

MSc Dietetics

Faculty of Health, Education & Life Sciences

**Placement C Workbook**

**Consolidation**

**Contents**

**Introduction 3**

**Induction Checklist 4**

**Expectations Agreement 5**

**General Aims and Professional Capabilities 6**

**Pre-placement form 7**

**Mapping of Capabilities 14**

**Portfolio Introduction 15**

**Portfolio Guidance 16**

**Benchmark Standards 22**

**Dietetic Consultation Assessment Tool 27**

**Group work/presentation Assessment Tool 31**

**Professionalism Checklist 34**

**Dietetic Practice Form 36**

**Self-Review Form for Group work/presentation 41**

**Reflective Pro forma 44**

**Service User Feedback form 45**

**Weekly Review Form 46**

**Facilitated Case Discussion Assessment Tool 48**

**Case Study Report Assessment Tool 51**

**Self-Review Form for Facilitated Case Discussion 55**

**Self-Review Form for Case Study Report 58**

**RPC Form 61**

**Appendix 1: Case Study Guidance 68**

**Introduction**

Placement C is a 10-week placement, providing you with the opportunity to develop your 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. By the end of placement C, you must demonstrate the ability to practice as a dietitian at a level consistent with entry to the profession.

During placement C, you will come back to the University on 1 or 2 scheduled placement days. The rest of the placement will take place in a traditional healthcare setting. Throughout the placement you will need to provide evidence to demonstrate that you have achieved the C professional capabilities (Page 6). This workbook, which includes a capabilities mapping table (Page 14) 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 C 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 |  |
| 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 |  |
| Safe Guarding 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 C**

**For the student to:**

1. 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
2. Demonstrate competence in handling an agreed workload in line with given standards

**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 C

**In relation to Communication:**

**C1:** Communicate effectively in all areas of dietetic practice experienced on placement C [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 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

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

**CP3:** 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)*

**CP4:** Consistently and independently review, monitor and evaluate all 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 C form:**

*Please note this form will be sent to the lead practice educator at placement C, 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 C**

*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** |  **Two campus-based days** |
| K1 | * Dietetic consultation assessment tools
* Dietetic practice forms
 | * Case discussion assessment tools
* Case study assessment tool
 |
| C1 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Service User feedback
 | * Case discussion assessment tools
* Case study assessment tool
 |
| CP1 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Dietetic practice forms
 | * Case discussion assessment tools
* Case study assessment tool
 |
| CP2 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Dietetic practice forms
 | * Case discussion assessment tools
* Case study assessment tool
 |
| CP3 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Dietetic Practice forms
 | * Case discussion assessment tools
* Case study assessment tool
 |
| CP4 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Dietetic Practice forms
 | * Case discussion assessment tools
* Case study assessment tool
 |
| P1 | * Dietetic consultation assessment tools
* Group education/presentation sessions
* Professionalism checklist: weeks 5 and 10
* Service user feedback
 | * Case discussion assessment tools

Case study assessment tool  |
| P2 | * Pre-placement form
* Self-review forms
* Reflection on learning
* Weekly review form
* End of placement review form
 | * Self-review forms
 |

**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 C 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 tools | Group work/presentation self-review forms | Case study assessment tool |  |
| Professionalism Checklist | Reflective diary |  |
| Weekly review formsEnd 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 renal disease, individual requiring enteral feeding, individual with Type 1 Diabetes***
* **Group work/presentation assessment tools (PE)-**

During C placement, you are required to successfully complete 2 separate group work activities, as follows:

* Training session to a group of Health and/or Social Care Professionals (e.g. Nutritional Screening training to Nurses)
* A talk to a group of patients/clients (e.g. group education session or workshop)

This will enable you to meet all parts of capability C1 for placement C. 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. This tool should be reviewed a number of times throughout the placement, and 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):***
	+ *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/presentations (Student)**

You must complete this form following both your talk to a patient/client group and your training session to health/social care professionals. 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 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 C 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.

**Choosing a patient/client case Study**

During your C placement, you will be required to complete a written case study report, which will be assessed at the University.

**Choosing your case study patient/client**

You should begin looking for your case study patient from week 2. Your practice education team will be able to help you decide if a patient is suitable as well as helping you to obtain any necessary permissions from the patient and the lead clinician. The selected patient should be of a more complex nature, perhaps with more than one diagnosis. Examples of suitable conditions might include Crohn’s disease, renal disease, liver disease, HIV or cystic fibrosis.

To enable you to demonstrate your critical review and clinical reasoning skills, you must have been involved in the dietetic care of your chosen case study patient, but you do not need to have looked after them from the start of their treatment. You may need to liaise with the dietitian who was previously (or still is) involved with the patient’s care.

***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 section for ‘University based days’, the ‘Case study assessment tool’ and Appendix 1: Case Study Guidelines.***

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

**University based days**

**One day at the end of week 3:**

* **Facilitated Case Discussion**

You will be involved in one facilitated case discussion at the University. As on B placement, this group session will provide an opportunity for you to share learning experiences with your student peers, facilitating a greater breadth and depth of learning. You will be expected to prepare and deliver a case presentation of a patient that you have seen in the last 2 weeks. You will be given 15 minutes to present. **This must be a different patient to the one that you select for your case study, as not all students may have found a case study patient by week 3.**

You will be assessed at the University with the ***‘Case discussion assessment tool’***. The feedback that you receive from this case discussion, should be used along with the feedback and reflection from case discussions on B placement, to feed-forward into your case study report, and presentation.

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.

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

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

**One day at the end of week 7 or 8:**

* **Case Study Presentation**

You will be required to present your case study to your peers and programme team at the University. The structure of your presentation should follow the usual structure for a facilitated case discussion. The presentation should last 15-20 minutes and will be assessed using the ‘***Case discussion assessment tool’.* 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 discussions (Student)**

You should complete this self-review form after the case study presentation.

**The written case study**

**The case study aim**

To develop your ability to obtain, assess and present relevant information using a systematic approach (e.g. The Process for Nutrition and Dietetic Practice). The case study should increase your understanding of medical terminology, disease states and prescribed treatments, particularly dietetic and the patient’s response to these. Throughout your case study you should demonstrate an understanding of the importance of a patient’s medical, cultural, social and economic circumstances in relation to clinical conditions and any dietary treatment. It should allow you to demonstrate your ability to show clinical reasoning, make evidence-based decisions on dietetic care and tailor your approach to the needs of the patient.

**The case study must be submitted electronically to the University before your presentation at the end of week 7 to be assessed using the ‘Case study assessment tool’.** It is pass or fail; no grade or mark will be awarded. However, a passed case study may be used to demonstrate your competency in relation to many of the placement capabilities. If you fail the case study, you will get one opportunity to resubmit for reassessment. If you fail a second time, you will not be able to use the case study as C-placement portfolio evidence.

**What to include in your case study?**

See the ‘**Case study assessment tool’** and case study guidelines (in Appendix 1).

**Confidentiality**

All information concerning the patient is confidential. The patient’s name, hospital number, date of birth, ward or clinic, name of the consultant and dietitian should not be stated in your case study.

**Length of case study**

The written case study should be approximately 2000 words excluding appendices and references. The written report and your presentation should include relevant information assembled in an informative and understandable way. You may wish to use a combination of written text, graphs, tables and diagrams. Discussion, conclusion and recommendations are expected to comprise **50%** of the case study.

* **Self-review form for written case study (Student)**

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

**Benchmark Standards/ expectations- C placement**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional Capability** | **Weeks 2-3** | **Week 5** | **Consolidation (typically weeks 7-10)** |
| 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 situation

### Dietetic Consultation Assessment Tool- C

**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 5 summative dietetic consultation tools**, which show that they have achieved the benchmark standards for the care process capabilities (CP1-CP4):* ***For 2 new and 2 review consultations***
* ***In at least 2 different settings***
* ***With at least 3 different patient/client types, e.g. individual with renal disease, individual requiring enteral feeding, individual with Type 1 Diabetes***
 |

|  |
| --- |
| **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 patients/client’s condition (from referral letter, medical notes, nursing notes, computer databases, biochemistry, drugs charts). (K1; CP1) If review: CP4 |  |  |  |  |
| 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 target ***(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 e.g. 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 any 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- C**

*For completion by a* ***supervising dietitian.*** *This tool can be used for talks to patient groups and training for health and/or social care professionals*

**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)  |  |  |  |  |
| Has appropriate level of knowledge to support dietetic practice including (where relevant) nutrition, medicine, biochemistry, pharmacology, sociology and psychology (K1) |  |  |  |  |
|  | **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) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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 C (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.*** Prioritises effectively.
* 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.
* Demonstrates an awareness of the evidence and frameworks underpinning diet therapy for routine cases
 | **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
* Appropriate patient follow-up
* **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/team members
* 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/ 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 and demonstrates the ability to practice autonomously** | **P1****P2** |  |  |  |  |  |  |  |

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

**K1 C1 P1 P2**

### Dietetic Practice Form- C

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 dietitianSigned 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- C**

|  |
| --- |
| * You can use this formative/reflective outline to help you develop competence from your group/presentation sessions completed in practice
* 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 justificationDevelops a clear aim and objectives for the session/presentationHas appropriately considered audience and numbers, location, use of technology and time available when planning the session/presentationAble 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 sessionSpeaks clearly, using appropriate language for the audience and avoiding jargonMakes regular eye contactEstablishes rapport and encourages group participation where appropriateListens attentively and responds to verbal and non-verbal cuesIs able to respond to and manage the audience and any unexpected change, invites and responds to questions correctly, appropriately and confidently Maintains direction and summarisesContent of talk is well structured with introduction, main body, conclusion/summary, Q & A session and progressed logicallyMakes 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 areaInformation is relevant and accurateHas appropriate level of knowledge to support dietetic practice including (where relevant) nutrition, medicine, biochemistry, pharmacology, sociology and psychologyPractises within the Standards of Performance, Conduct and Ethicsi.e. uses generic names for products or mentions several brand namesWords 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/maternityWhere 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 skillsWhere appropriate: - Demonstrates understanding and ability to implement different strategies to influence nutritional intake e.g. behaviour modification, negotiation, multi-agency workingKeeps to time allocated |   |
| 1. **After group work/presentation**

Evaluates audience understandingPlans and carries out appropriate evaluationReflects 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. |  |
|  EvaluationWhat was good or bad about the experience?Why was it good or bad?What else could you have done?  |  |
| ***Feelings***How did you feel? |  |
| ReflectionWhat 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 C: 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 22)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 C | Strength with example:Area for Improvement | Action | MetNot Met |
| **C1:** Communicate effectively in all areas of dietetic practice experienced on placement C  | Strength with example:Area for Improvement | Action | MetNot 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 | MetNot Met |
| **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  | Strength with example:Area for Improvement | Action | MetNot Met |
| **CP3 *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)*
 | Strength with example:Area for Improvement | Action | MetNot Met |
| **CP4 *Consistently and independently:*** |
| Review, monitor and evaluate interventions or action plans undertaken as part of dietetic practice. | Strength with example:Area for Improvement | Action | MetNot 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 | MetNot 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 | MetNot Met |

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

### Case Discussion Assessment Tool- C University

*To be completed by a* ***Practice Educator*** *at the University for the Case Discussion (Week 3) and the Case Study Presentation (Week 7 or 8)*

**Name of Student:**

**Name of Practice Educator:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **This tool was completed for (Please circle)** | **Case Discussion** | **Case Study Presentation** |
| **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** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **N/A** | **NI** | **Yes this****time** | **Comments** |
| **PREPARATION** |
| Presents a clear aim and objectives for the case discussion/presentation (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 (including energy, protein and any relevant micronutrients) (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 (CP4) |  |  |  |  |
| Justifies how patient/client learning/motivation/compliance was evaluated/ will be evaluated (CP4) |  |  |  |  |
| Justifies the follow-up arranged with the patient/client (CP4) |  |  |  |  |
| Able to reflect on and evaluate whether the dietetic intervention was effective (CP4) ***Case Study*** |  |  |  |  |
| Justifies any changes to interventions, made based on the evaluation (CP4) ***Case Study*** |  |  |  |  |
| Concludes the episode of care and any relevant handover (CP4) ***Case Study*** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.**

**Case Study Assessment Tool- C University**

**Name of Student: Name of supervisor in practice:**

**Name of Assessor:**

|  |  |
| --- | --- |
| **Date:** |  |
| **Summary of Case study:** |
| **Signed student:****Signed dietitian assessor: Date:** **Print Name:**  |

Please indicate whether the case study is a Pass or Fail by circling as appropriate:

**PASS FAIL**

|  |
| --- |
| **If the case study is at the required standard for a Pass, this assessment tool could be used as evidence for (please circle)** |
| **K1** | **C1** | **CP1** | **CP2** | **CP3** | **CP4** | **P1** | **P2** |  |  |

|  |  |
| --- | --- |
|  | **Comments** |
| **Title page and contents page**With word count stated |  |
| **Introduction (~100 words)** |
| Including Background information, age, social background etc. (K1;CP1) |  |
| TimelineChronological flowchart of relevant patient contacts (P1) |  |

|  |  |
| --- | --- |
| ***This section will in part be informed by feedback from your practice based case study supervisor*** | **Comments** |
| Dietetic Assessment Include *relevant* patient history, (including interpretation of information, where applicable) ~350 words |
| - Reason for referral * **A**nthropometry
* **B**iochemistry
* **C**linical details including, drug, medical and surgical history (appendices should be used for details)
* **D**ietary assessment, intake and history
* **E**stimate of requirements (not included in word count)
* **F**amily, social and psychological history

(K1; CP1) |  |
| **Identification of nutrition and dietetic diagnosis** ~100 words |
| Use:Problem, Aetiology, Signs and Symptoms (CP2) |  |

|  |  |
| --- | --- |
| ***This section will in part be informed by feedback from your practice based case study supervisor*** | **Comments** |
| **Plan of Nutrition and Dietetic Intervention(s)**~150 words |
| - Aims of dietetic treatment- SMART goals- Plan and follow up (CP3; CP4) |  |
| **Implementation of Nutrition and Dietetic intervention** ~200 words |
| - Provide justification i.e. explain / justify chosen nutrition intervention. - Include strategies used to influence nutrition intake (where relevant). - Barriers with implementation? - how overcome? - If information was provided to the patient, explain rationale - Detail communication of plan to others involved (CP3; CP4) |  |
| **Monitoring and Evaluation**~200 words |
| - What outcomes were monitored? Provide a rationale. Timescale involved? - Relate to aims / objectivities of nutrition intervention - Barriers achieving outcomes? - how overcome? - Evaluation of patient’s understanding / motivation / compliance with the plan? (CP4) |  |

|  |  |
| --- | --- |
|  | **Comments** |
| **Discussion**~750 words |
| -Critically review the nutrition intervention plan, with reference to the current relevant literature regarding treatment of the patient. Discuss any limitations. -Identify areas of controversy and interest (this does not need to cover everything about the case study) -Comment on the effectiveness of MDT working and the impact on patient-centred care.-Reflect on what went well, not so well, what would be done differently next time - how has this experience changed your future care planning? (K1; CP3; CP4; P1; P2) |  |
| **Conclusion and Recommendations**~150 words |
| - Should acknowledge evidence based suggestions for future practice(K1; CP4; P1) |  |
| **Referencing and presentation** |
| -Typed, numbered pages, font size (Arial 12) -Format e.g. layout clear, use of headings, tables appropriately formatted -Correct use of English, terminology and abbreviations -Logical progression (flows well) -Adherence to case study guidelines (e.g. includes word count) All references should be listed at the end of the case study (C1) (P1) |  |
| **Appendices** |
| (e.g. information about drugs, diet sheets) -Concise and understandable -Included only if information is relevant and it helps the reader -Referred to in the text of the case study (K1; C1; CP1) |  |

**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 discussions- C University**

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

|  |  |
| --- | --- |
| **Date:** |  |
| **Week No:** |  |
| **This tool was completed for (Please circle)** | **Case Discussion** | **Case Study Presentation** |
| **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 as 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 referralPresents relevant past medical historyPresents relevant, accurate and correctly interpreted information from a range of sources Can give a clear rationale for any anthropometric measures undertaken and interprets correctlyDemonstrates knowledge of biochemistry ranges and what they relate toDemonstrates 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 historyCan give a clear rationale for estimation of nutritional requirements (including energy, protein and any relevant micronutrients)Compares dietary intake with appropriate standards/calculated requirements and identifies nutrients at riskDemonstrates 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 involvedProvides a rationale for the outcomes monitored/to be monitoredJustifies how patient/client learning/motivation/compliance was evaluated/ will be evaluated Justifies the follow-up arranged with the patient/client Able to reflect on and evaluate whether the dietetic intervention was effective- ***Case Study***Justifies any changes to interventions, made based on the evaluation- ***Case Study***Concludes the episode of care and any relevant handover- ***Case Study*** |  |
| **Reflection/Discussion**Outlines the challenges that this case presented and discusses how these were overcomeIdentifies 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 developmentInvites 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 Case Study Report- C University**

|  |
| --- |
| * You can use this formative/reflective outline to help you develop competence from your case study
* Discuss your thoughts with the dietitian that marked your case study, to help set your personal action plan for learning.
 |

|  |  |
| --- | --- |
| **Date:** |  |
| **Summary of Case study:** |
| **This has been discussed with my case study assessor**:**Signed student:****Signed dietitian: Date:** **Print Name:**  |

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

|  |  |
| --- | --- |
| **Criteria:** | **COMMENTS e.g. areas that went well, areas that didn’t go well, aspects I would like to improve on.** |
| **Introduction and Timeline** |  |
| **Dietetic Assessment** |  |
| **Identification of nutrition and dietetic diagnosis** |  |
| **Plan of Nutrition and Dietetic Intervention**  |  |
| **Implementation of Nutrition and Dietetic intervention** |  |
| **Monitoring and Evaluation** |  |
| **Discussion** |  |
| **Conclusion and Recommendations** |  |
| **Referencing and presentation** |  |
| **Appendices** |  |

**Key strengths that I have identified**

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

**Review of Placement C 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 C.

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 C |
| **Strengths****Please give an example of capabilities:****Areas for development and action points** |

|  |
| --- |
| **Communication:** Communicate effectively in all areas of dietetic practice experienced on placement C [with evidence including communication with service users/carers, group facilitation, members of the public, reporting under supervision] |
| **Strengths****Please give an example of capabilities:****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:****Areas for development and action points** |

|  |
| --- |
| **The Care Process** **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:****Areas for development and action points** |

|  |
| --- |
| **The Care Process** **Consistently and independently****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:****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 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**

|  |
| --- |
|  |
| **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 |

|  |  |
| --- | --- |
| **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* |

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

|  |
| --- |
| **DIETETIC PRACTICE AREAS COVERED ON C** |
| **PRACTICE AREAS** | **COMMENTS** |
|  |  |

**Summary of achieved capabilities for placement C**

|  |  |
| --- | --- |
| **Professional Capability** | **Please Enter Pass or Fail** |
| **K1:** Demonstrate comprehensive knowledge of all areas required to support dietetic practice in placement C |  |
| **C1:** Communicate effectively in all areas of dietetic practice experienced on placement C [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 |  |
| **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. |  |
| **Consistently and independently****CP3:** * use the information gathered and critical thinking to formulate and justify the desired outcomes of interventions or action plans (with individuals, groups and communities)
* use the information gathered and critical thinking to design and implement suitable dietetic management plans to achieve the desired outcomes (with individuals, groups and communities)
 |  |
| **Consistently and independently****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 |  |

**Appendix 1: Case Study Guidance**

|  |
| --- |
| Introduction: * Concise outline of the case study
* Brief demographic and social background of the case, e.g. age, occupation, living arrangements
* Brief description of medical and nutritional treatment
* Final outcome
* Contents page with word count
 |
| Dietetic Assessment:This should follow the BDA Model and process for nutrition and dietetic practice.* Critically consider the rationale for the referral
* Logical and chronological presentation of all key information, including:
* **Anthropometry**: What was measured, including rationale. Comment on any measurements that would be useful, but were not possible to undertake.
* **Biochemistry**, those available and those requested with reasoning
* **Clinical details**: previous relevant medical history, diagnosis, drug history and effects on quality of life. These should be concise in the main document with details presented in the appendices if required.

**You should include relevant medical interventions and how they may influence or be influenced by nutritional status/interventions*** **Dietary assessment**, including the rationale for the method of assessment and how the intake was estimated (e.g. computer analysis). Comment on previous nutritional intake, eating pattern and nutritional status. If information is missing, state what it is and why it is not available.
* **Estimate of nutritional requirements**;
	+ Calculation of estimated requirements for all the nutrients relevant to the case
	+ Clearly show the methodology of workings
	+ Provide rationale for the calculations selected
	+ If there are any changes in requirements that occur as treatment progresses, show all re-calculations along with rationale for any changes.
* **Family** and other social history, e.g. marital, occupation, shopping and cooking facilities.

Identification of the Nutrition and Dietetic Diagnosis:* This should take the form of nutritional problem (excess or deficit for example), relation to disease process (biochemistry or physical health may be useful) and then its link to the signs you have identified in your assessment.
 |
| **Nutrition and Dietetic Intervention:** ***Aims and Objectives*** * Aims of intervention should be clear; if they change as treatment progresses then these should be clearly documented.
* SMART goals should be stated
* They should be relevant to the patient
* Include a rationale for the aims and SMART goals

***Plan**** Include planned intervention – if this changes then document clearly
* Rationale behind plan e.g. explain/justify chosen nutritional intervention using the supporting evidence
* If any information provided to patient, explain rationale
* Include strategies used to influence nutritional intake (where relevant)
* Barriers with implementation? How were these overcome?
* Communication to others involved
* It may be useful to include a timeline (possibly as an appendix)

***Monitoring and Evaluation*** * Include a clear plan for monitoring, including parameters to be monitored and timescale
* Relate back to aims and objectives of nutritional intervention
* Include rationale for monitoring
* Barriers to achieving outcomes? How overcome?
* Evaluation of patient’s understanding/motivation/compliance with the plan?
* Reference should be made to business or wider health implication of treatment e.g. NICE, PHE etc.

Discussion:This section should be used to critically discuss what you did with the patient, why you undertook the intervention you did, what you would do differently next timeConsider the following as a guide on what you can include in the discussion:* Discussion of aims and objectives – were they met and how?
* If they changed throughout the intervention, why and how were they met?
* Critically analyse your case study, with reference to the current relevant literature regarding treatment of the patient, discuss limitations
* Identify areas of controversy and interest (this does not need to cover everything about the case study), but may include ethical considerations/implications
* Describe what went well, not so well, what would be done differently next time to improve nutritional care of the patient
* Reflect on clinical practice and the main learning points
* Evaluate effectiveness of MDT working and impact on patient focused care, if appropriate
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| **Conclusion and Recommendations** * Include information on the patient’s outcome
* A short summary of what was learnt and recommendations
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| References * All references should be listed in the manner described in ‘instructions to authors’ in the Journal of Human Nutrition and Dietetics.
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| Appendices (e.g. details of medical conditions, information about drugs, diet sheets)* Concise
* Understandable
* Included only if information is relevant and it helps the reader
* Referred to in the text of the case study
 |
| Presentation of written work * Typed, indexed, numbered, font size (Arial 12)
* Format e.g. does each section start on a new page, layout clear
* Correct use of English, terminology and abbreviations
* Logical progression (flows well)
* Adherence to case study guidelines (e.g. includes word count) include the total word count
 |
|  **Word Count = 2000 (+ / - 10%, not including appendices or references)****Discussion, Conclusion and Recommendations are expected to comprise 50% of the case study** |