Paediatric Dietitians and student training

July 2015
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Paediatric Dietitians
Outline

• Background
• Survey of Paediatric Managers
• What are the challenges in this area?
• How can these challenges be overcome?
• Why is it important that they are overcome?
• Different placement types – what works well, what doesn’t.
  – Placement 1 – Kelly
  – Placements 2 and 3 - Sophie
1990s
Background

• One 33 week placement
  – 3rd year (undergraduate)
  – 2nd year (postgraduate)

  – Base hospital 29 weeks
  – 4 weeks complementary placement

• Many departments divided the work into specialist weeks eg oncology, renal, gastroenterology, paediatrics.

• Placements differed significantly in terms of clinical exposure and weekly assessment. Apart from the final assessment form, documentation was centre specific.

• Final assessment form was common to all centres but was completed apparently with different marking criteria!!
Personal experience

• 1997-1998 – UCLH my 33 week placement
Personal experience

• Paediatric exposure
Career in Paediatrics

• Worked for 2 years as an adult dietitian
• Senior II Paediatric post
• GSTT Paediatric post (50:50 management and clinical)
• GOS Clinical Paediatric Dietitian
The noughties...

£789 million!!!!
2002-2004

33 week placements

• Within 2 years, paediatrics had been removed from the training timetable in some trusts
2006

• Paediatric managers’ group of the BDA was made aware of the exclusion of paediatrics in some centres.

• Cause for concern
Why a cause for concern?

- Placing students is a problem
- We all have a responsibility for training students
- Requirement in our contract of employment
Future planning

• Fear around paediatrics. It apparently has a reputation for being very difficult.

• Reluctance to consider Paediatrics as a speciality. Exposure as a student is beneficial for future workforce planning

• Even graduate entry jobs (band 5) can include paediatric clinics/cover
Paediatric Dietitian - Band 5/6 - Part Time hours available - Permanent

Band 5/6 Paediatric Dietitian post available, dependant on experience. Based at West Suffolk Hospital Foundation Trust, with immediate effect.

The post is part time, permanent – Please enquire for further information on hours.

This is an exciting new post that will support our established paediatric team. The role has been created in order to meet the demands on our Allergy service. You will be working alongside our experienced allergy Dietitian as well as our Paediatric allergy multi-disciplinary team. Other duties will include general paediatric out-patient clinics, Coeliac clinics and support to our in-patients. The post holder will also be expected to participate in the co-ordination and development of our student training program.

An experienced Dietitian would be preferable, but we would consider a developmental post for the right candidate.

As a department we have strong links with the rest of East Anglia and support from regional networks.

Please see job description and person specification for more details.

**In order to improve efficiency, all correspondence relating to this vacancy, including invitations to interview will be by email only, via NHS Jobs. Would you therefore please ensure you check your emails on a regular basis**

CAR PARKING - This post does not entitle you to apply to park on the Hospital site. The Trust offer parking off site at the Bury St Edmunds Rugby Club, which is serviced by a regular shuttle bus to and from the Hospital. Details of the bus timetable can be found in the on-line starter pack.

If required to work on a weekend, the restriction does not apply. Parking is allowed on site Saturday and Sunday provided a permit and daily ticket (£1.60) is clearly displayed.

For posts that include “on call” duties successful candidates will need to complete an application form for access through the barriers from the car park office.

To view the Job Description and Person Specification for this position, please click on the Job Description link (below). You should use the Additional Information section of your application to state how you meet the requirements of the Person Specification.

The successful candidate for this post will be required to apply for a Disclosure & Barring Service (DBS).
Student training delivery

• Seemed to be variation in delivery of student training across the country.

• A small survey was undertaken to understand what level of involvement paediatric dietitians had in different settings; children’s hospital, acute trust, community trust.
Findings

• Children’s hospitals provided mainly A placements
  – 1 children’s hospital also provided B & C placements

• Paediatric Dietitians in acute trusts spent the following times on student training:-
  – A  2-8 days/year/WTE
  – B  8-24 days/year/WTE
  – C  8-24 days/year/WTE

• Community A, B, Cs 7-9 days/year/WTE
Time spent on student training

GSTT (2006)

• Paediatric Dietitians spent 10 days/WTE/year on student training

• Adult dietitians spent 40-80 days/WTE/year

• Doesn’t account for time spent supervising projects, mentoring, supervising group feedback sessions, planning timetables, tutorials.
Challenges from adult colleagues

– ‘Unfair that Paediatric Dietitians participate less than we do’
– BUT they also identified that students who spent significant time in paediatrics for B placements weren’t well enough prepared for their C placement.

Over to you: Is this the case?
If so, how can this be overcome?
Challenges from Paediatric Dietitians

• Paediatric Dietitians felt that their clinical area was too specialised to accommodate student training.

• More Paediatric training would take away from learning the core skills

Over to you: Is this the case? If so, how can this be overcome?
Challenges from Paediatric Dietitians

• Some departments are already committed to postgraduate education/training/placements

• Backfill ? a thing of the past!

Over to you: Is this the case?
If so, how can this be overcome?

• Documentation – most documentation produced is aimed at adult training.
Ideas from Paediatric Dietitians

• Some suggestions that Paediatrics doesn’t have to be strictly observational. There are areas where students can give advice.

Over to you: Is this the case?
If so, how can this be overcome?
Ideas From Paediatric Dietitians

• Peer Assisted Learning. Can it work in Paediatrics?
• One student supervising another
• Weekly information sharing
Ideas from Paediatric Dietitians

• Trusts taking only A placements were investigating taking B&C placements in conjunction with local adult services in the future.

• Share documentation on a national level
Paediatric Dietetic

Student Training

Support Manual

Paediatric Managers Group
on behalf of the Paediatric Group of EDs 2019
Co-written by Lisa Cooke, Dietetics Manager at Bristol Children’s Hospital and me (at that time Lead Paediatric Dietitian at Guy’s & St Thomas’ Hospital)

The aim was to provide tools to encourage the inclusion of Paediatric Dietetics as an integral part of the dietetic student training programme.
Student training support manual

• Gives examples of timetables that can be used and documentation (kindly shared by other trusts from around the country) that can be downloaded for use or adapted locally.
• Example tutorials, worksheets and Peer-Assisted learning tasks.

Over to you: Who here was aware of this document? Is it something that you would find useful?
2011
Guidance Document on Student Training by Specialist Dietitians
April 2011
Placement 1

• Placement in paediatric setting
• Focus
  – General concepts of practice and professionalism
  – Catering/special diets
  – Analysis of diets manually and electronically
  – Communication skills

• All grades of dietitian (including DAs) can support this placement
Joint working with HEIs

- Use the tools provided
  - Timetable
  - Placement 1 workbook – GOS has made some minor adjustments for paediatrics
- Pass placement by completing the workbook
- Meeting professional standards
- Case study
Case studies

• Metabolic
• Cardiac
• NICU
• Renal
• CF
• Parenteral nutrition, enteral and oral
• Inpatients and outpatients
Nutrition & Dietetic Care Process

• ABCDE

• CABDE
Clinical

• *Past Medical History (PMH)*
  – Medical notes, letters, parents, child
  – Medical/Surgical history from birth
  – Check allergy status
  – Any Child Protection history

• *History of Presenting Complaint (HPC)*
  – Reason for attending outpatients
  – Reason for hospital admission
Clinical

• Current problems
• Nursing folder/bed end folder, MDT, parents
  – Medication
  – GI Losses
  – Upper GI tract – vomit/gastric drainage
  – Lower – stoma/bowels
  – Infection - temperature
Anthropometry

- Growth history (red book)
- Weight and Length/Height
- Occipital frontal circumference (OFC) = head circumference
- Plot accurately on appropriate growth chart
  - Correct for gestational age where appropriate
Use the correct equipment
UK-WHO Growth charts 0-4 years

- BOYS 0-1 year
- BOYS 1-4 years

- Measure length until age 2, measure height after age 2
- A child under 2 years of age has a higher chance of being shorter than their siblings.
Biochemistry

- Depends on age and clinical condition. Could include:
  - Urea and electrolytes
  - Liver function tests
  - Specific vitamins eg ADE
  - Minerals, trace elements
  - Iron status
  - Bone Health
- **CONSIDER REFEEDING RISK**
Dietary Information

• Reason for referral - is enteral feeding indicated?
• Has the patient seen a dietitian before?
• Feeding history from birth
• Food allergies
• Current diet or feeding regimen
• Current routes of feeding
  – Oral/enteral/parenteral
• Nutritional requirements - is current plan nutritionally adequate?
Environment/Education/Economic/Psychosocial

- Social history
- Child Protection
- Cultural History
- Religious
- Communication – parents and children
Dietetic Diagnosis

• Problem – why do they need to see a dietitian
• Aetiology – what’s the cause
• Signs & Symptoms – what are the defining characteristics of the problem
Intervention, planning and implementation

- Patient specific goals
- Treatment plan
- Intervention plan
Nutrition Intervention

Nutritional Requirements

Nutritional Requirements for Children in Health and Disease.

Great Ormond Street Hospital for Children NHS Trust

Fifth Edition, September 2014
Nutrition Intervention

- Fluid
- Energy
- Growth history – where have they been on the growth chart and what are you aiming for?
- Mobility
- Protein
- Nutritionally complete; micronutrients as well as macronutrients
Nutrition Intervention

• Route(s) of feeding
• Administration details
  – 24 hours
  – Day and night
• Flushes
• Feed choice (clinical condition, allergy, age)
• Feeding plan
• Include details of oral feeds allowed/not and if so what and when
Implementation

• **ACUTE**
  • Communication – parents/carers/child and MDT
  • Feeding plan on ward
  • Document in medical notes
  • Order feed
Implementation

- COMMUNITY discharge
- Local Dietitian/Community Nursing team
- BANS
- Feed company
- GP – feed prescription
- Pump training
- Out of area patients
Remember what would normally be expected

- Breastfeeds
- Bottle feeds
- Solids – timely introduction
- MDT involvement
  - Positioning
  - Swallow assessments
Monitoring and evaluation

- Tolerance
  - be specific about pain, bowel pattern, reflux symptoms, vomiting
- Appropriate growth
- Normal development
- Adjustments recipe
- Administration
Follow up

• Community/acute
• Growth
• Tolerance
• Requirements – have they changed?
• Recipe
• Regimen
• Adapt as necessary
• Communicate with all relevant parties if changing feeds eg community dietitian, community nursing team, feed company, GP, other relevant MDT members.
Nutrition Care Process

• More of a help than a hindrance!
• Photocopy lots of them in week 1 and suggest that they use them when they are observing the dietitian with a patient
• Building confidence
Patient selection
GOS and Placement 1

• Mentor
• Supervise
• Student co-ordinator
• Lecturing to undergraduate and postgraduate dietitians
  – King’s College
• Other commitments
• Postgraduate training of paediatric dietitians
• Delivery of Masters in Paediatric Dietetics
• Organising, lecturing, workshops and marking
ELCH and student training

- Take placements 1, 2 & 3 in collaboration with adult teams
- Portfolio managers
- Supervisors
- Student placement co-ordinators
- Facilitating journal club & case discussions
- Tutorials
- Audit supervision
Placement 2

• Joint paediatric – adult placement
• Peer-assisted learning
• Spend 1 week in paediatrics per pair
• Paediatric tutorial during induction week

• Focus
  – Observe and practice
  – Exposure to different clinical settings
  – Professionalism & communication skills
  – Patient assessment and information gathering
  – Special feeds/diets
Placement 2

• What worked well
  – Taking students within the first 5 weeks of placement
  – Based on Know-Can-Do (KCD) matrix
  – Development of information gathering skills
    • EDM, electronic & paper notes, bed-end notes, staff, diet histories etc.
  – Exposure to a variety of clinical settings in paediatrics
  – Interprofessional Education sessions (IPEs)
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<td>3. Develops suitable dietetic management goals</td>
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<td>5. Reviews, monitors and evaluates dietetic interventions</td>
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<td>7. Communicates effectively in all areas of dietetic practice in placement 2</td>
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Placement 2

• Future changes
  – Sufficient patient contacts during paeds weeks
    • To trial see one, do one
    • ‘Cherry picking’ patients
    • Highly specialist dietitians supervising on general wards
  – Managing student expectations
  – Patchy placement with ½ day in each specialism
    • Pre-planned, structured
Placement 3

- Joint paediatric – adult placement
- Peer-assisted learning
- Different formats trialled
- Paediatric tutorial during induction week
- Focus
  - Observe and develop
  - More active involvement - See one, do one
  - Patient assessment and information gathering
  - Audit
  - Case-study presentations
Placement 3

• What worked well
  – Taking students earlier in placement
  – Week in paeds versus outpatient clinics
  – Focus on skills versus specialties linked to KCD learning outcomes
  – Worksheets for specialty areas
  – Interprofessional Education sessions (IPEs)
  – Increased exposure to patients, low DNA rates
  – Audit
  – Good student satisfaction
Placement 3

• Future
  – Week in paeds instead of outpatient only placement
    • Outpatient only a challenge
    • Complex patients in a chaotic environment
    • Uneven distribution of dietitian input – time consuming
  – ‘Cherry-picked’ patients
  – Group sessions
  – Tailored to the student
Summary

• Acknowledged – there are differences between adult and paediatric work
• Growth
• Child Protection
• Not always working directly with the patient
• School
Common ground

• We are all HCPC registered dietitians!
• We all have a responsibility
• Nutrition Care Process is essentially the same wherever you work
• Aim of student training is to be a competent dietitian not a band 7 paediatric dietitian!
• Workforce planning
Paediatric Dietitians

• Over to you

1. What are the paediatric specialities in your trust both inpatient and outpatient?

2. Are students supervised by dietitians working in these areas?

3. If not, what would need to change to facilitate this?

4. What can you HEI do to help?

5. What could we do to help?