

**Faculty of Health, Education and Life Sciences**

**MSc Dietetics**

**Practice Placement Handbook for Practice Educators**

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**Introduction:**

The MSc Dietetics course is delivered full time over a minimum of two years and comprises 66% university based theory and 34% practice placement. Successful completion of the MSc confers eligibility to apply for registration with the Health and Care Professions Council (HCPC). To successfully complete the MSc, students are required to pass all university-based assessments, together with a minimum of 1000 hours of assessed practice placement. This will be divided into weeks of practice placement time, with 10 weeks being coordinated across the first year and 21 weeks in the second year. The majority of practice placement weeks will be undertaken outside of the University, in approved practice settings, offering an insight into a diverse range of dietetic roles and enabling experience to be gained within a variety of settings.

The course philosophy is to develop competent, compassionate, ambitious and autonomous dietetic practitioners with highly developed communication and interpersonal skills and the ability to consistently deliver evidence-based, effective client-centred nutritional care across a range of working environments and with different client groups. Course and module learning outcomes promote the principles of critical evaluation and interpretation, and evidence based dietetic practice.

The purpose of the practice placement component of the course is to develop dietetic judgement and clinical decision-making skills, through the practical application of academic learning. This component has been developed in line with the BDA Curriculum Framework for the Pre-registration Education & Training of Dietitians (2013), the HCPC Standards of Proficiency for Dietitians (2013) and the HCPC Standards of Education and Training (2017).

Throughout each block of placement learning students are required to maintain a practice placement portfolio, within which they will collate evidence to show how each professional capability has been met. The aims and capabilities for each placement are based upon the ‘Pre-registration Education and Training of Dietitian’ manual (CPSM 2000) and the ‘Model and Process for Nutrition and Dietetic Practice’ (BDA, 2016). Case-based and problem based learning activities within the university-based taught modules will provide opportunities for familiarisation with the placement assessment tools and templates, enabling students to take full responsibility for the development and completion of their placement portfolio.

This handbook complements the Practice Placement Workbooks and aims to provide further information regarding practice placement conduct, expectations and assessment over the two levels of study on the MSc Dietetics course.

**Description of placements:**

**Year One: (January start date)**

**Semester One: Spring**

**A1 Placement (A**wareness**) 2-weeks**

The first week will involve campus-based peer-assisted practice learning and the remaining week will take place in an approved practice setting, where time is spent shadowing dietetic staff using observation, analytical and reflective skills. Each student will have workbook activities to complete and will need to provide a portfolio of evidence to demonstrate that they have achieved each of the Placement A1 capabilities. During this placement, the student is expected, with the support of Practice Placement Educators, and the course team, to acquire and demonstrate basic knowledge and skills. A1 has been designed to create awareness of dietetics and dietitians in practice.

**Semester Two: Autumn**

**A2 Placement (A**pplication**) 8-weeks**

Four weeks will take place in a hospital and/or community setting within a more traditional dietetic department, two weeks will take place within an alternative dietetic practice environment and two weeks will involve campus-based placement activities. This will provide students with access to a range of learning experiences in a variety of dietetic practice environments, to reflect the nature of modern practice and the range of practice settings that they may wish to enter upon completion of this course.

During this placement, the student is expected, with the support of Practice Placement Educators, the course team and other members of the inter-professional team to begin to practically apply the dietetic knowledge and skills gained during the first level of the course, in a range of settings. They should demonstrate: participation in the assessment process, a range of professional skills and attributes and an on-going commitment to personal and professional development.

**Year Two: (January start date)**

**Semester One:**

**Health Promotion Project (Part of B Placement): 1-week**

One week of practice placement, which will be allocated to applying the process for nutrition and dietetic practice, at a population level, through the completion of a project with a practice placement partner (most likely a non-NHS provider). This week will be staggered throughout the first semester, with most of the project work being completed remotely.

Completion of the Health Promotion Project component will enable students to meet General Aim 3 of B placement, and to demonstrate competence in the professional capabilities required to implement dietetic practice with groups and the public.

**Semester Two: Early Summer**

**B Placement (B**uilding**) 10-weeks** (Plus 1-week Health Promotion described above)

During this placement, the student is expected, with the support of Practice Placement Educators, the course team and other members of the inter-professional team, to further develop their application of the knowledge, skills and professional attributes required to implement dietetic practice with individuals, groups, and other professionals in a variety of settings. They will build upon the practice-based learning and experience gained on placement A2 and should demonstrate: increasing autonomy in undertaking dietetic assessment, participation in the intervention process, a range of professional skills and attributes, and autonomy in relation to their commitment to personal and professional development.

During this placement, there are some timetabled campus-based activity days. These days will provide opportunities to share learning experiences with student peers, to challenge practice and discuss areas of controversy and interest, and to present and share the findings from practice-based activities. These group sessions, which can be undertaken remotely, have been designed to facilitate a greater breadth and depth of learning.

**Semester Two: Autumn**

**C Placement (C**onsolidation**) 10-weeks**

During this placement, students will come back to the University on 1 or 2 scheduled placement days to share learning experiences with peers. The rest of the placement will take place in a hospital and/or community setting. This placement will provide students with the opportunity to develop the ability to independently and consistently apply the knowledge, skills and professional attributes required to implement dietetic practice with individuals, groups, and other professionals in a variety of settings.

Students are expected to demonstrate increasing autonomy, taking responsibility for a small caseload, with minimum direction. They should

be able to report back accurately to their supervisor, using clinical reasoning to justify decision-making and any actions taken. By the end of placement C, students must be able to demonstrate the ability to practice as a dietitian at a level consistent with entry to the profession.

**The aims and capabilities, and benchmark standards for each placement can be found in Appendix 1 and in the relevant placement workbooks.**

**Prior to placement**

**Pre-placement forms**

Prior to each Placement, the student is required to complete a Pre-Placement Form, which can be found within the relevant workbook. This form will be sent to you electronically 4-6 weeks prior to the start date of the placement.

The information provided on this form should allow you to plan the placement timetable to meet the individual student’s learning needs and prior experience. If a student has disclosed disabilities, they will have a Placement Action Plan (PAP), which will outline the reasonable adjustments required for practice.

University pre-placement sessions will cover aspects such as expectations on placement, portfolio development, and risks and safety issues. Each student will also be allocated a University Placement Tutor.

**Student eligibility for placement**

* **Academic and practical education:**

To be eligible to undertake Placements A2, B and C, students should have satisfied the previous stage of practical education, as follows:

**Placement A2:**

* Placement A1

**Placement B:**

* Placement A2 (all components of)

**Placement C:**

* Placement B (this includes the Health Promotion Project)
* **Students that fail a theoretical assessment**

In some cases, it is possible that a student may fail an academic module and commence on a placement before they have had the opportunity to retake the theoretical assessment. To ensure that the student is appropriately prepared for the placement, they will have a one-to-one tutorial with the course lead or module coordinator to discuss the reason for the failure and to put in place an agreed action plan to address any identified gaps in consolidated knowledge prior to placement commencement. The student will be required to provide evidence of how they have met the outcomes of the action plan within a second tutorial meeting, following the agreed timeframe. Any ongoing areas for development will be detailed on the student’s pre-placement form.

It should be noted that all students that progress to Placement B, will have successfully completed all of the year one academic modules:

* The Foundations of Dietetic Practice
* Nutrition, Metabolism, Pathology and Pharmacology
* Evidence Based Professional Practice
* Food Science, Food Skills and Applied Nutrition
* Prevention and intervention in dietetic practice 1

All students that progress to Placement C, will also have successfully completed the year two module: Prevention and intervention in dietetic practice 2

* **Food hygiene regulations**

All students will have obtained a Level 2 Award in Food Safety in Catering from the Chartered Institute of Environmental Health Officers or equivalent, prior to placement A1.

* **e-learning**

Prior to going out on placement A1, students will complete NHS on-line e-learning training in:

* Data Security Awareness
* Mental Capacity Act
* Safeguarding Adults, Children and Young People
* Research, Audit and Quality Improvement

They will have certificates to evidence that they have passed this training before going out on placement.

Training in manual handling, Basic Life Support, infection control, safeguarding and maintaining a safe practice environment will be provided within the University semester one.

* **Criminal Convictions**

To comply with the British Dietetic Association (BDA) and Health and Care Professions Council (HCPC) guidance on Criminal Convictions and Cautions, each student will have been required through the admissions process to submit an application for clearance to work with vulnerable adults and children via an enhanced check through the Disclosure and Barring Service (DBS).

Each year, students will be expected to submit a self-declaration form as part of re-enrolment to the University to confirm that they have not received any criminal convictions since the initial DBS clearance. Any discovery that there have been any cautions or convictions of which the University has not been informed is a serious matter, which will result in the University invoking the Fitness for Practice policy.

* **Health Requirements**

Prior to commencing placement A1, all students must have been cleared for non-Exposure Prone Procedure (EPP) activities by Occupational Health. Once students have enrolled on a course they are required to complete an annual declaration confirming that they continue to have good character at the point of re-enrolment.

**Placement Allocation:**

Students will apply for each Practice Placement, stating three preferences prior to each allocation, but no guarantee is given that they will be allocated to one of their preferences. Students are encouraged to undertake Practice Placements A2, B and C with three different providers, subject to availability, to widen their experience of dietetic practice. Prior to applying for placement, they will be provided with a list of practice placement providers and information on the placement experience. Practice Placements are allocated by the BCU Dietetics Placement Lead and Course Lead.

* **Priority Allocation Status**

Students will have the opportunity to indicate on their placement application, any carer responsibilities, which may impact upon their ability to take up specific placements. They must give details of their responsibilities, outlining how this impacts upon placement selection. Supporting evidence must be provided to their University Personal or Placement Tutor prior to allocation. Should this evidence be found subsequently to be false, a placement allocation might be withdrawn and concern raised about ‘fitness for practice’.

**Practice Placement Educators (PPE’s) (see also Appendix 2) and the placement team**

As well as being allocated a Placement Tutor from BCU, each student should be allocated a named Practice Placement Educator when undertaking placement opportunities outside of the University. The named Practice Placement Educator will be an HCPC Registered Dietitian who has been registered for a minimum of one year and has received supervisory skills training. The PPE will have overall responsibility for supervision and assessment on placement, including the final assessment and sign off of professional capabilities. On C placement, they will be accountable for making decisions about the student’s fitness for practice in accordance with professional, and regulatory body Codes of Practice and Conduct. It is suggested that each named Practice Placement Educator could assume overall responsibility for up to two students per placement.

Upon securing a new practice placement environment, the dietetic placement lead will visit the placement site and assess the profile and supervisory capacity to ensure that the learning outcome(s) of the placement(s) looking to be provided can be achieved. The requirement for training/updating of supervisory staff will also be assessed and a plan will be put in place to provide this training before student placements are supported. This will subsequently be reviewed at each annual partnership review and audit process (every two years) alongside consideration of the student evaluations of the placement environment.

In line with the British Dietetic Association Curriculum Framework (2013), it is expected that members of the dietetic team at all levels of the career framework will contribute to the student’s practice learning and may provide evidence of capabilities being achieved, following appropriate training. Other appropriately qualified health and social care professionals may also assess and provide evidence towards the achievement of particular placement capabilities. Each practice learning environment will be assessed to ensure that students can be supervised and supported at a ratio of 2 (students): 1 (appropriately qualified member of staff).

**Expectations**

* **Expectations Agreement:**

As the practice placement provider, you have a responsibility to provide the student with a variety of learning experiences to support them in meeting the placement professional capabilities, while as adult learners, it is expected that each student will take responsibility for their own learning, and collation of evidence. At the beginning of a placement, you should review the expectations agreement with the student. This agreement can be found within the relevant placement workbook. This will ensure that both you and the student are clear about what is expected from both parties during the placement.

* **Student induction checklist:**

All students should receive an induction into the organisation and be made aware of the departmental policies relating to health and safety, infection control, fire safety, and other forms of risk. They should begin completing an induction checklist (found within the relevant placement workbook) during the first week of placement.

* **Accidents/incidents on placement:**

Under Health and Safety Regulations (Training for Employment, 1990) students undertaking placement are regarded as employees for the purpose of health and safety. This means that any accident or injury to a student whilst on the placement must be recorded on the appropriate accident reporting system and be dealt with by the organisation.

It is your responsibility to inform the University of any such incident/accident as soon as is practicable and it is the responsibility of the student to adhere to the local health and safety policies and procedures and to take responsible care of their own health and safety and that of other people who may be affected by their actions.

* **Emergency contact:**

Students will have given the details on their pre-placement form of a contact in the event of an emergency and will have consented to this being shared with the Lead PPE. In the event of an emergency, the University should be informed as soon as possible.

* **Placement hours:**

Students are expected to work the same hours as a full-time member of staff when on placement and should normally have in the region of 3 hours per week as dedicated study time. Students are expected to attend 100% of the placement. If unable to attend placement due to sickness or any other reason, the student is responsible for informing the department where they are placed. The process by which to do this should be discussed with the student during their induction.

The student must also follow the University’s Faculty absence reporting procedure by emailing [healthstudentabsence@bcu.ac.uk](mailto:healthstudentabsence@bcu.ac.uk) by 10.00am on the first day of absence.

Students must provide the University with a self-certification form via the link above if they are off sick for up to 7 days and a doctor’s medical note if they are ill for more than 7 days. Failure to follow the outlined procedure could result in disciplinary procedures.

If sickness results in absence from the placement, the student is expected to make up the agreed number of hours, or repeat the placement, subject to discussion between the University and the lead PPE. This discussion will take into account current performance and progress, and the potential impact on future progression. Any occupational health requirements related to prolonged sickness absence will be managed through the University provision. Student services are available to provide counselling and other support mechanisms as required.

Students are advised that time away from placement is strictly discouraged, but that any planned absence (such as medical appointments or family commitments) should be discussed with you as far in advance as possible. If it is felt that a non-placement commitment will impact upon the student’s learning experience, you may recommend that the student reschedule the commitment.

## Code of Conduct

Throughout the programme, students are expected to adhere to the BDA’s Code of Professional Conduct (BDA, 2017) and the HCPC Standards of Conduct, Performance and Ethics. Although these standards relate to practising dietitians, they set out a professional framework which all student dietitians should adhere to.

The first-year module, ‘Evidence Based Professional Practice’ facilitates the discussion of these standards in more depth, and students are expected to have read and familiarised themselves with them. If it is identified that a student is failing to adhere to these standards, a Cause for Concern form must be implemented by the Lead PPE and/or the Placement Tutor **(Appendix 3).** Upon completion, a copy of this form should go to the student, the student’s Personal Tutor at the University and a copy should be retained at the placement site. A meeting will then be arranged with the student, the Personal and/or Placement Tutor, the Course Lead and the lead PPE to discuss the contents of the form. Where appropriate, an action plan will be put in place to help the student to progress. Failure to achieve the outcomes of the action plan within the agreed timescale may result in a Fitness for Practice referral at the University.

**Support on placement:**

There are mechanisms in place to support students throughout their placement experience. Students are encouraged to be open about any learning needs they may have, or any difficulties that they encounter during placements, to ensure that appropriate support can be given in a timely manner.

* **Additional Learning Needs:**

Some students may require additional support from placement tutors and the University specialists in relation to specific learning / additional needs e.g. dyslexia, hearing or sight impairments. The following procedures are followed when allocating students that are known to have specific learning needs:

**Before student placements are allocated**

The Faculty of Health, Education and Life Sciences is unique at BCU for having its own dedicated team focussed on supporting disabled students who are going out on placements. In line with the Equality Act, 2010, if reasonable adjustments are required to support a student’s learning on placement, you will receive a Placement Action Plan (PAP) prior to placement, outlining the student’s additional needs and the adjustments required to support their learning and development. The content of this Plan will have been agreed in a meeting between the student and the Disability Support Tutor at the University.

**During the placement**

Communication with the University Disability Support Team, the Placement Tutor or the BCU Dietetics Placement Lead provides an opportunity where support and adjustment arrangements can be discussed or modified as appropriate.

Our Disability Support team are:

* Nick Gee (Associate Professor, Accessibility & Inclusivity)
* Sheikh Sela (Inclusivity Administrator)
* **Portfolio support**

The PPE is expected to support the student by ensuring that there are adequate opportunities to collect the required evidence for the portfolio. Information on the evidence required is detailed in each of the placement workbooks. During B placement and to a lesser extent, C placement, students will return to the University (in person or remotely) to undertake placement activities and to receive support from their Placement Tutor and peers at the University. They will receive support in using the portfolio to assess current knowledge and skills and to plan on going learning and development needs. This information should be used to inform weekly reviews in the practice placement setting.

## Mentor support

In addition to a Lead PPE (HCPC Registered Dietitian), each student should be allocated a mentor at the start of placements B and C. This is usually someone who is not directly involved in the placement programme, but who has an understanding of what is expected during placement. The mentor does not need to be a HCPC registered dietitian.

The role of the mentor is to listen; encourage; share experience; give help, advice and guidance within the scope of their role and where appropriate, direct the student to other sources of available support. The mentor is not a trained teacher, counsellor or social worker, and they will not complete work for a student or give advice based on their own personal opinions.

The partnership between student and mentor should be based on confidentiality; anything discussed is kept private. However, there may be circumstances where it becomes necessary for the mentor to share details of a discussion with other relevant staff, with the student’s prior agreement. This may be to speak about a specific issue or concern, or if the mentor believes there is a risk of harm to the student or another person.

* **University Support:**

Throughout all practice placements, students will continue to be supported by the staff at the University and can continue to access student support services.

The student’s University Placement Tutor will act as liaison between the University and yourselves for the duration of the placement. They will contact the student via email soon after the placement has commenced to make sure they have settled into the department. On the longer placements (A2, B and C), the Placement Tutor will arrange a halfway meeting (either in person, or remotely) to provide an opportunity for progress to be discussed, along with any specific placement issues that have been identified. If there are concerns about the student’s progress on placement, it may be appropriate for the Placement Tutor to attend review meetings to support you and the student in developing an action plan to address the issues raised and to support the student in meeting the placement professional capabilities.

**Visiting Placement Tutors have responsibility to ensure:**

* Maintenance of communication between Placement and University.
* The student has the appropriate induction information including a programme planned to achieve all the specified capabilities.

* Support of PPE’s during placement, in their role as assessors.
* Support of students, offering the opportunity for a student to discuss personal issues.
* Student performance is fairly assessed in accordance with assessment criteria and stated objectives of the placement.
* Any deficiencies in student performance or in the quality of the placement is reported to the Lead PPE at the placement site, the BCU Dietetics Placement Lead and the BCU Course Lead.
* The student is encouraged to reflect on their experiences- helping to develop their clinical reasoning skills.

**Practice Placement Educator (PPE) Support**

Following approval of a new placement provider, training in supervision and assessment will be provided by the BCU Dietetics Placement Lead **(Appendix 4),** or the Course Lead, for all staff involved in student training.

Supervisory skills training for new and experienced PPEs will subsequently be offered annually, at BCU, or, where a placement provider supports students from both BCU and Coventry University, this may be organised and run jointly with Coventry University.

* **New Practice Placement Educator Training** will be delivered annually, to provide training for dietitians who are new to education.
* **Experienced Practice Placement Educator Training** will be delivered once a year, for dietitians who are regularly involved in student training. This study day aims to provide PPEs with opportunities to further develop their knowledge and skills in this area of practice, and to share ideas and learning with other PPEs.

## 

## Support available if student progress is not as expected

You should review student progress on a weekly basis using the weekly review form in the relevant workbook, and then more formally at the halfway review. If it is identified that a student is not progressing as expected, you should work with the University Placement Tutor to support the student to identify the key issues impacting on their progress and to develop an action plan to address these.

**Assessment of Placement:**

For a student to pass a practice placement, the Lead PPE (an HCPC Registered Dietitian who has undertaken supervisory skills training) must be satisfied that the student can consistently demonstrate competence in each of the placement professional capabilities, at the required benchmark standard. The aims and capabilities, information on the evidence that should be collected for the portfolio and the benchmark standards/expectations for each placement, can be found within the relevant workbook. The PPE must clearly indicate whether a student has passed or failed each capability, on the End of Placement Review Form.

The formative feedback that you provide at the weekly review using the weekly review form and placement benchmarks should help the student to determine their progress in meeting the professional capabilities and will support them in developing an action plan for the following week to continue to develop knowledge and skills. A more formal review must take place at the halfway point of the placement, planning for the remaining weeks of placement, in addition to identifying weekly action plans.

Remember to share ideas- both student and PPE should contribute to the supervision and assessment process. Ideas about improving performance should come from both parties and the student should be encouraged to share information about the placement experience.

* **Managing Struggling Students**

**Key principles:**

* All discussions should be open, honest and constructive.
* Discussions, including key issues raised and any action plans should be clearly documented. Both the student and the PPE should sign this document and a copy should be given to the student and maintained by the Placement site for their records.
* The placement team should highlight any issues with the student’s progress as soon as possible.
* The University Placement Tutor should be informed of concerns at an early stage, even if a visit is not yet required.
* The placement team should keep the University Placement Tutor informed of progress.

**Do’s and Don’ts of supporting struggling students:**

|  |  |
| --- | --- |
| **Do’s:** | **Don’ts:** |
| * Ask students during their induction if they find themselves struggling at any point, how this might present/how you might recognise it/what they might do about it      * Encourage students to raise any difficulties they are experiencing at the earliest opportunity * Allocate a mentor to all students at the start of placement * Raise issues or concerns with students at the time they arise to ensure they are aware of the concerns. * Raise concerns about passing a placement when they arise. Use the placement tutor for support with this if required * Focus on the capabilities not being demonstrated, to ensure feedback is objective and clear. Good feedback is specific & objective. Use examples      * Support the student to develop a clear, SMART plan to address the areas of concern. * Remember to include the positives. Students will often focus on the negatives, it’s important they hear and accept the positives too. The positive negative sandwich can help * Ask the student how they feel things are going/how a consultation went. They often have insight into areas that need to improve * Ask the student why they think something might not have gone so well * In some cases, it may be useful to ask the student to undertake a written reflection on an area they are struggling with if they do not have good insight. This can help them to identify reasons behind difficulties experienced to then support development of a plan to address these. * Do give constructive criticism, students need to receive this to develop and improve * Pass on concerns about a student’s progress to the weekly supervisor or placement coordinator | * Assume there won’t be any difficulties or that the student will raise them * Don’t expect students to ask for a mentor when they need one * Leave it to the end of the week or placement to raise issues. * Give vague, subjective feedback * Assume the student will be able to come up with a plan to resolve the issue by themselves. They may see the problems, but they may not know how to address the. * Only give negative feedback * Give negative feedback if you cannot identify areas for improvement * Assume the student is not aware of their shortcomings * Assume you know the reason why something did not go well * Avoid raising the concerns, this will not support the student to improve * Make feedback personal * Label the student as ‘not going to pass’ before the end of the placement * Assume someone else will do it * Forget University placement tutors are there to support students  |  | | --- | |  | |

* **Procedures in the Event of Placement Failure:**
* If a student does not successfully meet the professional capabilities for a placement within the specified timeframe, they will have failed the placement and will be entitled to one reassessment opportunity.

* A student who fails a placement will be given opportunities to consolidate knowledge and skills at university before repeating the placement with further support and careful negotiation of learning objectives. This would be a 5 day re-sit over 1 week for placement A1 and a 16 day re-sit over 4 weeks for placements A2, B and C.
* The total amount of additional placement time that a student may be entitled to (over the full course) is guided by the BDA Curriculum Framework (2013)
* The University will arrange repeat placements. Every effort will be made to provide another placement at a time, which would enable the student to stay with their year group. However, if this is not possible due to, for example, department commitments or insufficient time before the start or end of the University semester, these additional weeks will be arranged at another appropriate time.
* A repeat placement must be passed in order to fulfill the pre-requisite for subsequent placements. In the event that a repeat placement is failed, the student will be directed towards a suitable alternative course, for example MSc Public Health. They would have the right to appeal this decision through normal University complaints and appeals processes: <https://icity.bcu.ac.uk/student-services/complaints-and-appeals>

**Placement Evaluation:**

Placement evaluation is undertaken as part of the process to establish and monitor placement quality

* **Student evaluation:**

Post-placement workshops are scheduled into the academic timetable at the University within 14 days of the student cohort’s return from each of the practice placements. During each placement-specific workshop, students will evaluate their individual placement experience anonymously. Post placement reports will be disseminated to placement areas, and any action plans will be agreed as appropriate.

* **Practice Placement Educator evaluation**

After each cohort of student placements has been completed, post-placement evaluation forms are completed by the lead PPE and returned to the university, whereupon they are reviewed by the Dietetics Placement Lead/ Course Lead.

* **Direct observation (by the visiting tutors)**

Placement Tutors will make observations when undertaking visits to practice placement provider locations, particularly those recently established as student trainers. Informal discussion between visiting placement tutors and PPEs is an on-going process. This monitoring is coupled with the support of PPEs, to assist them in the provision of quality placements.

**Complaints Procedure- Students**

* **Making a Complaint on placement:**

If a student thinks that they are being treated inappropriately or unfairly on their practice placement learning experience, they are advised to follow this procedure:

* Talk to their Placement Tutor/Personal Tutor/Course Lead at BCU*.* Problems should always be raised at as early a stage as possible, normally when or very soon after they occur. The Tutor will discuss the matter thoroughly with the student to clarify the situation and in many cases, they will be the best person to help.
* If they are unable to resolve matters, they may refer the student to the University’s formal complaints procedure: <https://icity.bcu.ac.uk/Student-Services/Complaints-and-Appeals/Concerns-and-Complaints-Procedure>

**Motor Vehicle Insurance Information:**

Using a vehicle for placement business may sometimes be necessary.

**Students are reminded in the student placement handbook, in pre-placement sessions and in individual pre-placement tutorials that it is their responsibility to ensure that any vehicle they use to travel to and from, and in between, practice placement areas is properly insured for this purpose.**

**Students are also reminded that they must not convey patients or clients in their own vehicle.**

**Appendix 1 – Progression of learning and skills on placement**

**1.1: Aims of placement. For the student to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Placement A1** | **Placement A2** | **Placement B** | **Placement C** |
| Observe and demonstrate awareness of the knowledge and professional attributes required to undertake dietetic practice with individuals, groups and other professionals in a variety of settings  Begin to develop their own skills and behaviours through observation of practice and participation in learning activities. | Compare and contrast the roles, responsibilities and practice skills of dietitians working with a range of service user and client groups across the health and social care setting  Observe, demonstrate awareness and start to 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 | 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.  Develop confidence in implementing the nutrition and dietetic care process with decreasing direction  Develop the knowledge, skills and professional attributes required to implement health promotion and public health strategies | Consistently and independently 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  Demonstrate competence in handling an agreed workload in line with given standards |

**1.2 Capabilities for placement**

**Placement A1.** At the conclusion of the placement, the student will be able to:

1. Demonstrate the ability to record, analyse and interpret individual’s nutritional intake both by hand and by computer assisted analysis
2. Identify the key sources of service user information used to carry out dietetic practice and describe how an observed dietitian uses the information to formulate a nutrition and dietetic diagnosis and implement a dietetic management plan.
3. Practise communication skills with service users, carers and other professionals and observe the range and application of communication skills used by dietitians within consultations, and inter-professional team working.
4. Evaluate the process of meal selection, service and delivery within an institutional food production unit, and start to identify potential challenges and how food provision can be tailored to best meet identified needs.
5. Discuss the major health and safety issues, including infection prevention and incident reporting, within the working environment.
6. Reflect on the service user experience of health and social care through communication with service users and carers, consideration of the patient pathway and by observing the inter-professional team
7. Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC
8. Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development

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| **Professional Capability** | **Placement A2** | **Placement B** | **Placement C** |
| **Knowledge K1** | Demonstrate comprehensive knowledge of all areas required to support dietetic practice on placement A2 | Demonstrate comprehensive knowledge of all areas required to support dietetic practice on placement B | Demonstrate comprehensive knowledge of all areas required to support dietetic practice on placement B |
| **Communication C1** | Communicate effectively in all areas of dietetic practice experienced on A2 | Communicate effectively in all areas of dietetic practice experienced on B | Communicate effectively in all areas of dietetic practice experienced on C |
| **Care Process CP1** | **With decreasing direction:**  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 | 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 | Be able to consistently identify, collect and interpret relevant information and evidence from the range of sources available to effectively assess the nutritional and dietetic needs of individuals, groups and communities |
| **Care Process CP2** | **With decreasing direction:**  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 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. | Formulate and justify a reasoned nutrition and dietetic diagnosis (or need), which informs the aims of interventions or action plans. |
| **Care Process CP3** | **With decreasing direction:**  Critically evaluate how the dietitian (with individuals, groups and communities):  -uses the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans  -uses the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes | **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)* | **Consistently and independently:**  -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)* |
| **Care Process CP4** | **With decreasing direction:**  Critically evaluate how the dietitian (with individuals, groups and communities) reviews, monitors and evaluates interventions or action plans undertaken as part of dietetic practice. | **With decreasing direction:**  Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice. | **Consistently and independently:**  Review, monitor and evaluate all interventions or action plans undertaken as part of dietetic practice. |
| **Professionalism P1** | Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC | Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC | Demonstrate consistent professional behavior, in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the HCPC |
| **Professionalism P2** | Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. | Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. | Self-evaluate knowledge and professional capabilities and formulate action plans to demonstrate ongoing commitment to personal and professional development. |

**1.3 Benchmark Standards/ expectations for placement**

**Placement A2**

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| **Professional Capability** | **Week 2** | **Week 4** |
| Knowledge | | |
| K1: Appropriate application to practice | - Recognises the importance of key information e.g. anthropometry and biochemistry  - Has a basic knowledge of common diseases/conditions e.g. Malnutrition, Diabetes Mellitus, Obesity, CVD and be able to find information on specific conditions (may require prompting) | - Demonstrates understanding of where to find key information e.g. drugs and supplements, food composition  - Basic knowledge of commonly used nutritional supplements  - Basic knowledge of commonly used drugs (laxatives, anti-emetics, anti-diarrhoeal, antibiotic re: cause diarrhoea).  - Basic knowledge of biochemistry ranges, and an idea of what they relate to  - Knowledge of what information to gather for basic common diseases or common therapeutic diets (e.g. diabetes, hyperlipidaemia, obesity and malnutrition)  - Initiates looking up information about specific conditions/diseases  - Demonstrates an understanding of the principles behind routine dietary intervention and how this can be translated into practical advice |
| Communication | | |
| C1: In all areas of dietetic practice experienced | - Aware of department record keeping standards/ format  - Demonstrates awareness of MDT working  - Appropriate verbal and non-verbal communication with patients  - Able to initiate a conversation: introduce self and gather basic information etc. | - With supervisor direction, is able to draft uncomplicated entries for a patient’s/client’s record and medical notes (for assessment and diagnosis)  - Is further developing the ability to listen attentively to service users and carers (Active listening)  - Beginning to recognise and respond to non-verbal cues  - Communicates appropriately (ask appropriate questions) with other disciplines, with support  - Delivers appropriate verbal feedback to supervisors about info. gathered  - Demonstrates an understanding of the roles/relationships of MDT |
| Care Process | | |
| CP1: identification, collection and interpretation of relevant information and evidence to assess nutritional and dietetic need | - Demonstrates an understanding of the available sources of information in the practice setting  - Can collect a basic diet history (with support) but not necessarily in sufficient detail.  - Able to estimate an individual’s energy and protein intake from food records using food composition tables  - Understands principles of estimating nutritional requirements and deficits  - Demonstrates an appreciation of different social, financial factors related to eating habits.  - Demonstrates an awareness of strategies to maintain confidentiality in practice  - Demonstrates awareness of limitations with clinical understanding and (with prompting), is able to find reference information | - Knows (with support) where to find relevant information in the practice setting  -Able to use basic indices of nutritional assessment e.g. BMI, weight loss  - Recognises which anthropometric measures may be relevant, for when  - Diet history – can collect with increasing accuracy and is beginning to use different questioning styles and techniques.  **-** 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).  - Able to estimate nutritional requirements for energy, protein and fluid.  - Obtains information from other health care professionals with support/discussion  - Actively implements strategies to maintain confidentiality in practice  - Knows where to find reference material or other information in the department, and/or in medical and nursing libraries/ online resources. |
| CP2: Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) | - With prompting, is able to summarise the key findings from a dietetic assessment  - With supervisor lead, is able to assist in formulating an appropriate nutrition and dietetic diagnosis/need. | - Summarises the key findings from a dietetic assessment with routine clients  - With minimal supervisor guidance, formulates and justifies appropriate nutrition and dietetic diagnoses/need with routine clients |
| CP3: Dietetic management planning | - Knows about the concept of clinical reasoning and is able to give a reason for why a patient/client needs to be seen by the dietitian  - Demonstrates an understanding of the types of interventions that may be implemented for basic common diseases/conditions | - Demonstrates an understanding of the principles behind routine dietary intervention and how this can be translated into practical advice  - Able todiscuss with supervisor, and demonstrate understanding of, the clinical reasoning for a routine patient/client’s treatment plan  **-** Able to give appropriate ideas to supervisors on the advice to give to a routine patient/client  - Able to evaluate how the dietitian uses the information gathered to formulate and justify appropriate action plans and desired outcomes, with consideration of identified barriers and challenges. |
| CP4: Review and evaluation of action plans and interventions | - Demonstrates an understanding of outcome measures and how these may be used in review consultations and evaluation of practice | - Able to discuss with supervisor, possible appropriate 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  - Able to evaluate how the dietitian reviews, monitors and evaluates interventions or action plans, with consideration of barriers and challenges |
| Professionalism | | |
| P1: Professional Behaviour | - Completes work on time, negotiating if required  - Punctual to meetings and for visits  - Professional attitude demonstrated at all times – dress, seeking info (knowing boundaries), listening and respecting others, asking appropriate questions | - Demonstrating competence and consistency in all skills on the professionalism checklist |
| 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 initiates action plans (minimal prompting)  - Demonstrates insight into own limitations; may require support in understanding these limitations with the supervisor | - Maintenance of adequate portfolio evidence  - Able to identify own learning needs with discussion / supervisor feedback and can develop a plan to build on strengths and overcome weaknesses  - Demonstrates the ability to respond to action plans and reflective practice (reflection on action) |

**Placement B**

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| **Professional Capability** | **Weeks 2-3** | **Week 5** | **Weeks 8-10** |
| 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.

**Placement C**

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| **Professional Capability** | **Weeks 2-3** | **Week 5** | **Consolidation (typically weeks 8-10)** |
| Knowledge | | |  |
| K1: Appropriate application to practice | - Knowledge of commonly used drugs, biochemistry ranges, and supplements  -Knowledge ofportion sizes, calorie & protein contents for most common foods  - Can explain the differences between different types of nutritional supplements, including their presentation, flavours, energy and protein content, and the rationale for their use  - Basic knowledge of the disease process and treatment rationale for diseases where dietary intervention is commonly used  - 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 | **In addition to weeks 2-3:**  -Has knowledge and ability to correctly interpret biochemistry for the conditions | - Has all relevant knowledge required to support practice and actively seeks out new information when required |
| Communication | | |  |
| C1: In all areas of dietetic practice experienced | - Able to obtain informed consent  - Demonstrates 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).  - Communicating with all disciplines as required (may need occasional support, for example in an MDT/ inter-disciplinary 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).  - Selects appropriate diet sheets (aids) where required.  **With groups:**  - Able to plan and design a whole presentation  - Appreciates the level of communication needed and demonstrates this by tailoring content accordingly. | **In addition to weeks 2-3:**  - Recognises verbal and non-verbal cues and manages these appropriately.  - Able to use level 1 behaviour modification skills, e.g. active listening skills, minimal encouragers, paraphrasing, reflection of feelings, empathy, summarising, negotiating SMART goals.  -Communicating effectively to relevant team members at appropriate levels and pace.  -Is able to review own written documentation and make amendments as required with minimal supervision  **With groups:**  - Able to deliver talks to groups with minimal supervisor input/support, and review the effectiveness of their communication through evaluation  - Able to deliver a prepared presentation and answer questions | **In addition to weeks 2-5:**  -Identifies barriers to change and negotiates strategies to overcome them in routine situations.  -Maintains standards of communication with the demands of a caseload  -Proactively communicates with MDT and inter-disciplinary teams, ensures service user interests are upheld and makes requests for monitoring/action as appropriate  -Able to make direct written documentation |
| Care Process | | |  |
| CP1: identification, collection and interpretation of relevant information and evidence to assess nutritional and dietetic need | **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).  -Knows where to find reference material or other information in the department/ libraries.  -Demonstrates an understanding of the importance of patient confidentiality  **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  -Appropriately identifies nutritional deficits  - 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 | **In addition to weeks 2-3:**  **Information Gathering**  - **I**ndependently gathers information from all sources relevant to each patient.  -Completes whole interview process for single and dual/multiple diagnosis patients/clients (recognises need for support)  **Assessment/Interpretation**  -Able to appropriately estimate requirements (energy, protein, relevant micronutrients) with a clear rationale, for a variety of conditions.  - Uses initiative re. appropriate measures needed (anthropometry, functionality etc.).  - Demonstrates adaptability during consultations (reflects in action)  -Able to reflect and identify when requires support. | **In addition to weeks 2-5**  - Able to make and justify decisions to accept or decline requests for intervention  - Concise and independent with minimal prompting  -Recognises the need for a more detailed dietary analysis with particular patients and is able to complete this |
| CP2: Formulate and justify a reasoned nutrition and dietetic diagnosis (or need) | - 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 | - Independently formulates and justifies appropriate nutrition and dietetic diagnoses.  -With minimal guidance prioritises and justifies priority order when there are several dietetic diagnoses.  Recognises need for support with more complex patients | - Independently formulates and justifies appropriate nutrition and dietetic diagnoses.  -Independently prioritises and justifies priority order when there are several dietetic diagnoses. |
| CP3: Dietetic management planning | **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 | **In addition to weeks 2-3**  **Clinical reasoning**  **-**Demonstrates reasoning skills with patients managed independently and consistently.  **Advice/Planning**  **-**Focusing on key diet therapies for patients with multiple co-morbidities (with some support)  -Able to prioritise advice and give support to patients, carers and health and social care professionals to meet nutritional goals | **In addition to weeks 2-5**  **Clinical reasoning**  -Demonstrates reasoning skills with patients managed independently and is consistently doing this; across a range of patient/client groups  -Able to apply knowledge from recent evidence.  **Advice/Planning**  -Independently providing advice which is appropriate to the patient, including for complex patients  -Increased confidence and independence with giving clear and specific advice to patients and carers |
| CP4: Review and evaluation of action plans and interventions | -Able to suggest 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 | **In addition to weeks 2-3:**  -After reflection with supervisor, decides on appropriate follow up/discharge for routine patients  - Able to independently decide which outcomes to review in routine situations | **In addition to weeks 2-5**  -Able to independently decide on suitable follow-up in routine situations.  - Makes changes to interventions based on the evaluation. Is able to reflect in action and make changes on the spot. |
| Professionalism | | |  |
| P1: Professional Behaviour | **Clinical Time Management:**  -Reviews a patient in an agreed time frame  -Plans clinical and non-clinical workload (prioritising patients) with supervisor support.  -Plans own timetable  -Starting to see patients independently.  **Professional Behaviour:**  - Professional attitude demonstrated at all times – dress, seeking info (knowing boundaries), listening and respecting others, asking appropriate questions  -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 | **Clinical Time Management:**  -Able to complete a whole patient episode within a given time frame (documentation, consultation and reporting back)  -Able to prioritise workload with minimal supervisor support.  -Manages a small case load independently.  **Professional Behaviour:**  -Demonstrating competence and consistency in all skills on the professionalism checklist (demonstrating ability to practice in line with professional and clinical governance standards)  - Understands and applies statement of conduct | **Clinical Time Management:**  -Able to manage a caseload of patients independently over a week  -Able to adapt and prioritise workload as service requires with minimal support  **Professional Behaviour:**  As for week 5, plus:  - Identifies risks associated with Dietetic practice and manages appropriately. |
| P2: Self-evaluation and action planning | - Reflects on own practice to support clinical reasoning  - Reviews progress over the week and demonstrates the 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 | As weeks 2-3 | As week 5, plus:   * Continually seeks to develop their practice |

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

* A student should be able to carry a small caseload of 12-20 in-patients with familiar conditions, including 1-2 new patients per day.
* In out-patients, the student should be able to see all new or review patients with familiar conditions. The clinic should be completed within the allotted time. Minimal support may be needed in unfamiliar situations.

**Appendix 2: Role of the Lead Practice Placement Educator (PPE)**

As the Lead PPE, you are directly responsible for the student on placement. As an HCPC registered dietitian, you are responsible for the further development of student learning and to act as a mentor to the student.

**Professional Body Requirements**

Practitioners who undertake the role of Lead PPE on the MSc Dietetics Programme must fulfill the following criteria:

* Be an HCPC Registered Dietitian
* Have developed their knowledge, skills and competence beyond registration, and be registered with the HCPC for a minimum of one year
* Have received supervisory skills training
* Have the ability to select, support and assess a range of learning opportunities in their area of practice for students undertaking programmes approved by professional, statutory or regulatory bodies.
* Be able to make judgments about achievement of benchmark standards by students undertaking a programme of study.
* Be able to take responsibility for providing placement feedback to students, and for making a decision as to whether a student has passed or failed a placement

**Responsibilities:**

In your role, you have the responsibility to ensure that:

* The student receives appropriate orientation with regard to:
  + Departmental structure, fire and emergency procedures, cardiac arrest procedures, library facilities
  + The resources available in the department
  + Staff introductions
* The student has access to the Occupational Health Department
* Educational objectives (aims and capabilities as set out in the placement workbooks) and personal objectives, are reviewed, monitored and prioritised in relation to student needs
* The student knows to introduce him/herself as a ‘Student Dietitian’ to service users, carers and other disciplines, and to seek appropriate consent from service users, to be involved with their care.
* The student has the opportunity to apply the knowledge and skills previously developed and to expand on these
* All procedures carried out by the student are safe and effective
* The student has the opportunity to develop self-management skills, e.g. time and resource management
* The student receives regular and timely feedback on their performance throughout placement
* Performance is formally evaluated on completion of the placement and this is discussed with the student
* The Practice team participates in the quality monitoring of the student experience
* The Placement Tutor/Dietetics Placement Lead at BCU/Programme Lead are made aware of any student problems or deficiencies in performance immediately that they become apparent on placement.

**Appendix 3 – Cause for concern form: Placement**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student |  | Name of Personal Tutor |  |
|  |  |  |  |
| Practice Placement (please circle) | A1 A2 B C | Date |  |
| Practice placement location: |  |  | |
|  |  |  |  |
| Form Initiated by |  | Role |  |
| Nature of Concern | | | |
| Evidence of Concern (include relevant agreed learning outcomes if appropriate) | | | |

|  |
| --- |
| Agreed Action Plan (include agreed timescale): |

|  |  |  |  |
| --- | --- | --- | --- |
| Dietitian Signature |  | | |
|  | | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Tutor Signature |  | | | | |
|  | | | | Date |  |
| I have discussed the above concerns with my Practice Placement Educator and Personal Tutor and understand and agree the action plan and/or targets above.  I acknowledge that these have been put in place to support and enable me to effectively address the concerns raised and progress towards meeting my practice capabilities. | | | | | |
| Student Signature |  | | | | |
|  | | | | Date |  |
| Date of next action plan review: | | | | Date |  |
| Outcome of action plan review: | | | | | |
| Name | | Signature | Date | | |

**Appendix 4 – BCU Dietetic Placement Lead**

**Role and Responsibilities**

**Role:**

The Dietetic Placement Lead role is central to the development and maintenance of practice placement relationships. They facilitate essential communication, ensuring that both the university and the placement provider work in partnership to achieve the best outcomes.

**Responsibilities:**

**1. Communication & Contact: This involves**

* An initial visit to assess the facilities of a new placement provider, the number of suitable supervisors/ practice placement educators, plus any training and updating required.
* Putting in place a Service Level Agreement or Contractual Agreement for all practice learning environment opportunities, to set out the arrangements for insurance and conditions for students whilst in the practice learning organisation and the University’s responsibilities.
* Maintaining a regular dialogue with the placement provider (via personal visits, correspondence or phone as deemed appropriate)
* Liaising with other staff within the University where appropriate, to foster and maintain links.
* An annual partnership review, and hosting of annual training group forums

**2. Monitoring: This involves**

* Quality assuring all practice learning environment opportunities, within the minimum of a 2-year timeframe recommended by the Quality Assurance Agency
* Ensure that a Practice Learning Environment Audit document or Educational Audit for pathway/work-based learning for placement is completed for each placement provider
* Collaborate with practice staff on any required action plans
* Monitoring inter-assessor consistency and providing support where required.
* Ensuring that effective consultation and feedback mechanisms exist between placement partners, University staff and students
* Contributing to the Annual Course Report, and other internal/external course reviews

**3. Overview of the assessment process**: **This involves**

* Providing training to new and experienced practice placement educators
* Monitor standards for the course and the assessment outcomes achieved by students.

**4. Development and enhancement: This involves**

* Communicating relevant national/local influences on dietetics education, including the academic and quality assurance frameworks.
* Updating Practice Placement Educators about course development/changes and assessment processes.