

MSc Dietetics

Faculty of Health, Education & Life Sciences

**Placement B Workbook**

**Building**

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**Introduction**

Placement B is an 11-week placement, providing the opportunity for you to further develop your application of the knowledge, skills and professional attributes required to implement dietetic practice with individuals, groups, the general public, and other professionals in a variety of settings. You will already have completed one week of Placement B, which was allocated to applying the nutrition and dietetic care process at a population level through the completion of a Health Promotion project with a practice placement partner. This workbook is designed to support the remaining 10-weeks of the placement.

During the placement, you will need to provide evidence to demonstrate that you have achieved the B professional capabilities (Page 6). This workbook, which includes a capabilities mapping table (Page 15) has been designed to assist you in doing this while avoiding excessive paperwork. The evidence may be collected as a hard copy or electronically, depending on which is most convenient in a particular setting. When collecting evidence, you must ensure that you implement strategies to maintain client confidentiality at all times.

Placements are a compulsory part of the Dietetics programme. If you do not successfully meet the professional capabilities at the required benchmark standard and the required number of practice hours for your placements, you will not meet the requirements for successful completion of the course. If you have any questions or concerns about your placement, it is important that you speak with your Practice Placement Educator or your Placement Tutor, sooner rather than later.

**Placement B Induction: Checklist**

Please check off the items below when they occur. You can add to the list and you can record n/a if an item is not applicable to this placement. Please discuss this with your Practice Placement Educator.

|  |  |
| --- | --- |
| **TASK** | **Date** |
| Introduced to key staff members and their roles explained |  |
| How to contact staff in an emergency or when need immediate help |  |
| Identification of mentor / preceptor and their contact details |  |
| Place and hours of work, including private study time |  |
| ID badge / card |  |
| Orientation to work space / work environment |  |
| Location of toilet facilities, rest-room, canteen (if relevant) etc. |  |
| Lunch, tea and coffee arrangements |  |
| Work etiquette, including mobile phone usage |  |
| How to answer the telephone, transfer calls and make calls both internally and externally |  |
| IT access |  |
| Post arrangements |  |
| Dress code |  |
| Car parking arrangements, if applicable |  |
|  |  |
| **HEALTH & SAFETY ISSUES** | **Date** |
| Illness reporting procedures |  |
| Emergency procedures, including fire procedures and location of fire extinguishers |  |
| Location of First Aid box |  |
| First Aid arrangements (including names of first aiders) |  |
| Accident / incident reporting and location of accident book |  |
| Safety policy received or location known/ Lone worker policy |  |
| Equality and Diversity Policy |  |
| Infection prevention policy |  |
| Confidentiality policy / information governance policy |  |
| Safeguarding Policy |  |
| IT policy |  |
| Manual handling procedures |  |
| Protective clothing arrangements, if applicable |  |
| Instruction on any equipment participant will be using (list equipment): |  |
| No smoking policy |  |
| Complaints policy |  |
| Whistle-blowing policy |  |

Signed Student Signed Practice Placement Educator: Date:

**Expectations Agreement:**

**What you can you expect from us as your placement educators:**

* To be treated with respect
* To be treated fairly and non-judgmentally
* That your training is well organised and you are given adequate notice of activities
* To be clear about the aims and objectives of each activity
* To be clear about what each dietitian/ member of the team expects of you during the time that they are supervising you
* To be given adequate support
* To have confidential matters kept confidential
* To be given the opportunity to contribute to the day to day running of the department
* To receive honest and constructive feedback
* To be given every opportunity to demonstrate your skills and abilities

**What we expect of a student on placement:**

* To work in line with the Guidance on Conduct and Ethics for Students (HCPC, 2016) and the BDA’s Code of Professional Conduct (BDA, 2008).
* To ensure that your supervisors are aware of your whereabouts at all times (specifically in times of unexpected absence)
* To treat all members of staff with respect
* To accept feedback and work to address any areas highlighted
* To be self-motivated
* To inform your lead supervisor if tasks or tutorials have been cancelled and need to be rearranged
* To be prepared to evaluate yourself critically and to learn from your experiences
* To prepare adequately for tutorials or other tasks, revising university notes or reading around a subject if needed
* To ask if you are unsure about something (although this doesn’t mean asking a dietitian something that you could easily look up instead)
* To use your initiative at every opportunity, for example answering the phone if everyone else in the office is busy
* To be punctual to meetings, tutorials etc.
* To meet deadlines without prompting and inform the supervising dietitian in advance if you are having difficulty
* To use any spare time in the office constructively
* To check that you understand what is expected in terms of your portfolio
* To accept that practice placement educators must assess your performance and supporting portfolio

I agree to comply with the above expectations agreement:

Signed Student Signed Placement Educator: Date:

**General Aims of Placement B**

**For the student to**

1. Continue to observe and apply the knowledge, practice and food skills, and professional attributes required to implement dietetic practice with individuals, groups, clients and other professionals in a variety of settings.
2. Develop confidence in implementing the nutrition and dietetic care process with decreasing direction
3. Develop the knowledge, skills and professional attributes required to implement health promotion and public health strategies

**Professional capabilities**

At the conclusion of the placement, the student should:

**In relation to Knowledge:**

**K1:** Demonstrate comprehensive knowledge of all areas required to support dietetic practice in placement B

**In relation to Communication:**

**C1:** Communicate effectively in all areas of dietetic practice experienced on placement B [with evidence including communication with service users/carers, group facilitation, members of the public, reporting under supervision, examples of clinical reasoning]

**In relation to the Care Process:**

**CP1:** Be able to identify, collect and interpret relevant information and evidence from the range of sources available to assess the nutritional and dietetic needs of individuals, groups and communities

***With minimum guidance***

**CP2:** Formulate and justify a reasoned nutrition and dietetic diagnosis (or need), which informs the aims of interventions or action plans.

***With decreasing direction***

**CP3:**

* use the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans *(for individuals, groups and communities)*
* use the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes *(for individuals, groups and communities)*

**CP4:** Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice.

**In relation to Professionalism:**

**P1:** Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC

**P2:** Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development.

**Pre-practice placement B form:**

*Please note this form will be sent to the lead practice educator at placement B, in order to tailor the placement according to your needs.*

**Student name and contact details:**

**Name:**

**Address:**

**Telephone:**

**University Email:**

**Sharing of Pre-Placement form details-** *(Please delete as appropriate)*

Request for this information to be shared with the Dietetic Manager and Dietetic Team

Request for this information to be shared with the Dietetic Manager only

**Academic Performance**

**What modules have you undertaken in the past academic year?**

**To date most of my marks have been:**

* **70 or above**
* **60-70**
* **50-60**
* **45-50**

**Comments**

*Please include here, any areas of dietetic practice that are of particular interest to you*

**Personal statement:** *(Please write a summary statement about yourself. You may wish to highlight some of your strengths, personal attributes and any previous experiences that you feel is relevant).*

Learning Style:

When I am learning, I prefer to: *(please circle the description you most identify with)*

* *Watch someone else first, then have time to think & prepare before I have a go*
* *Give it a go & see how it turns out*
* *Understand everything (the activity itself, its context and the theory behind it) before I do anything*
* *Only do things if they seem relevant & practical; theories & models are of less interest than getting things done in a way that works*

Please complete a learning style questionnaire such as Honey and Mumford and document what your learning preference was highlighted to be:

Please share some examples that would help illustrate your learning preference

**Please provide an outline of areas covered on your previous placements and any areas that you would like to cover or specific skills you would like to develop during this placement.**

**Is English your first language?** Yes / No

**Are there any factors that might impact on your training that may need to be considered by your practice educator?** *(e.g. carer responsibilities, health or other personal issues, religious requirements, transport or commuting issues)*

**Consideration of the learning on Placement B**

*Use the following boxes to highlight those areas that you are confident about, those that you feel you need to develop and any actions you are already taking/ would like to take to help you develop. Please include examples where relevant*

|  |
| --- |
| **Knowledge:** |
| **Strengths**  **Areas for development and action points** |

|  |
| --- |
| **Communication:** |
| **Strengths**  **Areas for development and action points** |
| **The Care Process**  **Information gathering, assessment and formulating a diagnosis** |
| **Strengths**  **Areas for development and action points** |

|  |
| --- |
| **The Care Process**  **Implementing and reviewing/evaluating dietetic action plans/interventions** |
| **Strengths**  **Areas for development and action points** |

|  |
| --- |
| **Professionalism:** |
| **Strengths**  **Areas for development and action points** |

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Signature of Student** |  |
| **Name of Tutor** |  |
| **Signature of Tutor** |  |
| **Date** |  |

\*If you have chosen to disclose a disability, please also include yourPlacement Action Plan (PAP) with this form, which will outline the reasonable adjustments required for practice.

**Mapping of Professional Capabilities**

|  |  |  |
| --- | --- | --- |
| **Professional Capability** | **NHS setting** | **Campus-based days** |
| K1 | * Dietetic consultation assessment tools * Dietetic practice forms | * Case discussion assessment tools * Audit assessment tool * Presentation of Journal Club article * Dietetic practice forms |
| C1 | * Dietetic consultation assessment tools * Group education session * Service User feedback | * Case discussion assessment tools * Assessment of participation in PAL * Presentation of Journal Club article |
| CP1 | * Dietetic consultation assessment tools * Group education session * Dietetic practice forms | * Case discussion assessment tools * Audit assessment tool * Dietetic practice forms for PAL * Dietetic practice forms |
| CP2 | * Dietetic consultation assessment tools * Group education session * Dietetic practice forms | * Case discussion assessment tools * Audit assessment tool * Dietetic practice forms |
| CP3 | * Dietetic consultation assessment tools * Group education session * Dietetic Practice forms | * Case discussion assessment tools * Audit assessment tool * Dietetic practice forms |
| CP4 | * Dietetic consultation assessment tools * Group education session * Dietetic Practice forms | * Case discussion assessment tools * Audit assessment tool * Dietetic practice forms |
| P1 | * Dietetic consultation assessment tools * Group education session * Professionalism checklist: weeks 5 and 10 * Service user feedback | * Case discussion assessment tools * Audit assessment tool |
| P2 | * Pre-placement form * Self-review forms * Reflection on learning * Weekly review form * End of placement review/action plan | * Assessment of participation in PAL * Self-review forms * Reflection on learning * Dietetic practice forms |

**\*Successful completion of the Health Promotion Project can also provide evidence for the above capabilities, as indicated on the ‘Health Promotion Project Assessment Tool’**

**The Portfolio**

You are expected to take full responsibility for your own learning on practice placement. Your portfolio should provide written evidence of your development and performance throughout each placement, identifying both skills that have been achieved and areas that require further development.

You are responsible for making the evidence in your portfolio available to the practice educator throughout the placement, to facilitate the negotiation of weekly learning agreements. **By the end of the placement you should have collected sufficient evidence to show that you can consistently demonstrate competence in each of the placement professional capabilities, at the required benchmark standard.**

The subsequent part of this B workbook includes guidance, which indicates what evidence (recorded information) should be included for this placement, and who should complete it.

Following this guidance, you will find the benchmark standards/expectations for this placement. These have been developed to help support students and educators in a number of ways, including; gauging progress at different stages of training; identifying areas for skill development; and prompting discussion at any time of the placement.

At the end of each section, you will find the tools and pro forma documents that are required for completion.

**Portfolio Guidance:**

In order to pass this 10-week placement, you must have successfully met the professional capabilities through attendance and completion of a portfolio containing:

|  |  |  |  |
| --- | --- | --- | --- |
| **Practice Educator (PE) Completed:** | **Student completed:** | **University Completed:** | **Additional information:** |
| Dietetic consultation assessment tools | Dietetic Practice forms | Case discussion assessment tools | Service User Feedback forms |
| Group work/presentation tool | Group work/presentation self-review forms | Project/Audit assessment tool |  |
| Professionalism Checklist | Reflective diary | Group work/presentation tools |
| Weekly review forms  End of placement review form | |

**These forms must evidence that all professional capabilities have been signed off as competent in line with the benchmark standards (p 22).**

**In the practice setting:**

* **Dietetic consultation assessment tools (PE)**

It is recommended that you aim to collect one of these tools in week one and then a minimum of two of these tools for two different patients/clients each week for the rest of the placement. They are completed by a practice educator during direct observation of a consultation led by you. The tools should be completed for the same consultations for which you complete a dietetic practice form.

The practice educator will indicate on the form, and discuss with you, whether the tool can be used as a formative, or summative assessment. A summative assessment can be used as evidence of competency for the capabilities that have been circled by the practice educator on the front page of the form.

To meet the criteria of the stated professional capabilities, you will need to carry out a range of competent and complete consultations. **By the end of week 10, your portfolio must include at least 5 summative dietetic consultation assessment tools,** which show that you are **consistently achieving** the benchmark standards for the care process capabilities (CP1-CP4):

* ***In at least 2 new and 2 review consultations***
* ***In at least 2 different settings***
* ***With at least 3 different patient/client types, e.g. individual with diabetes, individual requiring nutrition support, individual requiring advice on eating for health***
* **Group work/presentation assessment tool (PE)**

During B placement, you are required to successfully deliver a talk to a patient/client group. This will enable you to meet all parts of capability C1 for placement B. Further details will be provided by your practice education team.

A group work/presentation assessment tool will be completed by your practice placement educator, commenting on your preparation, delivery, content and reflection on the session. **The Practice educator will indicate on the form, and discuss with you, whether the tool can be used as evidence of competency for any of the professional capabilities.**

* **Professionalism checklist** **(PE)**

The Professionalism checklist allows the collection of evidence of professional behaviour and adherence to clinical governance guidelines throughout this placement. On weeks 5 and 10, the practice placement educator will assess whether you are reaching the expected standard:

***Sometimes / Usually / Always***

And will circle the appropriate word, followed by a signature. For any standards that are not being met or showing an improvement, an action plan may be needed. **You should demonstrate competence in all skills by week 10**.

Where possible, a practice educator should sign off a skill when they have witnessed you demonstrate competence (for example, punctuality, telephone manner, behaviour and dress code, pro-active attitude, maintenance of confidentiality, use of IT, acceptance of constructive feedback).

In some cases, it may be necessary for you to provide evidence, in order for certain skills to be signed off. Examples may include:

* ***Acts within the limits of current knowledge and skills:***example of recognition of own limitations (dietetic practice forms/ self-review forms/ reflective excerpts).
* ***Takes responsibility for own learning, education and training:*** in addition to being witnessed by practice educators, evidence of this skill should be provided from maintenance of portfolio, reflective diary and completion of weekly review forms prior to meetings.
* ***Can demonstrate practice in a non-discriminatory way:*** reflective diary/pro-forma entries on key incidents.
* **Dietetic practice forms (Student)**

It is recommended that you complete at least one of these forms each week, from weeks 2-10. **At the end of week 10, your portfolio must include:**

* ***A selection of completed dietetic practice forms from weeks 2-6,*** *demonstrating how you have reflected on your performance after a dietetic consultation and considered aspects that need improvement*
* ***A minimum of 4 dietetic practice forms, which evidence activity with 4 patients of different types, including at least 2 new and 2 review consultations, seen in a range of settings during the last 4 weeks of placement (weeks 7-10)***
  + *You must have been actively involved in the care of these patients and the completed forms should demonstrate an ability to apply the dietetic care process, to understand the patient’s condition and management, and to reflect on the dietetic intervention.*
  + *You must discuss your completed dietetic practice forms with the dietitian that supervised the consultation.*
  + *Where possible, you should use the same consultation for which the supervisor has completed a dietetic consultation assessment tool.*
* **Self-review form for group work/presentation (Student)**

You must complete this form following your talk to a patient/client group. This form is used to demonstrate that you can reflect on the activity and develop action plans for improvement. This self-review will be used by your practice educator to inform both verbal feedback and completion of the group work/presentation assessment tool.

* **Reflective Diary (Student)**

Throughout your placement, you are required to keep a reflective diary on your experiences in practice (at least 1 reflection each week). These written reflective accounts will be used to inform the weekly placement reviews with your practice placement educator. A pro forma to help you to structure your reflections has been included in this workbook, although this does not have to be used.

* **Service User feedback forms**

You should collect at least 3 service user feedback forms for this placement. These forms should be completed by 2 of the patients/clients for which a practice educator has completed a dietetic consultation assessment tool. The practice educator (supervising dietitian) should approach the service user in the first instance to ask if they would be prepared to complete a feedback form.

* **Weekly review forms**

A weekly review form should be completed towards the end of weeks 1 to 9, jointly with the practice placement educator. Action points and responsibility for the actions, with a timescale, should be agreed and documented. You should both sign and maintain a copy of the form.

Benchmarks standards for each professional capability can be found in the next section of this workbook to aid the assessment of progress.

* **End of placement B review form**

Towards the end of week 10 you will complete an end of placement review form, jointly with the practice placement educator. It is expected that you will prepare for this meeting by compiling a summary record of the evidence collected to meet each professional capability that can then be cross checked/confirmed by the practice educator. **They will make a final decision as to whether you have passed the placement, by considering whether there is sufficient evidence that you have consistently met the required benchmark standards for each professional capability.** You must both sign the form and maintain a copy for your records. A copy must also be sent back to University.

This form will be sent to your next practice placement (C), along with your pre-placement form.

**Undertaking an Audit**

You will be expected to undertake a small audit, or part of, with supervision, using a tool or method prepared by a dietitian. It is expected that agreement to undertake the audit will already have been obtained from the Trust office. If not, the audit undertaken should be non-clinical in nature.

**Data collection**

Data collection should be discussed with your practice educator before starting on the audit. Areas to consider include:

* What information you need
* The type of information to collect
* How the information will be collected (retrospectively from records or prospectively from patients)

It is also important to consider the sample that you are going to collect data from. What will the sample be? For example- patient records or patients on a ward? And how many will you need? It will be important to consider whether the sample you choose is representative of the group that you are interested in and helps you to address the audit aim.

***The written work and the presentation of your findings will be assessed at the University and more information on what to consider can be found in the below guidance for ‘University based days’.***

***The dietitian in practice that supervises your audit work will liaise with the University to assist with the assessment of this work.***

**On the University based days**

**(remote and/or face to face):**

* **Case Discussion assessment tools (PE)**

You will be involved in facilitated case discussions at the University. These group sessions will provide an opportunity for you to share learning experiences and nutrition and dietetic resources with your student peers, facilitating a greater breadth and depth of learning. Although the format of these sessions can vary, it would be common for you to prepare a case presentation of a patient that you have seen in the last 2 weeks. It is recommended that you report on cases in which you took an active part in the consultation. Your practice education team will help you decide if a patient is suitable as well as helping you to obtain any necessary permissions from the patient and lead clinician. You will be given 15 minutes to present.

For two of the cases that you present, you will be assessed at the University with the ***‘Case discussion assessment tool’***. Please familiarise yourself with this tool beforehand, to ensure that you are appropriately prepared. ***Your final portfolio must include one summative assessment tool, which shows that you are meeting the capabilities at the benchmark standard.***

Once a case has been presented, the other members of the group will ask questions. You are encouraged to actively participate in this part of the session and will take turns in leading the discussion and questioning.

* **Assessment of practice based audit (or part of) (PE)**

You will be expected to provide a short report of your audit work for your portfolio and should consider the following:

* **The background to the audit** (300-400 words): This should include an outline of the process taken to gather background information, and should reference the evidence base where appropriate. You should aim to search one or two electronic databases and relevant national guidelines and/or standards. At the end of the background you should be able to clearly articulate the standard that you are auditing against.
* **Aim of audit** (1-2 sentences) clearly defined and **Objectives** (3 if possible)
* **Plan and data collection** (300-400 words): With clear rationale for the approach taken. Consider whether the data is likely to be valid and reliable and whether the audit sample was representative of the group that you are interested in.
* **Findings:** This section should demonstrate that you are able to use numbers to describe the findings. You are not required to use any statistical tests.
* **The impact/potential impact of your work:** Consider whether the audit will initiate a change in practice
* **Planned Evaluation/Follow up**: Consider what the next stage of the audit cycle is, how any initiated changes will be evaluated and how the audit tool/process could be improved

An audit assessment tool will be completed at the University, commenting on your performance in relation to each aspect of the above. The practice educator will indicate on the form, and discuss with you, whether the tool can be used as evidence of competency for any of the professional capabilities.

* **Group work/presentation tools (PE)**

You will be expected to complete 2 presentation activities at the University:

1. Reviewing a journal article independently. You will then present this to your peers and programme team in a journal club
2. Presenting the findings of your practice based audit.

A group work/presentation assessment tool will be completed for each of these, commenting on your preparation, delivery, content and reflection on the session. The practice educator will indicate on the form, and discuss with you, whether the tool can be used as evidence of competency for any of the professional capabilities.

* **Self-review form for case discussion (Student)**

You should complete this self-review form after the facilitated case discussion sessions. You should consider what you have learnt through clinical supervision with your peers (both from presenting and listening to others).

* **Self-review form for audit (Student)**

You must complete this form following the completion of your audit to demonstrate that you can reflect on the activity and develop action plans for improvement.

* **Self-review form for group work/presentation (Student)**

You must complete this form following each group presentation.

* **Dietetic Practice forms (Student)**

You should complete and include in your portfolio, a dietetic practice form for the online simulated consultations that you undertake during the university based days of this placement. You will need to discuss the completed forms with the online simulation facilitator at the University.

**Benchmark Standards/ expectations- B Placement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Capability** | **Weeks 2-3** | **Week 5** | **Consolidation (Typically Weeks 7-10)** |
| Knowledge | | |  |
| K1: Appropriate application to practice | - Knowledge of commonly used nutritional supplements  - Knowledge of commonly used drugs (laxatives, anti-emetics, anti-diarrhoeal, antibiotic re: cause diarrhoea)  -Knowledge ofportion sizes, calorie & protein contents for common foods (some reliance on food composition tables and ready reckoners)  - Knowledge of biochemistry ranges, and an idea of what they relate to: can interpret with discussion  - Recognises what information to gather for common diseases or common therapeutic diets (e.g. diabetes, hyperlipidaemia, obesity and malnutrition)  - Knowledge of how to give practical advice in theory on basic common diseases/ therapeutic diets.  - Able to find information about specific conditions/diseases (may require some guidance) | - Knowledge of commonly used biochemistry ranges, drugs and supplements. Can interpret with discussion  - Knowledge of portion sizes, calorie and protein contents for common foods (decreasing reliance on food composition tables and ready reckoners)  - Knowledge of the disease process and treatment rationale for diseases or conditions where dietary intervention is commonly used  - With assistance, can translate this into practical advice, e.g. break in between info gathering and advice giving to allow for discussion and planning of advice.  - Initiates looking up information about specific conditions/diseases. | -Correct interpretation of commonly used biochemistry, drugs and supplements  - Can explain the differences between different types of nutritional supplements, including their presentation, flavours, energy and protein content, and the rationale for their use  -Knowledge of portion sizes, calorie and protein contents for most common foods.  - Knowledge of the principles behind dietary intervention in common diseases (e.g. diabetes, hyperlipidaemia, obesity and malnutrition), and is able to translate this into practical advice |
| Communication | | |  |
| C1: In all areas of dietetic practice experienced | - Demonstrates awareness of the department record keeping standards/format  - Able to obtain informed consent  - Demonstrates appropriate verbal and non-verbal communication with patients/clients and carers  - Demonstrates active listening  - Is beginning to recognise and respond to non-verbal cues  - Communicates appropriately (asks appropriate questions) with other disciplines, with decreasing guidance  - Demonstrates an understanding of the roles/relationships of MDT | **-** Further developing the ability to listen attentively to service users and carers (Active listening)  - Beginning to appreciate the level of communication needed and is demonstrating this by starting to tailor content accordingly  - Delivers appropriate verbal feedback to supervisors  - Understands the role of the dietitian within the MDT  **Documentation and resources:**  - With decreasing direction, is able to draft uncomplicated entries for a patient’s/client record and medical notes (1-2X drafts with feedback from supervisor)  - Able to draft an accurate letter with supervisor support  - Selects appropriate resources/aids for patients, if appropriate  **At University:**  - Communicates appropriately within group working activities: both listens and contributes  - Able to deliver case discussions to peer groups, with minimal input and support | - Demonstrating further developed listening skills and the ability to observe non-verbal cues and respond appropriately.  - Identifies barriers to change, and is beginning to demonstrate use of behaviour modification skills (e.g. active listening skills, minimal encouragers, paraphrasing, reflection of feelings and empathy).  - Is communicating with all disciplines as required (may need occasional support, for example in an MDT/ inter discplinary meeting, or non-routine situations)  - Able to vary communication according to the audience (e.g. communication with a healthcare professional may differ from communication with a patient or carer).  - Starting to use alternative forms of communication where required, e.g. interpreter, language line  **Documentation and resources:**  **-** Able to record relevant information on the patient’s/client’s record (written or electronic), according to departmental standards, with occasional assistance  - Able to write accurate letters with minimal support (1 draft may be required).  -Varies the documentation in accordance with the audience (e.g. patient info. Different from medical record entry).  **With groups:**  - Able to deliver talks to groups with minimal supervisor input/support, and review the effectiveness of their communication through evaluation (students may not be writing presentations from scratch) |
| Care Process | | |  |
| CP1: identification, collection and interpretation of relevant information and evidence to assess nutritional and dietetic need | **Information Gathering**  -Knows where and how to find relevant information to support the assessment process  - Obtains information from other health care professionals with support/discussion  - Demonstrates awareness of, and actively implements strategies to maintain patient/client confidentiality in practice  **Assessment/interpretation**  - Recognises which anthropometric and functional measures may be relevant for when  -Able to use basic indices of nutritional assessment eg BMI, weight loss  - Able to collect a full diet history, using different questioning styles (not necessarily always sufficiently detailed)  **-** Able to estimate an individual’s energy and protein intake from food record charts or a diet history (with reducing reliance on food composition tables).  - Able to estimate nutritional requirements for energy, protein and fluid.  - Demonstrates an appreciation of different social, financial factors related to eating habits.  - Demonstrates awareness of limitations with clinical understanding and is able to find reference information | **Information Gathering**  -Able to extract relevant information, with decreasing direction, from uncomplicated medical notes  - Obtains information from other health care professionals with decreasing support/direction  -Actively implements strategies to maintain confidentiality in practice  - Shows awareness of Trust policies to decrease/ eliminate discrimination/ sources any appropriate resources  **Assessment/interpretation**  - Able to undertake and interpret relevant anthropometrics (e.g. BMI, handgrip, % weight loss, MAC, skinfold and visual assessment) with support, and minimal prompting  - Able to take a diet history with increasing accuracy e.g. information specific/tailored to patient’s needs  **-** Able to estimate an individual’s energy and protein intake from food record charts or a diet history (with reduced reliance on food composition tables and ready reckoners).  - Able to estimate nutritional requirements for energy, protein and fluid and can provide a rationale (with prompting)  - Knows where to find reference material or other information in the department, and/or in medical and nursing libraries/ online resources.  -Able to use hospital computer systems | **Information Gathering**  -Able to identify and extract essential information, from medical notes, records and other sources of information, including guidelines and standards (may need some support if highly complex patient)  - Able to obtain relevant information from other health care professionals prior to a consultation and to feedback pertinent information afterwards (may require support in non-routine situations).  **Assessment/interpretation**  -Able to undertake and interpret relevant anthropometrics with minimal support  -Able to take increasingly detailed diet histories, tailored to dietetic diagnosis and using different questioning styles and techniques  **-** Able to estimate an individual’s daily energy and protein intake from food record charts or a diet history and to identify potential areas for action  - Can give a clear rationale for estimation of requirements  - Demonstrates an appreciation of the different social, financial, religious and cultural factors affecting a clients' eating habits.  - Using all relevant sources of information, including the Internet, journals, books etc. independently.  **With groups:**   * Able to identify the information needed to effectively plan and deliver an education session |
| CP2: Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) | - Summarises the key findings from a dietetic assessment with routine patients/clients  - With supervisor guidance, formulates and justifies appropriate nutrition and dietetic diagnoses/need with routine clients | - Identifies potential actions from a diet history with routine patients/clients  With minimal guidance, formulates and justifies appropriate nutrition and dietetic diagnoses/need with routine clients | - With minimal guidance formulates and justifies appropriate nutrition and dietetic diagnoses for routine patients. Where there are several dietetic diagnoses- is able to prioritise with support.  **With groups:**  -Able to recognise the priorities, level and, depth of information required |
| CP3: Dietetic management planning | **Clinical reasoning**  -On discussion with supervisor, is able to demonstrate understanding of the clinical reasoning for a routine patient/client’s treatment plan  **Advice/Planning**  -Able to provide routine advice to patients/clients following discussion with supervisor | **Clinical reasoning**  -Able to feedback/verbalise to supervisor about their clinical reasoning for a routine patients/client’s intervention/action plan (for a complex patient- may need support)  **Advice/Planning**  - Able to advise inpatient and outpatient oral nutritional support with minimal guidance  - Able to advise uncomplicated outpatient clients with minimal guidance  - Able to give clear, specific and appropriately structured advice to patients/clients  - With decreasing support, demonstrates the ability to tailor advice/plan in accordance with individual patient’s/client’s preferences | **Clinical reasoning**  -Able to give verbal and written feedback about clinical reasoning for a routine patient’s/client’s intervention/action plan  **Advice/Planning**  - Able to give clear and specific advice to patients/ clients with a single diagnosis or nutritional problem  - Able to prioritise advice in more complex patients/clients with more than one nutritional issue  - Demonstrates the ability to tailor advice/plan in accordance with individual patient’s/client’s preferences and any identified factors that may affect compliance  - Takes actions to ensure that the goals can be achieved, e.g. ordering a diet from catering, using visual aids such as food models, collecting equipment for a discharge  **With groups:**   * Able to deliver a prepared session to a group and tailor content to the needs of the audience * Takes actions required to ensure that the goals are achieved e.g. organises resources |
| CP4: Review and evaluation of action plans and interventions | - Able to suggest to supervisor, possible outcome measures that could be used to review a routine patient/client’s progress  - On discussion with supervisor, is able to demonstrate understanding of, the clinical reasoning for making changes to patient/client interventions during a review consultation | - Suggests appropriate follow up for routine patients/clients–in discussion with supervisor.  - With decreasing guidance, is able to identify suitable outcomes to review and monitor in routine situations  -On discussion with supervisor, is able to reflect and evaluate dietetic interventions, e.g. whether an intervention has been effective  - In routine situations, is able to suggest changes to interventions based on the evaluation | -Suggests appropriate follow up (or discharge) for routine patients/clients  -Able to identify which outcomes to review and monitor in routine situations  - Able to reflect and evaluate dietetic interventions, e.g. whether an intervention has been effective, or to critically evaluate published evidence  - Makes changes to interventions based on the evaluation (should be able to recognise the need for a change, reflect with their supervisor and devise a new plan which can then be implemented.  **With groups:**  - Able to review the effectiveness of their communication in patient/client group education through evaluation  - Able to reflect and evaluate whether the learning outcomes for a group session were achieved |
| Professionalism | | |  |
| P1: Professional Behaviour | - Completing work on time, negotiating if required  - Punctual to meetings and for visits  - Supporting timetable management  - Professional attitude demonstrated at all times – dress, seeking info (knowing boundaries), listening and respecting others, asking appropriate questions | - Continuing to complete work on time (negotiating if required) and to demonstrate punctuality, and a professional attitude at all times  - Increasingly aware of own time management  - Supporting timetable management, making suggestions and amendments if required, but not fully managing an outpatient clinic or inpatient caseload.  - Seeking opportunities to be involved with the department e.g. develop student resources, answering the telephone, taking messages. | - Demonstrating competence and consistency in all skills on the professionalism checklist (demonstrating ability to practice in line with professional and clinical governance standards)  -Meets deadlines by organising and prioritising work effectively, e.g. records and letters completed in line with departmental guidance  -Attendance at departmental staff meetings, journal clubs etc.  - Contributing to team work at a basic level by answering telephones, taking messages, helping out with tasks within the limits of capabilities.  **With groups:**  -Completes sessions in the allocated time, using the time effectively |
| P2: Self-evaluation and action planning | - Completes weekly reflective diary  - Brings portfolio evidence and weekly review form with comments added, to weekly review meetings  - Completes self-review forms and initiating action plans (minimal prompting)  - Demonstrates insight into own limitations; may require support in understanding these limitations with the supervisor | - Demonstrates the ability to respond to action plans and reflective practice (reflection on action)  - Able to reflect on own professionalism, and identify strengths/weaknesses  - Brings portfolio evidence and weekly review form with comments added, to weekly review meetings  - Completes self-review forms and initiating action plans without prompting  - Understands and applies statement of conduct | - Developed skills of reflection of own practice to support clinical reasoning  - Reviews progress over the week, with ability to link different experiences.  - Actively involved with analysis/ appraisal of evidence to support practice  - Maintenance of adequate portfolio evidence  - Able to identify own learning needs with discussion / supervisor feedback and develop a plan to build on strengths and overcome weaknesses |

## Managing a patient/client caseload: Expectations by the end of B placement:

* A student should be able to carry a small caseload of 3-5 in-patients with familiar conditions, including 1-2 new patients per day.
* It may take up to half a day to see a new in- patient, including all associated actions and documentation.
* It may take up to 2 hours to see a review in-patient, including all associated actions and documentation.
* In out-patients, the student should be able to see 3 selected new or review patients with familiar conditions. A new patient consultation should be completed within an hour and a review within 45 minutes.

### Dietetic Consultation Assessment Tool- B

**Name of Student:**

**Name of Observer (Practice Educator):**

**Date: Week:**

*For completion by a* ***supervising dietitian.***

|  |
| --- |
| **N/A (Not observed/not applicable):** No opportunity to demonstrate in this consultation  **NI- Needs Improvement:** Needs more work/ Not performing at required benchmark standard yet*.* ***Please use comments to explain what improvement is needed.***  **Yes this time:** Successfully completed to required benchmark standard |
| **Which sections should I complete?**  You may find that you cannot complete every section of this form, but try to complete as many sections as possible or appropriate for the stage of the student’s training.  You may also find that not every point is relevant to every consultation. Decide which areas are relevant in each case and tick N/A where appropriate.  **At the end of week 10, the student’s portfolio must include at least 4 summative dietetic consultation tools,** which show that they are meeting the benchmark standards for the care process capabilities (CP1-CP4):   * ***In at least 2 new and 2 review consultations*** * ***In at least 2 different settings*** * ***With at least 3 different patient/client types, e.g. individual with diabetes, individual requiring nutrition support, individual requiring advice on eating for health*** |

|  |  |
| --- | --- |
| **Case Summary** | |
| **Setting**  e.g. inpatient, outpatient, home visit |  |
| **Patient Group**  e.g. older adult, south Asian |  |
| **Intervention**  e.g. oral/ enteral nutrition support, IBS, weight management, type 1 diabetes |  |
| **New/ Follow up** |  |
| **Additional info**  e.g. carer present, interpreter, challenging patient |  |

**This consultation should be used as:**

**Summative assessment** (to be used as evidence of competency) **: Yes / No**

**Formative assessment** (can be included as evidence in portfolio to show development of dietetic practice): **Yes / No**

**This could be used as evidence for (please circle)**

**K1 C1 CP1 CP2 CP3 CP4 P1 P2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **Pre-consultation preparation** | | | | |
| Understands the medical condition and reason for referral or review (K1) |  |  |  |  |
| Ensures relevant supporting paperwork/resources are available e.g. clinic list, record cards, diet sheets, feeding regimens (CP1; P1; P2) |  |  |  |  |
| Collects, records and interprets relevant quantitative and qualitative information, including changes in patient’s/client’s condition (from referral letter, medical notes, nursing notes, computer databases, biochemistry, drugs charts). (K1; CP1) |  |  |  |  |
| Recognises 'at-risk' biochemistry  (CP1) |  |  |  |  |
| Checks/communicates with relevant staff/other disciplines, if applicable (C1; CP1) |  |  |  |  |
| **Interview** | | | | |
| **Introduction** | | | | |
| Identifies correct patient and obtains consent (C1; P1) |  |  |  |  |
| Welcomes patient/client, introduces self (C1; P1) |  |  |  |  |
| Creates a physical environment conducive to counselling (i.e. gets at the same level as patient/client) (P1) |  |  |  |  |
| Clarifies the purpose & format of the interview. (C1; P1) |  |  |  |  |
| Establishes rapport with the patient/client and/or carer (C1) |  |  |  |  |
| Outlines basic principles of condition *(if appropriate)* (K1; P1) |  |  |  |  |
| Checks progress to date with patient/client ***(Review consultations only)*** (C1; CP4) |  |  |  |  |
| **Dietetic Assessment** | | | | |
| Undertakes and calculates relevant anthropometric measures and recognises 'at-risk' anthropometry (CP1) |  |  |  |  |
| Takes/records Diet history/24 hr recall/food charts (CP1) |  |  |  |  |
| Considers: Food groups, portion sizes, frequency, cooking methods, meal patterns, food likes/dislikes (CP1) |  |  |  |  |
| Establishes whether patient/client is meeting previous targets ***(Review consultations only)*** (CP1; CP4) |  |  |  |  |
| Assesses patient’s/client's or carer’s nutritional knowledge (CP1; C1) |  |  |  |  |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| Recognises and acknowledge individual’s cultural and religious beliefs (CP1; P1) |  |  |  |  |
| Identifies the patient’s/client's or carer’s perceived barriers to change (CP1; C1) |  |  |  |  |
| Gathers additional information from patient/client or carer (e.g. social, medical, drug) and integrates medical, social and dietary information (C1; CP1) |  |  |  |  |
| **Interpretation of nutritional data** | | | | |
| Estimates dietary intake quantitatively e.g. carbohydrate, fat, energy if relevant (K1; CP1) |  |  |  |  |
| Calculates/reviews nutritional requirements (K1; CP1) |  |  |  |  |
| Compares dietary intake with appropriate standards/calculated requirements and identifies nutrients at risk (K1; CP1) |  |  |  |  |
| Identifies relevant aspects of diet/ nutritional intake to focus on (K1; CP2) |  |  |  |  |
| Correctly identifies and prioritises dietetic diagnoses (CP2) |  |  |  |  |
| **Care planning and implementation** | | | | |
| Negotiates with patient/ client and/or carer/multi-professional team to establish individualised SMART goals (C1; CP3), or changes to treatment plan (***For review***: CP4) |  |  |  |  |
| Gives suitable explanations eg. diet and disease, reason for dietary modification,  to the patient/ client and/or carer (C1; CP3) |  |  |  |  |
| Provides evidence based accurate food and nutrition information (K1; CP3) |  |  |  |  |
| Assists patient/client to overcome barriers to change, including using appropriate behaviour modification techniques (C1; CP3) |  |  |  |  |
| Responds to client’s questions appropriately and correctly (K1; C1) |  |  |  |  |
| **Communication Skills** | | | | |
| Shows encouraging/ supporting/motivating manner, makes patient/client feel at ease (C1) |  |  |  |  |
| Communicates at an appropriate level, eye contact, volume of speech, appropriate language +/- interpreter (C1) |  |  |  |  |
| Structures interview in a logical sequence and keeps direction/focus (C1) |  |  |  |  |
| Uses appropriate questioning style to elicit relevant information (C1) |  |  |  |  |
| Uses appropriate non-verbal communication (C1) |  |  |  |  |
| Listens attentively/allows patients to ask questions (C1) |  |  |  |  |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| Responds to verbal and non-verbal cues (C1) |  |  |  |  |
| Uses appropriate visual aids or written information (C1) |  |  |  |  |
| Responds to patient/client’s and/or carer’s concerns (C1; P1) |  |  |  |  |
| **Conclusion** | | | | |
| Interview is completed with a definite conclusion (C1; CP4) |  |  |  |  |
| Follow- up is arranged if appropriate (or discharge) (CP4) |  |  |  |  |
| Evaluates what the client has learned (CP4) |  |  |  |  |
| Summarises specific goals negotiated with the client/carer (C1; CP3; CP4) |  |  |  |  |
| Interview is completed within a reasonable time frame (P1) |  |  |  |  |
| **Post Interview** | | | | |
| Liaises with other agents (i.e. ward staff, community staff) and make referrals/requests for investigations /monitoring as appropriate (C1; CP3; CP4; P1) |  |  |  |  |
| Arranges supply of necessary items, e.g. feed, pump, supplements, catering extras (CP3)   |  | | --- | |  | |  |  |  |  |
| Reports accurately to supervisor, and justifies actions taken using clinical reasoning (C1, CP3; CP4; P1) |  |  |  |  |
| Writes concise and accurate legible notes in appropriate documents, in a timely manner (C1, P1) |  |  |  |  |

**Based on this observation, three strengths of this assessment were:**

**1.**

**2.**

**3.**

**Based on this observation, three areas to work on/ actions points are:**

**1.**

**2.**

**3.**

Date:\_\_\_\_\_\_\_\_\_\_\_ Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Group Work/Presentation Assessment Tool- B**

*For completion by a* ***supervising dietitian.*** *This tool can be used for group work/presentations in practice and in the University setting*

**Name of Student:**

**Name of Practice Educator:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **Title of group session/presentation:** |  |
| **Type of audience:** |  |
| **Summary:** | |
| **Signed student:**  **Signed dietitian: Date:**  **Print Name:** | |

**This piece of work can / cannot be used as evidence of competency.** *(Please delete as appropriate)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (please circle)** | | | | | | | | | |
| **K1** | **C1** | **CP1** | **CP2** | **CP3** | **CP4** | **P1** | **P2** |  |  |

|  |
| --- |
| **N/A (Not observed/not applicable):** No opportunity to demonstrate  **NI- Needs Improvement:** Needs more work/ Not performing at required benchmark standard yet. ***Please use comments to explain what improvement is needed.***  **Yes this time:** Successfully completed to required benchmark standard |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **Preparation** | | | | |
| Collects and interprets relevant information to assess the needs of the group/ or to plan the presentation (K1; CP1) |  |  |  |  |
| Identifies and prioritises nutrition or dietetic diagnoses, with justification (K1; CP2) |  |  |  |  |
| Develops a clear aim and objectives for the session/presentation (CP2) |  |  |  |  |
| Has appropriately considered audience and numbers, location, use of technology and time available when planning the session/presentation (CP1; CP3; P1, P2) |  |  |  |  |
| Able to justify the content of the session with regard to evidenced based practice/best practice(K1) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **Presentation/Group Delivery** | | | | |
| Introduces self (and supervisor, if appropriate) and aim of session (C1) |  |  |  |  |
| Speaks clearly, using appropriate language for the audience and avoiding jargon (C1) |  |  |  |  |
| Makes regular eye contact (C1) |  |  |  |  |
| Establishes rapport and encourages group participation where appropriate (C1) |  |  |  |  |
| Listens attentively and responds to verbal and non-verbal cues (C1) |  |  |  |  |
| Is able to respond to and manage the audience and any unexpected change, invites and responds to questions correctly, appropriately and confidently (K1; C1; P1) |  |  |  |  |
| Maintains direction and summarises (C1) |  |  |  |  |
| Content of talk is well structured with introduction, main body, conclusion/summary, Q & A session and progressed logically (C1; P1) |  |  |  |  |
| Makes appropriate use of audio visual equipment, other resources and handouts (Any visual aids are clear and easy to read, and contribute to overall effectiveness of talk) (C1) |  |  |  |  |
| Demonstrates confidence in and enthusiasm for subject area (P1) |  |  |  |  |
| Information is relevant and accurate (K1; CP3) |  |  |  |  |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| Practises within the Standards of Performance, Conduct and Ethics (P1)  i.e. uses generic names for products or mentions several brand names |  |  |  |  |
| ***Where appropriate: -*** Consideration given in session to factors influencing nutrition and health e.g. income, local food availability, peer and family pressure, media, personal preference, cooking skills, shopping skills (K1; CP1; CP3) |  |  |  |  |
| ***Where appropriate: -*** Demonstrates understanding and ability to implement different strategies to influence nutritional intake e.g. behaviour modification, negotiation, multi-agency working (K1; C1, CP3; P1) |  |  |  |  |
| Words and actions (spoken/written) do not discriminate against group members with respect to: race, religion, age, gender, sexual orientation, learning disability, physical disability, marital status, pregnancy/maternity (P1) |  |  |  |  |
| Keeps to time allocated (C1; P1) |  |  |  |  |
| **Journal Club/ Audit (UNIVERSITY BASED ACTIVITIES ONLY)** | | | | |
| Has appropriate level of knowledge to support dietetic practice including (where relevant) nutrition, medicine, biochemistry, pharmacology, sociology and psychology (K1) |  |  |  |  |
| Able to justify practical advice/ treatment decisions and/or able to identify changes to future practice (K1, CP3) |  |  |  |  |
| Able to draw conclusions from research, evaluate the value of research / guidelines and apply to dietetic practice where relevant (K1) |  |  |  |  |
| Able to reflect on practice/evidence/experience and suggest changes to future practice if appropriate (CP4; P2) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **Evaluation** | | | | |
| Evaluates audience understanding (C1; P1; CP4) |  |  |  |  |
| Plans and carries out appropriate evaluation (P2; CP4) |  |  |  |  |
| Reflects on the process and content, developing SMART action points (P2) |  |  |  |  |

**Based on this observation, three strengths of this assessment were:**

**1.**

**2.**

**3.**

**Based on this observation, three areas to work on/ action points are:**

**1.**

**2.**

**3.**

### Professionalism Checklist B (To be completed by the Practice Educator)

Please place a tick in the relevant column to indicate whether a skill or attribute is demonstrated: Sometimes, Usually, or Consistently at weeks 2 and 4. Once a student is demonstrating a skill or attribute consistently, please sign in the box. Students should progress to competence in all skills by week 4.

**PC = Professional Capability** *(Over the previous 2 weeks: Sometimes = Demonstrated on at least one occasion. Usually =More than 50% of the time. Consistent= Every time)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Skills/attributes demonstrating professional behaviour** | **PC** | **Week 5** | | | **Week 10** | | | **Sign once demonstrated consistently** |
| **Demonstrates this . . .** | | | **Demonstrates this . . .** | | |
| **Consistently** | **Usually** | **Sometimes** | **Consistently** | **Usually** | **Sometimes** |
| **Appropriate time keeping and management, e.g.**   * Manages workload within departmental working hours * Reliable and punctual in attendance * Reports back at time requested * Completes assigned tasks on time * Uses time efficiently. | **P1**  **P2** |  |  |  |  |  |  |  |
| **Demonstrates a pro-active attitude, e.g.**   * Makes appropriate offers to help * Recognises learning needs and looks up information/ forms action plans. | **P1**  **P2** |  |  |  |  |  |  |  |
| **Demonstrates appropriate reflective skills, e.g.**   * During weekly feedback/in self review | **P1**  **P2** |  |  |  |  |  |  |  |
| **Uses feedback effectively to improve practice** | **P2** |  |  |  |  |  |  |  |
| **Demonstrates appropriate communication manner e.g.**   * Appropriate verbal skills to answer phone appropriately identifying self and area * Written/electronic skills to record and pass on messages accurately and concisely. | **C1**  **P1** |  |  |  |  |  |  |  |
| **Understands and demonstrates the concept of safe practice and recognises own limitations e.g.**   * Asking for help when needed * Incident reporting and health and safety issues * **Complies with protocols e.g. hand washing.** * **Understands concept of risk assessment.** | **K1**  **P1** |  |  |  |  |  |  |  |
| **Can demonstrate practice in a non-discriminatory way**  **Acts in the best interests of service users, e.g.**   * Can reflect on dietetic input to patient/client/groups to ensure equitable care | **P1** |  |  |  |  |  |  |  |
| **Demonstrates appropriate behaviour, e.g.**   * Has appropriate relationships and rapport with patients/clients and other professionals/members of the team * Respects and upholds the rights, dignity, values, and autonomy of service users * Demonstrates an appropriate level of confidence | **C1**  **P1** |  |  |  |  |  |  |  |
| **Adheres to departmental dress code** | **P1** |  |  |  |  |  |  |  |
| **Maintains confidentiality, e.g.**  Adheres to data protection including electronic records and communications  Responds appropriately to situations where it is necessary to share information to safeguard service users or the wider public | **P1** |  |  |  |  |  |  |  |
| **Accepts constructive feedback, e.g.**   * Accepts and responds appropriately to comments * Is respectful of feedback from peers, dietitians and other professionals/ team members | **P1**  **P2** |  |  |  |  |  |  |  |
| **Using IT effectively, e.g.**  **To obtain results, look up information, communicate with other staff.** | **C1**  **P1** |  |  |  |  |  |  |  |
| **Takes responsibility for own learning e.g.**   * Seeks answers to questions without asking first. * Contributes to departmental meetings and other activities. * Keeps an up to date portfolio of evidence of development | **P1**  **P2** |  |  |  |  |  |  |  |

**This could be used as evidence for (please circle)**

**K1 C1 P1 P2**

### Dietetic Practice Form- B

It is recommended that you complete at least one of these forms each week, from weeks 2-10

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | | |
| **Type of Patient/client:** | New/Review | In/out Patient/ Home visit | Adult/Child |
| Other information (e.g. working through interpreter) | | | |
| Current Strengths: | | | |
| Key areas to focus on to develop skills: | | | |
| This has been discussed with my supervising dietitian  Signed student:  Signed dietitian:  Date: | | | |

Where relevant, the completed care plan should be attached to a dietetic consultation assessment tool, completed by the supervising dietitian (practice educator). It should then be given to the practice educator for verification (signing).

**This could be used as evidence for (PE to circle if appropriate)**

**K1 CP1 CP2 CP3 CP4 P2**

At the end of week 10, your portfolio must include:

* ***A selection of completed dietetic practice forms from weeks 2-6, demonstrating how you have reflected on your performance after a dietetic consultation and considered aspects that need improvement***
* ***A minimum of 4 dietetic practice forms, which evidence activity with 4 patients of different types, including at least 2 new and 2 review consultations, seen in a range of settings during the last 4 weeks of placement (weeks 7-10)***

**Patient/client Details:**

|  |  |
| --- | --- |
| **Age** |  |
| **Gender** |  |
| **Reason for referral** |  |

**Dietetic Assessment: (K1; CP1)**

**(A) Anthropometry and Functionality** *(Consider all relevant anthropometric variables and functional measures, including timeframe where appropriate)*

**(B) Biochemistry** *(consider relevant biochemistry including reference ranges)*

**(C) Clinical:** *(consider signs and symptoms, relevant recent and past medical history, family history, relevant medications)*

**(D) Dietetic:** *(include summary of factors affecting dietary intake, qualitative and quantitative assessment of diet history and consideration of relevant nutrients)*

**(E) Estimated nutritional requirements** *(Consider energy, protein, fluid and any other relevant nutritional requirements)*

**(F) Family/Environmental/Lifestyle/Psychosocial** *(consider social and psychological factors, ethical and cultural considerations, communication needs, readiness to change, barriers to change)*

**Dietetic Diagnosis: (CP2)**

**Problem:** *(What is the dietetic problem or need?)*

**Aetiology:** *(What is the cause/ background?)*

**Signs and symptoms:** *(How is it showing itself?)*

**Desired outcomes/ goals of nutritional intervention with rationale: (CP3)**

1**.**

2**.**

3.

**Dietetic Management Plan: (CP3)**

**Monitoring, Review and Evaluation plan: (CP4)**

**Reflective Account: (P2)**

**How did I start the consultation and build rapport with patients/clients, relatives or staff?**

**Were there any difficulties or areas that went well with my communication to the patient/client, relatives or staff?**

**What communication approaches did I use and was I effective?**

**Did I collect and record all relevant information? Was there anything I missed?**

**Did I recognise and note any factors that may affect compliance?**

**Did I correctly identify the dietetic problems, their causes and presenting symptoms?**

**Was I able to prioritise the problems and justify this prioritisation?**

**How did I use the information to set dietetic goals and a plan that were acceptable to the patient/client and evidence based?**

**How did I set a plan for monitoring and review?**

**What was challenging about this experience?**

**Action points:** (Please note 3 action points to take forwards)

**Student self-review form for group work/presentations- B**

|  |
| --- |
| * You can use this formative/reflective outline to help you develop competence from your group/presentation sessions completed in practice and at the University * Use one form for each session * Discuss your thoughts with your supervising dietitian after completing the form and use it to help set your personal action plan for learning. |

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **Title of group session/presentation:** |  |
| **Type of audience:** |  |
| **Summary:** | |
| **This has been discussed with my supervising dietitian**:  **Signed student:**  **Signed dietitian: Date:**  **Print Name:** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (PE to circle if appropriate)** | | | | | | | | | |
| **P2** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Criteria:** | **COMMENTS e.g. areas that went well, areas that didn’t go well, and aspects I would like to improve on.** |
| 1. **Preparation**   Collects and interprets relevant information to assess the needs of the group/ or to plan the presentation  Identifies and prioritises nutrition or dietetic diagnoses, with justification  Develops a clear aim and objectives for the session/presentation  Has appropriately considered audience and numbers, location, use of technology and time available when planning the session/presentation  Able to justify the content of the session with regard to evidence based practice/best practice |  |
| 1. **During group work/presentation**   Introduces self and aim of session  Speaks clearly, using appropriate language for the audience and avoiding jargon  Makes regular eye contact  Establishes rapport and encourages group participation where appropriate  Listens attentively and responds to verbal and non-verbal cues  Is able to respond to and manage the audience and any unexpected change, invites and responds to questions correctly, appropriately and confidently  Maintains direction and summarises  Content of talk is well structured with introduction, main body, conclusion/summary, Q & A session and progressed logically  Makes appropriate use of audio visual equipment, other resources and handouts (Any visual aids are clear and easy to read, and contribute to overall effectiveness of talk)  Demonstrates confidence in and enthusiasm for subject area  Information is relevant and accurate  Practises within the Standards of Performance, Conduct and Ethics  i.e. uses generic names for products or mentions several brand names  Words and actions (spoken/written) do not discriminate against group members with respect to: race, religion, age, gender, sexual orientation, learning disability, physical disability, marital status, pregnancy/maternity  ***Where appropriate***: - Consideration given in session to factors influencing nutrition and health e.g. income, local food availability, peer and family pressure, media, personal preference, cooking skills, shopping skills  ***Where appropriate:*** - Demonstrates understanding and ability to implement different strategies to influence nutritional intake e.g. behaviour modification, negotiation, multi-agency working  Keeps to time allocated |  |
| 1. **Journal Club/ Audit**   Has appropriate level of knowledge to support dietetic practice including (where relevant) nutrition, medicine, biochemistry, pharmacology, sociology and psychology  Able to justify suggestions/practical advice/ treatment decisions and/or is able to identify changes to future practice  Able to draw conclusions from research, evaluate the value of research / guidelines and apply to dietetic practice where relevant  Able to reflect on practice/evidence/experience and suggest changes to future practice if appropriate |  |
| 1. **After group work/presentation**   Evaluates audience understanding  Plans and carries out appropriate evaluation  Reflects on the process and content, developing SMART action points |  |

**Key strengths that I have identified**

**Key areas that I plan to focus on for improvement**

**Reflective Pro forma**

|  |  |
| --- | --- |
| **Date:** | |
| **Issue or experience:** | |
| Describe Describe what happened and who was involved. |  |
| Evaluation What was good or bad about the experience?  Why was it good or bad?  What else could you have done? |  |
| ***Feelings***  How did you feel? |  |
| Reflection What have you learnt from the experience? |  |
| **Action Plan**  If you had this situation again, what would you do differently? |  |

**This could be used as evidence for (PE to circle if appropriate)**

**K1 P1 P2**

### Service User Feedback Form

Feedback about your experience with student dietitians is valuable information. If you would like to provide feedback, please tick the boxes below, which most accurately reflect your experience. Base your answers only on the consultation or interaction you have had today.  
**Please do not record your name on this questionnaire.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | **Yes, definitely** | **Yes, to some extent** | **Not really** | **Definitely not** | **Does not apply/ Not sure** |
| 1. Did the student dietitian introduce himself or herself to you? |  |  |  |  |  |
| 2. Did the student seek your consent to speak with you? |  |  |  |  |  |
| 3. Did the student dietitian explain the purpose of the conversation? |  |  |  |  |  |
| 4. Did you feel that the student dietitian listened to you? |  |  |  |  |  |
| 5. Did the student dietitian ask questions in a way you could understand? |  |  |  |  |  |
| 6. Did the student look at you when they were asking questions? |  |  |  |  |  |
| 7. Did the student dietitian give you enough opportunity to ask questions |  |  |  |  |  |
| 8. Did the student dietitian respect your views? |  |  |  |  |  |
| 9. Was the student dietitian dressed appropriately? |  |  |  |  |  |

**Please make additional comments about the student dietitian in the space below or overleaf to help us understand your response**

|  |
| --- |
|  |

**This could be used as evidence for (PE to circle if appropriate)**

**C1 P1**

Weekly Feedback Form B: To be completed in practice

Week No: Date:

* Complete the weekly formative review to identify strengths (including at least 1 example) and areas for improvement to develop competency against the capabilities. An action plan of activities for the following week must be agreed by the practice educator and the student.
* **Please bring your previous weekly feedback form and portfolio evidence with you to your weekly review meeting**
* Strengths and completed action plans can be used as evidence toward competency
* In week 5, please indicate whether the benchmark standards have been met for the half-way point (Page 23)

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Capability** | **Strengths/ Areas for Improvement** | **Actions? Include time frame** | **Week 5 Benchmarks** |
| **K1:** Demonstrate comprehensive knowledge of all areas required to support dietetic practice in placement B | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **C1:** Communicate effectively in all areas of dietetic practice experienced on placement B | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **CP1:** Be able to identify, collect and interpret relevant information and evidence from the range of sources available to assess the nutritional and dietetic needs of individuals, groups and communities | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **CP2: *With minimum guidance*** | | | |
| Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) on the basis of current knowledge, which informs the aims of interventions or action plans | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **CP3 *With decreasing direction*** | | | |
| * use the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans *(for individuals, groups and communities)* * use the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes *(for individuals, groups and communities)* | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **CP4 *With decreasing direction*** | | | |
| Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice. | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **P1:** Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC | Strength with example:  Area for Improvement | Action | Met  Not Met |
| **P2:** Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. | Strength with example:  Area for Improvement | Action | Met  Not Met |

**Signed.....................................................................(Practice Educator) &.........................................................(Student)**

### Case Discussion Assessment Tool- B University

**Name of Student:**

**Name of Observer/Supervisor:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **Signed student:**  **Signed dietitian: Date:**  **Print Name:** | |

|  |  |
| --- | --- |
| **Case Summary** | |
| **Setting**  e.g. inpatient, outpatient, home visit |  |
| **Patient Group**  e.g. older adult, south Asian |  |
| **Intervention**  e.g. oral/ enteral nutrition support, IBS, weight management, type 1 diabetes |  |
| **New/ Follow up** |  |
| **Additional info**  e.g. carer present, interpreter, challenging patient |  |

**This piece of work can / cannot be used as evidence of competency.** *(Please delete as appropriate)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (please circle)** | | | | | | | | | |
| **K1** | **C1** | **CP1** | **CP2** | **CP3** | **CP4** | **P1** | **P2** |  |  |

The case discussion assessment tool should be attached to the relevant dietetic consultation assessment tool that was completed by the supervising dietitian in the practice setting, and the dietetic practice form that you completed for this patient/client.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **PREPARATION** | | | | |
| Presents a clear aim and objectives for the case discussion (CP1; CP2) |  |  |  |  |
| Has appropriately considered group (audience and numbers), location, use of technology and time available when planning the case discussion (P1, P2) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **DELIVERY: KNOWLEDGE, INSIGHT AND CRITICAL UNDERSTANDING** | | | | |
| Understands the medical condition and reason for dietetic referral (K1) |  |  |  |  |
| Presents relevant past medical history (CP1) |  |  |  |  |
| Presents relevant, accurate and correctly interpreted information from a range of sources (K1; CP1) |  |  |  |  |
| Can give a clear rationale for any anthropometric measures undertaken and interprets correctly (K1; CP1) |  |  |  |  |
| Demonstrates knowledge of biochemistry ranges and what they relate to (K1; CP1) |  |  |  |  |
| Demonstrates knowledge of commonly used drugs (laxatives, anti-emetics, anti-diarrhoeal, antibiotic re: cause diarrhoea) *(where relevant)* (K1; CP1) |  |  |  |  |
| Demonstrates knowledge of commonly used nutritional supplements *(where relevant)* (K1; CP1) |  |  |  |  |
| Can give a clear rationale for how the individual’s energy and protein intake was estimated from food record charts or a diet history (K1; CP1) |  |  |  |  |
| Can give a clear rationale for estimation of nutritional requirements (K1; CP1) |  |  |  |  |
| Compares dietary intake with appropriate standards/calculated requirements and identifies nutrients at risk (K1; CP1) |  |  |  |  |
| Demonstrates an appreciation of any social, financial, religious and cultural factors affecting a patient’s/clients' eating habits (CP1; P1) |  |  |  |  |
| Discusses any identified factors that may affect patient’s/client’s compliance (CP1) |  |  |  |  |
| Presents, justifies and prioritises dietetic diagnoses (CP2) |  |  |  |  |
| Demonstrates knowledge of the evidence base underpinning dietary intervention for this condition (K1; CP3) |  |  |  |  |
| Justifies SMART goals and outlines how these were negotiated and with whom (CP3) |  |  |  |  |
| Presents appropriate clinical reasoning for the dietary advice and information given, including any prioritisation of advice (CP3) |  |  |  |  |
| Discusses any techniques employed to overcome barriers to change (CP3) |  |  |  |  |
| Details the communication of the plan to others involved (C1) |  |  |  |  |
| Provides a rationale for the outcomes monitored/to be monitored (CP4) |  |  |  |  |
| Justifies how patient/client learning/motivation/compliance was evaluated/ will be evaluated (CP4) |  |  |  |  |
| Justifies the follow-up arranged with the patient/client (CP4) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **REFLECTION/DISCUSSION** | | | | |
| Outlines the challenges that this case presented and discusses how these were overcome (P1) |  |  |  |  |
| Identifies any areas of controversy and interest (e.g. challenges to best practice/guidelines/evidence) (K1; P2) |  |  |  |  |
| Demonstrates reflection on practice/ experience and identifies own strengths and areas for development (P1; P2) |  |  |  |  |
| Invites and responds to questions appropriately (C1; P1) |  |  |  |  |

**Based on this observation, three strengths of this assessment were:**

**1.**

**2.**

**3.**

**Based on this observation, three areas to work on/ action points are:**

**1.**

**2.**

**3.**

**Audit Assessment Tool- B University**

**Name of Student:**

**Name of Supervisor in Practice: Name of Assessor:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Title of Audit** |  |
| **Summary:** | |
| **Signed student:**  **Signed dietitian assessor: Date:**  **Print Name:** | |

**This piece of work can / cannot be used as evidence of competency.** *(Please delete as appropriate)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (please circle)** | | | | | | | | | |
| **K1** | **C1** | **CP1** | **CP2** | **CP3** | **CP4** | **P1** | **P2** |  |  |

|  |
| --- |
| **N/A (Not observed/not applicable):** No opportunity to demonstrate  **NI- Needs Improvement:** Needs more work/ Not performing at required benchmark standard yet. ***Please use comments to explain what improvement is needed.***  **Yes this time:** Successfully completed to required benchmark standard |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **PREPARATION**  ***This section will in part be informed by feedback from your practice based audit supervisor*** | | | | |
| Appropriately seeks and uses supervision through the audit planning (C1; P1) |  |  |  |  |
| Has appropriately planned, including process, e.g., Gantt charts, time available, who will be involved, equipment/resources (CP3; P1, P2) |  |  |  |  |
| Carries out an appropriate evaluation of the need for the audit in this practice setting, including a needs assessment if relevant (CP1) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **BACKGROUND** | | | | |
| Searches for, identifies, and interprets relevant information and evidence from a range of sources (K1; CP1) |  |  |  |  |
| Able to justify the need for the audit with regard to the evidence base (K1; CP1; CP2) |  |  |  |  |
| Clearly identifies and states the standard(s) that are being audited against (K1; CP2) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **AIMS/OBJECTIVES** | | | | |
| Presents a clear aim and objectives for the audit (CP2) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***This section will in part be informed by feedback from your practice based audit supervisor*** | **N/A** | **NI** | **Yes this**  **time** | **Comments** |
| **AUDIT PLAN AND DELIVERY** | | | | |
| Asks appropriate questions/seeks supervision as required through the project/audit delivery (C1; P1) |  |  |  |  |
| Demonstrates understanding and ability to carry out an audit (K1; CP3) |  |  |  |  |
| Is able to articulate a clear rationale for the process of data collection (K1; CP3), including:   * How the information was collected (retrospectively, prospectively) * How the sample was identified * Justification for sample size * Consideration of whether the data will be valid and reliable * Any piloting of data collection/ how it was ensured that data collection was practical and feasible |  |  |  |  |
| Presents a well-structured and logical outline of audit methodology (C1; CP3) |  |  |  |  |
| Audit is completed within the allocated time frame (P1) |  |  |  |  |
| Practises within the Standards of Performance, Conduct and Ethics (P1) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **FINDINGS** | | | | |
| Able to use numbers to describe the findings (K1; CP4) |  |  |  |  |
| Correctly interprets the information collected (K1; CP4) |  |  |  |  |
| Information presented is relevant and accurate (K1) |  |  |  |  |
| Discusses whether aims and objectives/deliverables have been met (CP4) |  |  |  |  |
| Able to identify and justify any potential impact on/changes to future practice (K1, CP3; CP4) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this time** | **Comments** |
| **REVIEW/EVALUATION** | | | | |
| Able to reflect on the experience and identify own learning and development needs (CP4; P1; P2) |  |  |  |  |
| Able to reflect on experience and suggest changes to future practice/audit cycles if appropriate (K1; CP4; P1) |  |  |  |  |
| Outlines how the impact of any proposed changes to practice as a result of audit will be measured/evaluated (CP4) |  |  |  |  |

**Three strengths of this work were:**

**1.**

**2.**

**3.**

**Three areas to work on/ action points are:**

**1.**

**2.**

**3**

**Student self-review form for case discussion- B University**

|  |
| --- |
| * You can use this formative/reflective outline to help you develop competence from your case discussion sessions. * Discuss your thoughts with your supervising dietitian after completing the form |

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **Title of case discussion** |  |
| **Summary:** | |
| **This has been discussed with my supervising dietitian**:  **Signed student:**  **Signed dietitian: Date:**  **Print Name:** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (PE to circle if appropriate)** | | | | | | | | | |
| **P2** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Criteria:** | **COMMENTS e.g. areas that went well, areas that didn’t go well, and aspects I would like to improve on.** |
| **Preparation**  Presents a clear aim and objectives for the case discussion  Has appropriately considered group (audience and numbers), location, use of technology and time available when planning the case discussion |  |
| **Delivery- Knowledge, insight and critical understanding**  Understands the medical condition and reason for dietetic referral  Presents relevant past medical history  Presents relevant, accurate and correctly interpreted information from a range of sources  Can give a clear rationale for any anthropometric measures undertaken and interprets correctly  Demonstrates knowledge of biochemistry ranges and what they relate to  Demonstrates knowledge of commonly used drugs (laxatives, anti-emetics, anti-diarrhoeal, antibiotic re: cause diarrhoea) (where relevant)  Demonstrates knowledge of commonly used nutritional supplements (where relevant)  Can give a clear rationale for how the individual’s energy and protein intake was estimated from food record charts or a diet history  Can give a clear rationale for estimation of nutritional requirements  Compares dietary intake with appropriate standards/calculated requirements and identifies nutrients at risk  Demonstrates an appreciation of any social, financial, religious and cultural factors affecting a patient’s/clients' eating habits  Discusses any identified factors that may affect patient’s/client’s compliance  Presents, justifies and prioritises dietetic diagnoses  Demonstrates knowledge of the evidence base underpinning dietary intervention for this condition  Justifies SMART goals and outlines how these were negotiated and with whom  Presents appropriate clinical reasoning for the dietary advice and information given, including any prioritisation of advice  Discusses any techniques employed to overcome barriers to change  Details the communication of the plan to others involved  Provides a rationale for the outcomes monitored/to be monitored  Justifies how patient/client learning/motivation/compliance was evaluated/ will be evaluated  Justifies the follow-up arranged with the patient/client |  |
| **Reflection/Discussion**  Outlines the challenges that this case presented and discusses how these were overcome  Identifies any areas of controversy and interest (e.g. challenges to best practice/guidelines/evidence)  Demonstrates reflection on practice/ experience and identifies own strengths and areas for development  Invites and responds to questions appropriately |  |

**Key strengths that I have identified**

**Key areas that I plan to focus on for improvement**

**Student self-review form for audit- B University**

|  |
| --- |
| * You can use this formative/reflective outline to help you develop competence from your audit * Discuss your thoughts with your supervising dietitian after completing the form and use it at your weekly review meeting to help set your personal action plan for learning. |

|  |  |
| --- | --- |
| **Date:** |  |
| **Title of audit** |  |
| **Summary:** | |
| **This has been discussed with my supervising dietitian**:  **Signed student:**  **Signed dietitian: Date:**  **Print Name:** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This could be used as evidence for (PE to circle if appropriate)** | | | | | | | | | |
| **P2** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Criteria:** | **COMMENTS e.g. areas that went well, areas that didn’t go well, aspects I would like to improve on.** |
| 1. **Preparation**   Appropriately seeks and uses supervision through the audit planning  Has appropriately planned, including process, e.g., Gantt charts, time available, who will be involved equipment/resources  Carries out an appropriate evaluation of need for audit in this practice setting, including a needs assessment if appropriate |  |
| 1. **Background**   Searches for, identifies, and interprets relevant information and evidence from a range of sources  Able to justify the need for the audit with regard to the evidence base  Clearly identifies and states the standard(s) that are being audited against |  |
| 1. **Aims/objectives**   Presents a clear aim and objectives for the audit |  |
| 1. **Project/audit delivery**   Asks appropriate questions/seeks supervision as required through the audit delivery  Demonstrates understanding and ability to carry out audit  Is able to articulate a clear rationale for the process of data collection  Presented a well-structured and logical outline of audit methodology  Audit is completed within the allocated time frame  Practises within the Standards of Performance, Conduct and Ethics |  |
| 1. **Findings**   Able to use numbers to describe the findings  Correctly interprets the information collected  Information presented is relevant and accurate  Discusses whether aims and objectives/deliverables have been met  Able to identify and justify any potential impact on/changes to future practice |  |
| 1. **Review/evaluation**   Able to reflect on the experience and identify own learning and development needs  Able to reflect on experience and suggest changes to future practice/audit cycles if appropriate  Outlines how the impact of any proposed changes to practice as a result of audit will be measured/evaluated |  |

**Key strengths that I have identified**

**Key areas that I plan to focus on for improvement**

**Review of Placement B Form**

|  |  |
| --- | --- |
| **Name of Student** |  |
| **Signature of student** |  |
| **Name of Dietitian** |  |
| **Signature of Dietitian** |  |
| **Location of Placement** |  |
| **Date**  **From: To:** |  |
| **Number of Weeks Completed** |  |
| **Days absent (and dates)** |  |
| **Extra days worked** |  |

The practice educator should undertake this review with the student on completion of placement B.

After completion, this form should be sent to the student’s tutor (electronically and by post) with the placement feedback form and a copy given to the student for their portfolio

Is there evidence to demonstrate that all the professional capabilities have been met to the level of the benchmark standards? If not, please identify the omissions below:

|  |
| --- |
| **Capabilities not met:** |

**Please identify any strengths that the student has developed during placement or areas for further development using the evidence presented by the student to inform your comments.**

|  |
| --- |
| **Knowledge:** Demonstrate comprehensive knowledge of all areas required to support dietetic practice on placement B |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |

|  |
| --- |
| **Communication:** Communicate effectively in all areas of dietetic practice experienced on placement B [with evidence including communication with service users/carers, group facilitation, members of the public, reporting under supervision] |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |
| **The Care Process**  **CP1:** Be able to identify, collect and interpret relevant information and evidence from the range of sources available to assess the nutritional and dietetic needs of individuals, groups and communities |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |

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| **The Care Process**  **With minimum guidance:**  **CP2:** Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) on the basis of current knowledge, which informs the aims of interventions or action plans. |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |

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| **The Care Process**  **With decreasing direction:**  **CP3:**   * use the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans *(for individuals, groups and communities)* * use the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes *(for individuals, groups and communities)*   **CP4:** Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice. |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |
| **Professionalism:**  **P1:** Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC  **P2:** Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. |
| **Strengths**  **Please give an example of capabilities to inform next placement:**  **Areas for development and action points** |

**Use the above to rate the student’s current capabilities at this stage in their training. The student should be rated against the benchmark standards for week 10**

**Please circle the descriptor which best describes current capabilities**

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|  | | | | |
| **Knowledge** | Outstanding | Good | Further development needs identified | Poor |
| **Communication** | Outstanding | Good | Further development needs identified | Poor |
| **The care process** (assessment) | Outstanding | Good | Further development needs identified | Poor |
| **The care process** (understanding, evaluation of planning and review) | Outstanding | Good | Further development needs identified | Poor |
| **Professionalism** | Outstanding | Good | Further development needs identified | Poor |

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| **Outstanding** | *Exceeds expectations for this stage of the programme/placement* |
| **Good** | *Consistent demonstration of the required capabilities* |
| **Further development needs identified** | *Benchmarks reached but less consistent demonstration and/or key areas noted to focus on (i.e. confidence, autonomous practice, timeliness)* |
| **Poor** | *Below benchmark to pass capabilities* |

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| **EXPERIENCE GAINED IN ACUTE AND / OR COMMUNITY SETTINGS** | | | |
| **ACUTE** | | **COMMUNITY** | |
| Inpatients | Outpatients | Clinics | Other |
|  |  |  |  |

|  |  |
| --- | --- |
| **DIETETIC PRACTICE AREAS COVERED ON B** | |
| **PRACTICE AREAS** | **COMMENTS** |
| e.g. Nutrition support, Diabetes | e.g. observed only; undertook assessment independently |

**Summary of achieved capabilities for placement B**

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| --- | --- |
| **Professional Capability** | **Please Enter Pass or Fail** |
| **K1:** Demonstrate comprehensive knowledge of all areas required to support dietetic practice in placement B |  |
| **C1:** Communicate effectively in all areas of dietetic practice experienced on placement B [with evidence including communication with service users/carers, group facilitation, members of the public, reporting under supervision] |  |
| **CP1:** Be able to identify, collect and interpret relevant information and evidence from the range of sources available to assess the nutritional and dietetic needs of individuals, groups and communities |  |
| **With minimum guidance**  **CP2:** Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) on the basis of current knowledge, which informs the aims of interventions or action plans. |  |
| **With decreasing direction:**  **CP3:**   * use the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans (for individuals, groups and communities) * use the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes*(for individuals, groups and communities)* |  |
| **With decreasing direction:**  **CP4:** Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice. |  |
| **P1:** Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC |  |
| **P2:** Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. |  |