**Texas A&M University Dietetic Internship
Timesheet for Supervised Practice Rotation**

**Intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preceptor/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Indicate rotation type: \_\_\_ Clinical \_\_\_ Management \_\_\_ Community/Wellness**

**Clock hours:**  Clock hours = time spent in the clinical setting on assigned dietetic functions, including all direct patient care, observations of procedures, attendance at meetings and conferences, related foodservice or community activities, rotation-related health fairs, and presentation of patient classes or staff in-services. In most cases, time spent for meals is not included.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | **Total** |
| Week 1 |  |  |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |  |  |
| Week 3 |  |  |  |  |  |  |  |  |  |
| Week 4 |  |  |  |  |  |  |  |  |  |
| Week 5 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Intern Activity Record:

# of patient assessments completed by intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of diet instructions completed by intern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient classes taught by intern (Topic and date):

Employee in-service given by intern (Topic and date):

Service activity, eg: food bank, health fairs (name of activity and date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Interprofessional activity (with date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Preceptor presentations (Topic and date. Email presentation materials to Mrs. Geismar): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

List activities above and beyond routine patient care (i.e. observation of procedures, special projects, etc.):

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Other Time:

Time spent in attending internship class or time spent in independent study (library research, reading, drafting, and typing written assignments) should NOT be considered as clock hours.

In the space below, record date and number of hours missed from usual work for sick time, educational meetings, internship classes, or other reasons. Indicate reason for sick time or other time missed. For education meetings and internship classes, write the title or purpose of the meeting. If time missed during rotation needs to be made-up, indicate how this will be done.

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| --- | --- | --- | --- | --- |
| Date | # of hours missed | Reason for missed hours | Comments | Provision for make-up, if needed |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| What I liked best about this rotation: |  |
|  |  |
| What I liked least about this rotation: |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Intern Signature/date:  |  | Preceptor Signature/date: |  |