the program director, and preceptors show evidence of continued competency appropriate to teaching responsibilities, through professional work experience, graduate education, continuing education, research or other activities leading to professional growth and the advancement of their profession. (DI 3.3.5)	●	○	○

3.3.3

All preceptors in clinical facilities are registered dietitians and most of the Community Nutrition and Food Service Administration preceptors are experienced registered dietitians. The state of California does not have licensure. The non-RD Preceptors have appropriate education and training for intern growth. On site, the review team viewed all of the preceptors' curricula vita and resumes.

3.3.4

On site, the review team discussed training with the preceptors who stated that the program did not provide formal preceptor training. The DI Coordinator informed the preceptors of the ADA preceptor training modules; however, there was not a process in place to track completion of training modules. The preceptors noted interest in training, especially with regards to evaluation procedures. The preceptors who completed training modules acknowledged the benefit. The interns indicated that the preceptors were able to meet their needs. Overall, the preceptors expressed a strong interest in receiving ongoing preceptor training to enhance their skills as preceptors. The primary preceptors had a minimum of one-year professional experience. Therefore, the program needs to provide evidence of ongoing training.

It was noted in the self study report that the preceptor evaluation is an on-going process; however, it is unclear when and how often that occurs. Therefore, the program needs to verify evidence that formal orientation occurs.

3.3.5

On site, there was no clear evidence of preceptor competency and continuing education. The review team discussed with the Program Director how this can be better tracked in future and the Program Director identified a means in which this can be easily done annually via the preceptor form.

The program must provide additional information to address criterion 3.3.4 (develop procedure for ongoing preceptor training).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> No compliance problems are present. No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Supervised-Practice Facilities (3.4-3.5) ●	S	MI	NI
The program has a policy and procedures for selecting and periodically evaluating adequacy and appropriateness of facilities. (DI 3.4)	●	○	○
The program has a policy and procedures to ensure facilities are able to provide supervised practice learning experiences compatible with the competencies interns are expected to achieve. (DI 3.4)	●	○	○
The program has a policy and procedures to maintain written agreements with institutions, organizations and/or agencies providing supervised practice experiences to meet the competencies. (DI 3.5):	●	○	○
Agreements are signed by administrators with appropriate authority in advance of placing interns. (DI 3.5.1)	●	○	○
Agreements delineate the rights and responsibilities of both the sponsoring organization and affiliating institutions, organizations and/or agencies. (DI 3.5.2)	●	○	○

3.4

In the self study report, the program described minimum qualifications for being a facility for supervised practice. The qualifications included were the following:

Policies and procedures related to facility selection for supervised practice

Facilities must meet the following minimum qualifications to be considered for a supervised practice rotation:

- Located in northern California
- In good standing with The Joint Commission and/or State of California (Title 22)
- Able to provide a variety of experiences to meet rotation competencies (e.g., serve diverse populations with various conditions, perform aspects of the nutrition care process)
- Does not use intern to replace RD position

Additional requirements for MNT rotations:

- Must have at least one full-time RD preceptor to supervise intern
- Must be licensed for at least 70 beds

Evaluation of facilities

The evaluation of adequacy and appropriateness of facilities is on-going and includes the following written policy and procedures:

- The DI Program Director and/or the DI Coordinator will visit facility and meet on-site with supervising Preceptor at least once every three years to evaluate adequacy and appropriateness.
- The supervising preceptor or representative will attend the DI Advisory Board Meeting at least once every three years.
- The interns will provide evaluation of facilities on Intern Evaluation of Rotation form, at DI Exit Interview, and through the Graduate Survey.

3.5

Policy and procedures for maintaining written agreements with facilities

The policy and procedures for maintaining written agreements between the program and facilities/agencies/organizations providing supervised practice includes:

- Before an intern is placed with a facility/agency/organization, the DI Director will ensure that a Student Learning Agreement (SLA) is developed and signed by facility representative(s) and the California State University, Chico representatives (Appendix R).
- When a new SLA is in place, the DI Director will inform the supervising Preceptor and the DI Coordinator that an Intern may begin supervised practice at the facility.
- Copies of current SLAs will be kept in the DI Director's office.
- The DI Director will review all SLAs in the spring in order to identify those with impending expiration dates and contact the Office of Procurement and Contracts to initiate the renewal process.

On site, the review team reviewed signed and current program memorandums. The review team discussed the benefit of developing separate formal policies and procedures above and beyond those written in the self study report. The Program Director was in agreement.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Program Information (3.6) ●	S	MI	NI
The program provides clear, consistent and accurate information about all program requirements [and components] to prospective interns and the public at large. (DI 3.6)	●	○	○
All information about the program specified below is readily available to prospective interns and the public. (DI 3.6.1)	●	○	○
If various print and electronic methods are used, such as a catalog, program bulletin, brochure and web site, all of the information is in one place or each provides references to where the remaining information can be found. (DI 3.6.1)	●	○	○
Information about the program includes at least the following: (3.6.2)			
• Description of the program, including mission, goals and graduate outcomes that will be monitored for program effectiveness. (DI 3.6.2.1)	●	○	○
• Description of how the program fits into the credentialing process to be a registered dietitian and state certification/licensure for dietitians, if applicable. (DI 3.6.2.2)	○	○	●
• Cost to intern, such as estimated expenses for travel, housing, books, liability insurance, medical exams, uniforms and other program-specific costs, in addition to application fees and tuition. (DI 3.6.2.3)	●	○	○
• Availability of financial aid and loan deferments (federal or private) scholarships and/or other monetary support. (DI 3.6.2.4)	●	○	○
• Accreditation status, including the full name, address, and phone number of CADE. (DI 3.6.2.5)	○	●	○
• Admission requirements for all options for which the DI is accredited; if the DI is combined with graduate coursework or a graduate degree, graduate school admissions information is provided. (DI 3.4.2.6)	●	○	○
• Academic and/or program calendar or schedule. (DI 3.6.2.7)	○	○	●
• Graduation and program completion requirements for all options for which the program is accredited. (DI 3.6.2.8)	○	●	○
• Computer matching information. (DI 3.6.2.9) Note: Effective November 1, 2009 Mark sense cards mailed to D&D Digital will no longer be accepted for computer matching. Program materials should reflect that applications must register for the match online with D&D Digital.	●	○	○

3.6

The self study report stated that “All required program information is contained in the Intern Handbook (Appendix Q) and program Brochure (Appendix E).” The Brochure is available on the Department of Nutrition and Food Sciences Web site for prospective applicants and the public at large.

On site, the review team met with the interns, who verified that from their perspective, the information provided to them about the program was accurate and consistent with their internship experiences. Most of this information was provided to interns in a notebook during orientation.

However, the program must address the following criteria that have missing or incorrect information to the public:

Program Brochure:

3.6.2.2 It is not clear as to how the program fits in the entire accreditation process. For example, (Appendix E, p. 113) Accreditation description is not accurate as it should refer to CADE and not just ADA. The state of California does not have licensure. Admission requirements Appendix E, number four is not accurate as it states ADA approved DPD program. (p. 114).

3.6.2.5

There is no mention of CADE; the program must have contact information including full name, address and phone number of CADE.

3.6.2.7

There is no information regarding the program calendar or schedule in the program brochure. This information only appears in the Handbook given to interns at orientation. It is recommended that this information be included in the brochure as it appears to be used as a marketing tool for the program and information to the public posted on the Web site.

3.6.2.8

The program does not have a clear policy for completion requirements of the program. The review team discussed with the Program Director how this policy can be developed following revision of the intern learning outcome evaluation tools. Therefore, the program needs to include this information to the public.

3.6.2.9

The program brochure that is posted on the Web site provided information about the selection of students the computer matching process and included D&D Digital information. It explained the procedure to follow when a slot is not filled through the pre-selection process. On site, the review team verified the dietetic internship application and selection process. The interns acknowledged that they understood the selection process for the DI at CSU-Chico.

The program must provide additional information to address criterion 3.6.2.2, 3.6.2.5, 3.6.2.7, 3.6.2.8 and 3.6.2.9 (need to develop clear policy for completion of program upon revision of intern learning outcomes evaluation tools).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Policies and Procedures (3.7-3.8.2) ●	S	MI	NI
Program policies, procedures and practices related to intern recruitment and admission comply with state and federal laws and regulations to ensure nondiscrimination and equal opportunity. (DI 3.7)	●	○	○
The program has written policies and procedures that protect the rights of enrolled interns are consistent with current institutional practice. (DI 3.8)	●	○	○
Policies and procedures are provided to interns, but are not limited to the following:			
University- or College-based program has policies and procedures required by institutional regional accreditation, ordinarily published in the university/college catalog or intern handbook. (DI 3.8.1) -OR- Non-University or non-College-based DI has its own policies and procedures to address the following and provides them to interns in a DI handbook. (DI 3.8.2)	●	○	○
• Withdrawal and refund of tuition and fees. (DI 3.8.1.1 or 3.8.2.1)	●	○	○
• Scheduling and program calendar, including vacation and holidays. (DI 3.8.1.2 or 3.8.2.2)	●	○	○
• Protection of privacy of intern information. (DI 3.8.1.3 or 3.8.2.3)	●	○	○
• Access to personal files. (DI 3.8.1.4 or 3.8.2.4)	●	○	○
• Access to intern support services, including health services, counseling and testing and financial aid resources. (DI 3.8.1.5 or 3.8.2.5)	●	○	○

3.7

The program follows the California State University, Chico nondiscrimination policy in its educational programs or activities. On site, the review team met with interns, who verified that they were aware of these policies prior to and during the internship.

At this time, no additional information is needed.

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
● Meets	<ul style="list-style-type: none"> • No compliance problems are present. • No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). • Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
○ Partially Meets	Plans for resolving compliance problems have not been implemented.
○ Does Not Meet	No plans for addressing compliance problems.

Program Handbook (3.8.3) ●	S	MI	NI
Additional policies and procedures specific to the program including supervised practice components are provided to interns in a program handbook on a timely basis. (DI 3.8.3)	●	○	○
• Insurance requirements, including those for professional liability. (DI 3.8.3.1)	●	○	○
• Liability for safety in travel to or from assigned areas. (DI 3.8.3.2)	●	○	○
• Injury or illness while in a facility for supervised practice. (DI 3.8.3.3)	●	○	○
• Drug testing and criminal background checks if required by the supervised practice facilities. (DI 3.8.3.4)	●	○	○
• Educational purpose of supervised practice to prevent the use of interns to replace employees. (DI 3.8.3.5)	●	○	○
• Filing and handling complaints from interns and preceptors that includes recourse to an administrator other than the program director and prevents retaliation. (DI 3.8.3.6)	●	○	○
• Assessment of prior learning and credit toward program requirements (coursework and/or experiential). (DI 3.8.3.7)	●	○	○
• If the program grants credit or supervised practice hours for prior learning, it must define procedures for evaluating equivalency of prior education or experience to the knowledge and/or competencies covered by the courses or rotations for which the credit is granted. (DI 3.8.3.7.1) NA	○	○	○
• Formal assessment of intern learning and regular reports of performance and progress at specified intervals throughout the program, such as within and at the conclusion of any given course, unit, segment or rotation of a planned learning experience. (DI 3.8.3.8)	●	○	○
• Program retention and remediation procedures when intern performance does not meet criteria for progressing in the program. (DI 3.8.3.9)	○	●	○
• Disciplinary/termination procedures. (DI 3.8.3.10)	○	●	○
• Graduation and/or program completion requirements for all options including maximum amount of time allowed to complete program requirements in place at the time intern enrolls. (DI 3.8.3.11)	○	○	●
• Verification statement procedures ensuring that all interns completing requirements as established by the program receive verification statements and their names are submitted to CDR for eligibility for the RD examination. (DI 3.8.3.12)	○	○	●

3.8.3

The following information can be found in the Intern Handbook (Appendix Q):

- Insurance requirements (p. 204 and 205)
- Transportation and liability (p. 204)
- Grievance (p. 205)
- Evaluation procedures (p. 203)
- Disciplinary/termination policy (p. 205)
- Graduation requirements; however, they were general and need clarification (p. 202)

The following information was not found in the Intern Handbook:

- Injury or illness while in rotation
- Drug testing and criminal background checks
- Policy assuring educational purpose and not replace employees
- Assessment of prior learning
- Retention and remediation information is unclear
- Procedures for issuing verification statements are unclear as to how they are followed.

On site, the review team discussed the missing policies with the Program Director and provided examples of how policies and procedures can be written. More specificity is needed with regards to these policies and procedures. The Program Director was receptive to creating new policies and procedures to meet the above criteria.

In addition, the Intern Handbook stated the program has four goals (Appendix Q, p. 200). On site, the Program Director acknowledged the need to update and ensure that goal statements are current. The Program Director assured that the handbook will be corrected. The interns stated that they received this information in the Intern Handbook during orientation. In addition, the review team observed the intern files.

The Intern Handbook is included in the DI Binder that the interns use during orientation.

The program must provide additional information to address criterion 3.8.3.9, 3.8.3.10, 3.8.3.11 and 3.8.3.12 (see above).

Evaluation of the Criteria ● <input checked="" type="checkbox"/>	
<input type="radio"/> Meets	<ul style="list-style-type: none"> ● No compliance problems are present. ● No compliance problems are present, but they may arise in the future (<input type="checkbox"/> Monitor). ● Compliance problems exist, but all are being resolved successfully (<input type="checkbox"/> Monitor).
<input checked="" type="radio"/> Partially Meets	Plans for resolving compliance problems have not been implemented.
<input type="radio"/> Does Not Meet	No plans for addressing compliance problems.

Site Visit Schedule CSU, Chico DPD and DI

Saturday, April 30, 2011

Various times Pick up review team at airport

Sunday, May 1, 2011

Breakfast at hotel
8:30-10:00 am Pick up review team at hotel
Welcome from DPD & DI Directors and tour of offices, campus
program facilities, and library
10:15-11:30 am Introductory session with DPD Director
11:30 am-12:45 pm Introductory session with DI Director
12:45-1:45 pm Lunch and break
1:45-4:30 pm Document review

Monday, May 2, 2011

Breakfast at hotel
7:45 am Pick up team at hotel
8:00-9:25 am Meeting with DI preceptors:

Marsha Miller, MS, RD
Laura Fox, MS, RD
Margaret Kelly, MS, RD
Ardith Friday, RD
Karen Norris, MBA, RD, CDE
Leslie McDonnell, RD
Mary Aram, MS, RD

9:30-10:45 am Tour of Enloe Hospital:

Debbie Silveira, RD
Victoria Tooker, MS, RD
Interns: Ashleigh Eastman, Laura Gilmore

Tour of Chico WIC:
Julie Wetmore, MS, RD
Kelly Cawthorn, MS, RD

10:45-11:00 am Return to campus and break

11:00-11:45 pm Meeting with current DPD students:

Amy Goedert
Devan Guiliani
Kim Jacobson
Rheanne Lima
Brittney Patera
Andrea Roitman
Natalie Rold

11:45-12:30 pm Meeting with current interns:

Megan DeGregori, MS
Ashleigh Eastman, MS
Laura Gilmore, MS

Julie Thompson, MS

12:30-1:15 pm

Lunch and break

1:15-1:55 pm

Meeting with Advisory Board members:

Tanya Harter

Barbara Kirks, EdD, RD

Suzanna Nye, MS, RD, FADA

Carol Welty, MS, RD

Anne Kleimann, MS, RD

Susan Donohue, MA

Jane Rodgers, MS, RD

2:00-2:20 pm

Observe NFSC 431 (Foodservice Equipment & Production)

2:30-3:30 pm

Meeting with faculty on curriculum & assessment:

Stephanie Bianco-Simeral, MS, RD

Keiko Goto, PhD

Deb McCafferty, MS, RD

Julie Schneider, PhD

3:30-4:15 pm

Meeting with department chair, dean & vice provost evaluation

Katie Silliman, PhD, RD

Margaret Owens, PhD

Arno Rethans

4:15-4:20

Break

4:20-5:10 pm

Meeting with recent DPD graduates:

Rose Sylvia, RD

Shauna Huston, RD

Aili Kangas

Karalyn Shreeve

Kristin Weil, RD

5:10-6:00 pm

Meeting with recent DI graduates:

Felicia Ponce, MS, RD

Michelle Monastra, MS, RD

Jennifer Murphy, MS, RD

Tiffany Hayes, MS, RD

Loni Presley, MS, RD

Vanessa Welden, MS, RD

Tuesday, May 3, 2011

8:00-10:00 am

Breakfast and report preparation at hotel

10:00 am

Pick up review team at hotel

10:15-11:15 am

Exit Report with DPD Director

11:15-12:15 pm

Exit Report with DI Director

12:15-1:30 pm

Lunch and break

1:30-2:30 pm

Exit report with administrators and other interested

parties

4:00 pm

Depart for airport