

Dietician Competency Checklist

NAME Last

First

Initial

DATE

INSTRUCTIONS: Use the following answer key to indicate the extent of your “previous experience.” and/or knowledge
(1) NEED INSTRUCTIONS & SUPERVISION (2) NEED REVIEW (3) FEEL COMPETENT TO PERFORM WITHOUT SUPERVISOR (4) FEEL COMPETENT TO ORIENT OTHERS

Procedures	Previous Experience	Verbal/Demo Competency <i>Date and Initial</i>	Comments
Pertinent Hospice regulations			
Respects patient rights			
Aware of safety issues with position			
Follows Plan of Care/Physician Orders			
Participates in development of POC as appropriate			
Evaluates Patient’s nutritional needs			
Provides information related to decreased appetite			
Provides instruction related to nutrition and the terminal disease process			
Collaborates with nursing facilities or other contracted facility			
Documents visits per POC and submits same week			
Provides education to IDT on nutrition and the terminal diseases			
Participates in QAPI as appropriate			

Signature/Title of Evaluator: _____ Date _____