LONDON METROPOLITAN UNIVERSITY

Practice Based Learning 2

Student Handbook

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Section 1 – Practice Based Learning 2 overview

1.1 Introduction

Practice Based Learning 2 (PBL2) is a 12-week placement providing the opportunity for you to observe and practice the knowledge, skills and professional attributes required to implement the dietetic care process with individuals and groups in a variety of settings.
All PBL2 placements are undertaken in an approved hospital/community setting as well as a within a care home with simulated activities at university embedded into the 12 weeks. The purpose of the practical placement component of your course is to develop your dietetic judgment based on the clinical decision-making process, through a focus on the integration and practical application of the knowledge and skills learnt in the university setting.

Placements are a compulsory component of your course. If you do not successfully meet the learning outcomes for all placements, you will not meet the requirements for registration as a dietitian in the UK. They are also a challenging but enjoyable part of your training, which allow you to develop specific work skills and valuable professional relationships that prepare you for your future career as a dietitian.

1.2 Aim of Practice Based Learning 2

To observe and practice the knowledge, skills and professional attributes required to implement the dietetic care process with individuals and groups in a variety of settings.

1.3 Learning outcomes for Practice Based Learning 2

By the end of Practice Based Learning 2, you should be able to:

In relation to patient/client/audit assessment phase:

1. With decreasing direction, demonstrate the ability to identify, collect and interpret relevant information and evidence from the range of sources available.

In relation to the nutrition & dietetic diagnosis:

2. With minimal guidance, formulate and justify appropriate nutrition and dietetic diagnoses.

In relation to patient/client/audit intervention, planning and implementation:

3. With decreasing direction, develop suitable dietetic management goals.

4. With decreasing direction, design and implement an action plan for achieving dietetic goals.

In relation to monitoring and evaluation:

5. With decreasing direction, review, monitor and evaluate dietetic interventions

In relation to professional attributes:

6. Understand and demonstrate reflective practice and consistent professional behaviour in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the Health and Care Professions Council.

7. Communicate effectively in all areas of dietetic practice covered in Practice Based Learning 2

Your placement provider will support you in meeting these learning outcomes through a range of activities which have been designed to suit a variety of learning styles and support you in your preparation for future academic study, future placements, and employment as a registered dietitian.

1.4 Teaching Strategy

You will be guided in your learning using a combination of observation, guided tasks and activities, role-play, private study, tutorials, peer-assisted learning, discussions, and feedback. You are required to work the same hours as a full-time member of staff during your time on clinical placement sites and during periods of simulated placement activities. Some flexibility may be required to allow for early or late running clinics etc.

1.5 Syllabus

Areas covered on placement will include:

- Effective communication with individuals and groups
- Management of the dietetic treatment of individuals with long- and short-term health needs in variety of environments.
- Application of skills in prioritising workload and managing time effectively
- Case load management
- Multidisciplinary working
- Observation and reflection on how audit enhances dietetic practice
- Interpretation of current professional conduct documents through their dietetic practice
- Dietetic group education sessions to clients and health care professionals

1.6 Teaching and Learning Resources

Resources that are common to all placement sites, or that may be useful, are available at http://www.londonmet.ac.uk/subject-areas/dietetics-food-and-nutrition/

1.7 Reading List

British Dietetic Association (2023) 'Code of Professional Conduct' Available at: Code-of-Conduct.pdf

Hickson, M. et al. (eds.) (2026) *Manual of dietetic practice*. 7th edn. Hoboken, NJ: Wiley-Blackwell.

Health and Care Professions Council (2023) Standards of Proficiency – Dietitians. Available at: https://www.hcpc-uk.org/standards/standards-of-proficiency/dietitians/

Health and Care Professions Council (2024) Standards of Conduct, Performance and Ethics. Available at: https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf

Health and Care Professions Council (2016) Guidance on conduct and ethics for students. Available at: https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf

PEN Group of the BDA (2018). A pocket Guide to Clinical Nutrition. 6th Edition. http://www.peng.org.uk/publications/publications.html

BDA (2021) Model and Process for Nutrition and Dietetic Practice. Available online at: https://www.bda.uk.com/uploads/assets/376a7558-80cb-46f8-bd8712d9725f590a/2021-BDA-Model-and-Process-for-Nutrition-and-Dietetic-Practice.pdf

You will also be guided to appropriate reading by your practice educators during your placement, depending on the clinical areas to be covered.

1.8 Assessment of Practice Based Learning 2

In order to pass Practice Based Learning 2 you must have adequately demonstrated competence in each of the placement learning outcomes to the lead supervisor in charge of your placement training.

Your performance will be formatively assessed on a weekly basis using the weekly review form (see Section 4 – Practice Based Learning 2 Portfolio) to ascertain your progress in meeting the placement learning outcomes and support you in devising an action plan to continue to develop your knowledge and skills.

A self-evaluation matrix (Know, Can, Do) for Practice Based Learning 2 with descriptors of each standard is included to facilitate discussion and benchmark standards for the end of Practice Based Learning 2 to aid the assessment of progress (see Section 4 – Practice Based Learning 2 Portfolio).

1.9 Feedback on placement

You will receive on-going reflective formative feedback on your performance throughout the placement. Feedback may be given in different ways and should ensure that you communicate with your supervisors about how best you receive and action feedback.

1.10 Policy for sickness/absence during placement

You are expected to attend 100% of the placement. If sickness results in absence from placement, this should be discussed with the HEI and lead practice educator. Students will be expected to make up the agreed number of hours or repeat the placement. The decision made will take into account current performance and potential effects on future progression. Any occupational health requirements related to prolonged sickness absence will be managed through the HEI provision.

1.11 Procedures in the event of failure of Practice Based Learning 2

1. Students failing to successfully complete Practice Based Learning 2 may be eligible for additional training weeks as guided by the BDA (2020) Curriculum Framework.

2. Students who have not met four or more learning outcomes will be considered as having failed their placement and will be entitled to apply for a full repeat placement through the repeat placement panel process.

3. If students have failed to meet up to three learning outcomes at the end of Practice Based Learning 2, they will normally be allowed to extend by up to 2 weeks (within the total limit, see point 1.) The decision to extend their placement will be taken in consultation with the student, placement educator and tutor. The student should normally complete extended placement weeks at the site where they completed their original placement.

4. If following an extension to placement, the student has still failed to meet all of the learning outcomes, they will be entitled to apply for a repeat placement.

5. The decision to allocate students a repeat placement will be made by the Repeat Placement Panel.

6. The decision to allocate a repeat placement will be based on the total hours allowed (see point 1), the reasons for the initial failure, the action taken to address the reasons for failure and the student's engagement with an associated learning programme. Please refer to the Repeat Placement Panel policy for further information about this process.

If the panel decides not to allocate a student a repeat placement they will be either transferred to a suitable alternative course or awarded with the most suitable alternative qualification.

Section 2 - Pre placement Practice Based Learning processes

2.1 Introduction

In order to be eligible to undertake the Practice Based Learning 2 placement, you must have passed the pre-requisite university modules and Practice Based Learning 1.

Students who have met the academic pre-requisites for placement but may require reassessments in ONE other module may be able to progress to placement at the discretion of their course leader. Students should not normally take re-assessments during the placement period and can only do so with the prior agreement of the placement provider and the university placement tutor or lecturer.

2.2 Disclosure and Barring Service (DBS) and Occupational Health

You must comply with the British Dietetic Association and Health Professions Council guidelines on Criminal Convictions and Cautions. The University will check the DBS update service each year to confirm that you have not received any criminal convictions or cautions since your initial clearance. If you have not registered for the update service, you will be required to complete a new DBS application.

If a criminal conviction or caution is declared, you will be counselled individually and in confidence about the possibility of continuing the course and declaring your conviction or caution to placement providers.

You will need to declare on your pre placement Practice Based Learning 2 form that your health status has not changed since your initial screening (non-EPP). Examples of a change in health status would include pregnancy, conditions for which investigations are ongoing or newly diagnosed conditions that will impact on your placement experience.

For the duration of your course, you have access to the Occupational Health service and may be referred there, or may refer yourself if there are concerns about the impact of your health on your work

Prior to starting Practice Based Learning 2, if you have any individual needs that may require reasonable adjustment while on placement, you should book an appointment with DDS to complete a placement specific INAR. Once complete, you should discuss this with a member of the placements team, so that these can be discussed with the placement site. It is important that these are jointly discussed with the placement site prior to starting, so that any reasonable adjustments that are required can be considered and planned for by the site.

2.3 Pre placement Practice Based Learning 2 Form

Prior to Practice Based Learning 2, you will be sent a pre placement Practice Based Learning 2 form to complete. The information provided on this form allows your Practice Based Learning 2 provider to make reasonable adjustments to meet your

individual learning needs and prior experience. You will be supported in completing this form by your placement tutor who will also include a brief reference about you.

2.4 Welcome pack

You should receive a welcome pack 1 - 2 weeks prior to the start of your placement. It is therefore essential that your university email address for the period immediately before placement are correct on your pre placement Practice Based Learning form.

Your welcome pack should include the following:

- An introduction to the placement site including a department structure
- Introduction to the locations which you will visit including addresses and contact phone numbers for relevant staff
- Information about how to travel between sites (including provision of hospital transport services where relevant)

- Outline of the programme for the duration of the placement
- Detailed programme for your first day including joining information such as what time to arrive and who to report to.
- Information about the catering system and enteral feed/ONS provision
- Copies of relevant departmental policies including dress code, infection control
- Information about staff catering facilities at each site

Section 3 - Initial placement processes

3.1 Induction checklist

There are a number of key pieces of information relating to your placement which you will be introduced to during your first couple of days. This checklist should be completed, in conjunction with your lead supervisor, as soon as possible after

commencing at your clinical placement/care home site to ensure that all relevant areas have been covered.

Induction item	Covered	Not relevant	Additional notes
Introduction to training/supervision team			
Lead supervisor			
Layout of office (including fire exits and other facilities)			
Telephone system and bleeps			
Site tour (including catering facilities)			
Hours of work			
Procedures for unexpected absence (including sickness)			
Uniform policy			
Health and safety information relevant to the department & placement			
Fire instruction and procedures			
Infection control policy			
Safeguarding policy (including process for raising concerns within trust)			
Information Governance Policy			
Arrangement of ID badges			
Security (personal; personal effects and building)			
Access to IT systems			
Remote working practices (if applicable)			
Written resources available (e.g. diet sheets)			

Introduction to catering system and meal service			
Enteral feeds and ONS provision			
Placement program			
Placement expectations			
Peer learning			
Feedback opportunities - during activities, following activities and weekly/end of placement feedback			
Placement assessments			
Professionalism (review of professionalism/clinical governance checklist to be completed during the placement)			

Other relevant issues specific to the department/placement experience:

3.2 Expectations Agreement

Your placement site is responsible for providing you with a variety of learning experiences to support you in meeting the Practice Based Learning 2 learning outcomes. As adult learners, it is expected that you will also take responsibility for your own learning.

With this in mind, you and your lead supervisor should review the following expectations agreement at the start of your placement and sign it to ensure that you and your placement site are clear about what is expected from both parties during your placement.

What you can expect from us as your placement supervisors:

- To be treated with respect
- To be clear about the aims and objectives of your overall training (and for each activity)
- To be treated fairly and non-judgmentally
- That your training is well organised and you are given adequate notice of tasks and tutorials
- To be clear about what each dietitian expects of you during their time as your placement supervisor
- 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 HPC Guidance for Conduct and Ethics for Students (HCPC, 2016)
- 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 be able to identify own learning needs and seek opportunity to develop these
- 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 supervisors must assess your performance and supporting portfolio

I agree to comply with the above expectations agreement:

Student _____

Lead Supervisor _____

3.3 Practice Based Learning: simulated and collaborative learning expectations agreement

Practice based learning will allow you to develop your dietetic judgement based on the clinical decision making process, through a focus on the integration and practical application of the knowledge and skills learnt in the university setting. The practice based learning modules will be delivered through a mixture of simulated learning, collaborative learning and practical learning in approved dietetic settings, primarily within NHS organisations.

Throughout the practice based learning modules you will be able to demonstrate confidence, resilience, ambition and creativity and act as inclusive, collaborative and socially responsible practitioners.

You will be provided with a variety of learning experiences to support you in meeting the Practice Based Learning outcomes and it is expected that as an adult learner you will also take responsibility for your own learning.

With this in mind, you should review the following expectations agreement at the start of your simulated learning and collaborative learning programme and sign it to ensure that you are clear about what is expected from you.

Support on Placement and Workload Expectations

There are a number of mechanisms in place to support you throughout your placement experience. This includes your placement team as well as staff and services (e.g. Disability Services) available at your University. For further details on the support available please refer to section 6 of the practice based learning 2 and/or practice based learning 3 student handbooks.

You are required to work the same hours as a full time member of staff at the placement site and during the simulated activities. For further details on workload expectations please refer to section 1.4 of the practice based learning 2 and/or practice based learning 3 student handbooks. The placement handbooks can be found here in the 'placements' section of the webpage https://www.londonmet.ac.uk/subject-areas/dietetics-food-and-nutrition/

Simulated Learning

Simulated learning is an important part of your dietetic education and will provide you with a safe space to practice your skills and to increase your confidence. It provides equity in learning experiences via students having access to the same simulation-based clinical experiences to help put your dietetic skills and knowledge into practice.

To get the most from your simulated learning experience we ask you to enter into a learning agreement to help you immerse yourself into the simulation based experiences. We will make efforts to provide opportunities that reflect some aspects of clinical practice through the use of simulated patients (actors, role-play, avatars) and case examples that mimic patient demographics and clinical presentations you may come across in clinical practice. However there may be limitations to what can be achieved and we ask you to suspend disbelief, accept these limitations by agreeing to overlook aspects of simulated based learning that may appear unrealistic and buy into the simulated learning experience cognitively and emotionally.

<u>During simulated learning experiences we expect you to:</u>

- Treat all members of staff, students and external facilitators with respect and behave professionally.
- Accept feedback and work to address any areas highlighted.
- Be self-motivated.
- Read and be familiar with the contents of the practice based learning student handbooks. The placement handbooks can be found here in the 'placements' section of the webpage https://www.londonmet.ac.uk/subject-areas/dietetics-food-and-nutrition/
- Be prepared to reflect, evaluate yourself critically and to learn from your mistakes.
- Prepare adequately for simulated learning experiences or other tasks by reading through relevant material and completing necessary tasks beforehand.
- Ask if you are unsure about something.
- Meet deadlines without prompting and inform your supervisor in advance if you are having difficulty.
- Ensure you understand what is expected in terms of evidence required for your portfolio.
- Be on time, present and visibly engaged during simulated learning activities.
- Approach simulated learning activities as if you are in a clinical setting.
- Any recording (audio, video, or photo) in the simulation lab without prior approval is unacceptable.
- Any publication of recordings to social media is unacceptable and unethical and will result in disciplinary action.

Simulated learning equipment should be treated with care, respect and should not be used for any purposes other than those specified by the assignment. We accept accidental damage may occur, however, if it is found that the simulated learning equipment has been deliberately misused, abused, and/or damaged then you may be reported for non-academic misconduct as governed by the Institutions' Student Conduct regulations, within the academic regulations.

<u>Collaborative Learning</u>

Collaborative learning will provide you with the opportunity to reflect on your learning, reflect on your practice both in action and post activities/experiences having taken place and enable you to share your knowledge and learning with your peers. Collaborative learning will be delivered through a mixture of facilitated case discussions and peer learning via online or in-person sessions. During these learning experiences, we expect you to

- Treat all members of staff, students and external facilitators with respect and behave professionally.
- Be self-motivated.

- Be prepared to reflect, evaluate yourself critically and to learn from your mistakes.
- Be on time, present, and visibly engaged.
- Ask if you are unsure about something.
- Read and be familiar with the contents of the practice based learning student handbooks. The placement handbooks can be found here in the 'placements' section of the webpage https://www.londonmet.ac.uk/subject-areas/dietetics-food-and-nutrition/
- Approach collaborative learning activities as if you are in a clinical setting.
- Keep your video on if participating in online learning activities. If this is not possible, you should explain why, (for example bandwidth issues) as this is expected in a professional context. Seeing your video helps to see if you are engaged and allows the presenter to adapt information provided appropriately. Valuable feedback is provided to presenters from seeing the faces of the online audience they are presenting to
- Mute your microphone when participating in online learning activities if you are not actively speaking or in a breakout room.
- Staff and external facilitators will not record collaborative or simulated learning activities due to the sensitive nature of information that may be discussed. To allow you to refer to the material after the session students will receive:
    - a briefing prior to collaborative learning activities which can be recorded.
    - on completion, a recorded or written summary of the key learning points from the case or scenario

I agree to comply with the above expectations agreement:

Student _____

Section 4 – Practice Based Learning 2 Portfolio

Practice Based Learning 2 Portfolio

Contents

Introduction

Contents grid

Individual Patient self-review

Clinical Observation form

Working with groups self review

Group work observation form

Audit sign off sheet

Professionalism/ clinical governance sign off grid

Anonymised patient records

Weekly review forms

End of placement Summary

Reflection on placement overall

Handover from Practice Based Learning 2 to Practice Based Learning 3 form

Practice Based Learning 2 Portfolio Introduction

What is it for?

The aim of this portfolio is to collect together evidence of a student dietitian's clinical competence and to aid reflective practice and professional development. It will be kept as an e-portfolio on PebblePad. Remember, signing off an individual piece of work means that the performance was satisfactory on that occasion, but still may not demonstrate overall competence.

What goes in it?

The portfolio contents grid at the front of the portfolio indicates what should be included, when and who it should be completed by:

Individual patient/client consultations self review: The self-review form is where the student reflects on their performance after a consultation and considers aspects that need improvement. Students should complete this prior to receiving feedback to allow for independent reflection. This is then discussed with a supervisor, so it makes sense to use the same consultation that the supervisor completed the clinical observation form for. It should usually be possible for both forms to be completed for the same consultation, but if it has not been, using different consultations is acceptable.

Clinical Observation form: The shaded areas on the contents grid indicate the documents that need to be completed by the dietitian. Clinical observation forms should be completed while directly observing the student with patients/ clients. These should be completed for the same consultations for which the student completes the self-review forms (see above). They can also be completed by another student (peer) for formative feedback, but these would not be included in the portfolio.

If for some reason it has not been possible to collect the required number in any given week, it is acceptable to make up for this later on in placement (i.e. collecting 3-4 in following weeks) so that the total number of observations remains the same.

Note that the clinical observation form does not need to be a 'perfect example' of practice. The form provides a snapshot of performance and evidence of progress. It is a basis for feedback and action planning that should facilitate improvement. Where a clinical observation form reveals gaps in knowledge or skills, as long as these are reflected on in the student's self-review form alongside formation of a suitable action plan, they are suitable for inclusion in the portfolio.

Working with groups self review: The student needs to complete a minimum of one and maximum of three group education sessions during the placement and should complete a self-review form for each one. If the supervisor assesses the presentation skills at a competent level, no further group education sessions are compulsory. If further development is required, additional group education opportunities should be provided.

Group Work Observation Form: These will be completed by the supervising dietitian for the same group education sessions for which the student completes the self-review forms, while the dietitian is directly observing the presentation. They can

also be completed by another student (peer) for formative feedback, but these would not be included in the portfolio. This form can be used to guide the verbal feedback session after the event.

Professionalism/Clinical governance grid: This grid allows the collection of evidence of professional behaviour and adherence to clinical governance guidelines throughout the placement. Each week, the supervisor should discuss with the student whether they have demonstrated the professional attributes required on the grid. At week 4, 8 and 12 the supervisor should complete the form, indicating if the student is reaching the expected standard Sometimes / Usually / Always by circling the appropriate word and initialling / signing the box. For any standards that are not being met or showing improvement, a separate action plan may be needed. Students should demonstrate competence in all skills by week 12.

Wherever possible, the criteria should simply be signed off by a member of the supervisory team who has witnessed the student demonstrating competence in that particular area (e.g. appropriate time-keeping, telephone manner, behaviour and dress code, pro-active attitude, maintains confidentiality, accepts constructive feedback, use of IT). In some cases where criteria are more wide-ranging and subjective it may be necessary for the student to produce evidence in order for the supervisor to sign off certain skills. For example:

- ***Shows understanding that their actions reflect on the team:*** excerpts from the student's reflective diary on key incidents.
- ***Understands and demonstrates concept of safe practice and recognises own limitations:*** an incident report or piece of reflection on a relevant safety issue, evidence of appropriate patient follow-up or example of recognition of own limitations (a clinical observation form and/or care plan).
- ***Takes responsibility for own learning, education and training:*** this should be witnessed by supervisors but additional evidence should be provided from student-led sessions, journal club presentations and maintenance of portfolio.
- ***Can demonstrate practice in a non-discriminatory way:*** excerpts from the student's reflective diary on key incidents.

Evidence of audit project: One audit project is required during placement 2 which should be evidenced by the audit sign off form which is completed by the student and signed off by the supervisor. The audit should be a project completed at the care home setting.

Anonymised patient records: You should include some anonymised patient records for patients you have seen start to finish in the final weeks of placement to help demonstrate your skills. You should complete the self review form due that week for the same patient.

Weekly review forms: A weekly feedback/review form should be completed towards the end of each week, jointly by the supervising dietitian and student. Action points and responsibility for the actions, with a timescale, should be agreed and documented. The supervising dietitian and the student should both sign the form and should both keep a copy. A self-evaluation matrix (Know, Can, Do) for Practice Based Learning 2 with descriptors of each standard is attached to facilitate discussion and benchmark standards for the end of Practice Based Learning 2 are

available to aid the assessment of progress. Copies of ALL weekly reviews should be kept in the portfolio.

End of placement summary: The end of placement form should summarise performance against each of the learning outcomes at the end of the placement. If the learning outcomes have not all been met, please attach ALL weekly feedback forms and the professionalism grid. The forms should be signed by the student lead or a delegated dietitian and the student. A copy should be given to the student, one should be kept on file in the department and a third, with the relevant weekly review forms, should be sent to the appropriate university.

Student reflection on placement overall: This is a reflective piece that should be completed by the student and taken back to university with them. It may be used in an academic module at a later date.

Practice Based Learning 2 to Practice Based Learning 3 Handover form: This form should be agreed with your supervisor and signed before completing Practice Based Learning 2. This will form part of your pre-placement documentation for Practice Based Learning 3.

Portfolio Contents Grid (Practice Based Learning 2)

Evidence for PebblePad	Minimum required	**Evidence for PebblePad**	Minimum required	**Evidence for PebblePad**	
Individual patient/client consultations self-review	Care home: 1 Clinical setting: 7 Simulation: 1	Audit	Care home: 1	Weekly review forms	Across every week = 12 in total
Clinical Observation form	Care home: 1 Clinical setting: 10	Health Promotion Project Form	Care home	End of placement summary	1 at the end of NHS placement
Working with groups self-review	Care home: 1	Professionalism / Clinical governance grid	Completed at week 4, 8 & 12	Student reflection on placement overall	1 at the end of placement
Group Work Observation Form	Care home: 1	Anonymised patient record	Clinical setting: 3	Handover from Practice Based Learning 2 to Practice Based Learning 3	1 at the end of NHS placement
5-minute feedback form	Simulation: 2				

Individual Patient Consultations – Self Review

For completion by the student:

- You can start to use this formative/reflective outline to help you develop competence on Practice Based Learning 2.

- You are not expected to be competent in all areas straight away, so just focus on the first few sections initially, but as the weeks pass you should see progression in skills & abilities through all sections.

- Try to use it for 1 patient consultation each week
- Discuss your thoughts with your supervising dietitian after you complete them and use them at your weekly review meeting to help set your personal action plan for learning. They are not expected to be handed in for verification.

Date:			
Week No:			
Type of Patient:	New/Follow-up	In/out Patient	Adult/Child
Other information (e.g. working through interpreter)			
Summary:			
Current Strengths:			
Key areas to focus on to develop skills:			
This has been discussed with my supervising dietitian Signed student: _____ Signed dietitian: _____ Date:_____			

STAGE OF CONSULTATION	COMMENTS e.g. areas that went well, areas that didn't go well, aspects I need to improve on.
1. Opening Welcomed client, introduced self, ensured patient comfortable, and established rapport. Clarified patient expectations and format of consultation.	
2. Data collection - communication Demonstrated good communication skills. Communicated at an appropriate level, eye contact, volume of speech, appropriate language. Listened attentively. Recognised and responded to non-verbal cues. Collected, recorded and interpreted relevant information from client, other health care professionals and carers/ relatives e.g. • Diet history • Weight • Height • Fluid balance Used appropriate questioning style to elicit relevant information. Recognised and noted factors that will affect clients compliance eg: • Motivation to change • Lifestyle • Finance Provided information and responded to client's concerns. Maintained the direction of the interview. Ensured suitable room layout and privacy.	

3. Data collection - documentation Collected, recorded and interpreted relevant quantitative information (from referral letter, medical notes, nursing notes, computer databases) including: • Medical • Biochemical • Pharmacological • Nutritional • Social • Psychological • Cultural • Financial • Personal information	
4. Formulated and justified dietetic diagnosis Correctly identified the dietetic problems, their causes and presenting symptoms. Prioritised the problems and justified this prioritisation.	
5. Developed dietetic management goals. Used information from assessment to devise dietetic management goals that were: • Acceptable and practical for the client/carer • Evidence based	
6. Designed and implemented action plan to achieve dietetic goals Developed goals which were SMART Negotiated goals with client/ carers/ staff Formulated plan for monitoring and review Communicated the plan using effective strategies	

7. Review, monitoring and evaluation of dietary intervention Gathered reassessment data and evaluated against previously documented goals Negotiated and agreed changes to dietetic care plan based on accurate interpretation of information collected. Evaluated client's/carer's understanding of the agreed changes/nutritional care plan and answered questions. Provided relevant written information. Arranged appropriate follow-up.	
8. Closing Summarised and closed consultation.	
9. Documentation and feedback Informed dietetic supervisor of actions taken. Wrote concise, legible notes in appropriate documents.	
10. Reflections Kept to appointment time. Monitored and reviewed client at suitable time intervals without prompting (if applicable). Practiced within the Standards of Performance, Conduct and Ethics: • Maintained confidentiality • Complied with departmental referral procedures. • Used generic names for products or mentioned several brand names. • Words and actions (spoken/written) did not discriminate against clients with respect to: race, gender, religion, age, sexual orientation, learning	

disability, physical disability, marital status, pregnancy or maternity. • Acknowledged own limitations within consultation and sought advice when appropriate. • Identified any critical incidents in consultation and reflected appropriately. • Evaluated own practice and identified areas for improvement. • Demonstrated reflection 'in action' and used this to change plan during consultation when appropriate (Practice Based Learning 3 only).	

Clinical Observation Form

Name of Student: _____

Date: _____ Week: _____ Name of Observer:_____

*For completion by a **supervisor** or PAL partner (for formative assessment only). It should be signed off by the supervisor at the weekly review session.*

Please assess the competencies according to the following criteria:
N/A (Not observed/not applicable): No opportunity to demonstrate **Needs more work:** Not performing at required standard yet **Yes this time:** Successfully completed to required standard
Which sections should I complete?
You may find that you cannot complete every section of this form, particularly during the early stages of Practice Based Learning 2 where students may not yet be progressing beyond the assessment phase independently. Try to complete as many sections as possible or appropriate for their stage of training. You may also find that not every point is relevant to every consultation. Decide which areas are relevant in each case and state N/A where appropriate.

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	

	N/A	**Needs more work**	**Yes this time**	**Comments**

1. INTRODUCTION				
Welcomes client, introduces self,	☐	☐	☐	
Clarifies the purpose & format of the interview.	☐	☐	☐	
Establishes rapport with the client/ carer.	☐	☐	☐	
Creates an environment conducive to counselling.	☐	☐	☐	

2. DATA COLLECTION: **Communication**				
Communicates at an appropriate level, eye contact, volume of speech, appropriate language	☐	☐	☐	
Listens attentively	☐	☐	☐	
Recognises and responds to non-verbal cues	☐	☐	☐	
Collects, records and interprets relevant information from client, other health care professionals, service providers and carers/ relatives	☐	☐	☐	
Uses appropriate questioning style to elicit relevant information	☐	☐	☐	
Recognises and notes factors that will affect client's compliance and responds to client's concerns	☐	☐	☐	
Maintains the direction of the interview	☐	☐	☐	
DATA COLLECTION: Documentation				
Collects, records and interprets relevant quantitative and qualitative information (from referral letter, medical notes, nursing notes, computer databases)	☐	☐	☐	
Uses structured approach to collection and recording of data eg ABCDE	☐	☐	☐	

	N/A	Needs more work	Yes this time	Comments
3. ASSESSMENT				
Correctly identifies and prioritises dietetic diagnoses	☐	☐	☐	
Calculates Body Mass Index, Waist-to-Hip ratio and other measures such as growth charts	☐	☐	☐	
Recognises 'at-risk' anthropometry	☐	☐	☐	
Recognises 'at-risk' biochemistry	☐	☐	☐	
Estimates dietary intake quantitatively e.g. carbohydrate, fat, energy if relevant	☐	☐	☐	
Assesses dietary intake qualitatively	☐	☐	☐	
Compares dietary intake with appropriate standards, e.g. EARs/ calculated requirements and identifies nutrients at risk	☐	☐	☐	
Assesses client's/carer's nutritional knowledge	☐	☐	☐	
Identifies the client's/carer's perceived barriers to change	☐	☐	☐	
Integrates medical, social and dietary information	☐	☐	☐	

	N/A	Needs more work	Yes this time	Comments
4. CARE PLANNING AND IMPLEMENTATION				
Considers the knowledge, beliefs and attitudes of the client/carer	☐	☐	☐	
Gives suitable explanations e.g. diet and disease, reason for dietary modification	☐	☐	☐	
Communicates accurate food and nutrition information	☐	☐	☐	
Selects appropriate resources	☐	☐	☐	
Negotiates SMART goals with the client/family	☐	☐	☐	
Assists client to overcome barriers to change, including using appropriate behaviour modification techniques	☐	☐	☐	
Session is completed in clear and logical format	☐	☐	☐	
Uses appropriate language level for client	☐	☐	☐	
Responds to clients questions appropriately and correctly	☐	☐	☐	
Responds appropriately to verbal and non-verbal cues	☐	☐	☐	

	N/A	Needs more work	Yes this time	Comments
5. CONCLUSION				
Interview is completed with a definite conclusion	☐	☐	☐	
Follow- up is arranged if appropriate	☐	☐	☐	
Evaluates what the client has learned	☐	☐	☐	
Summarises specific goals negotiated with the client/carer	☐	☐	☐	
Writes concise legible notes in appropriate documents	☐	☐	☐	
Interview is completed within a reasonable time frame	☐	☐	☐	

SUMMARY & REFLECTION

DIFFICULTY OF CONSULTATION: (Consider patient group, intervention, setting, environment, communication, availability of info, involvement of carers, etc.)

		Comments
Straightforward	☐	
Mildly challenging	☐	
Moderately challenging	☐	
Very challenging	☐	

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: _____

Working with Groups – Self Review

For completion by the student:

- You can start to use this formative/reflective outline to help you develop competence from your first group session. Use a new sheet for each one.
- You are not expected to be competent in all areas initially, so just focus on the sections that you contribute to.
- Discuss your thoughts with your supervising dietitian after completing the form and use it at your weekly review meeting to help set your personal action plan for learning. They are not expected to be handed in for verification.

Date:	
Week No:	
Title of group session:	
Type of audience:	
Summary:	
Current Strengths:	
Key areas to focus on to develop skills:	

This has been discussed with my supervising dietitian

Signed student:_____

Signed dietitian: _____ Date: _____

Criteria:	COMMENTS e.g. areas that went well, areas that didn't go well, aspects I need to improve on.
1. Preparation Gathers appropriate information to assess needs of group using ABCDE as appropriate. Identifies and prioritises dietetic diagnoses of group with justification Develops clear dietetic management goals Develops a plan with clear aims and objectives/learning outcomes. Able to justify the plan based on assessment of group, location and time available Able to justify the content of the session with regard to evidence based practice/best practice.	
2. During Group Work Demonstrates good verbal and non-verbal communication skills: Introduces self and aim of session Clarifies groups' expectations Speaks clearly, using appropriate language and avoiding jargon. Makes regular eye contact. Encourages group participation where appropriate. Listens attentively and responds to verbal and non-verbal cues. Uses notes/prompts appropriately. Invites and responds to questions appropriately. Maintains direction and summarises. Makes appropriate use of audio visual equipment, other resources and handouts.	

Demonstrates reflection 'in action' and uses this to change plan during session when appropriate (Practice Based Learning 3 only). Demonstrates confidence in and enthusiasm for subject area. Practices within the Standards of Performance, Conduct and Ethics: Uses generic names for products or mentions several brand names Takes all reasonable steps to ensure can communicate effectively with group. Words and actions (spoken/written) do not discriminate against group members with respect to: race, religion, age, gender, sexual orientation, learning disability or physical disability, marital status, pregnancy/ maternity. 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. Demonstrates understanding and ability to implement different strategies to influence nutritional intake e.g. Behaviour modification, negotiation. Promotes health promotion messages and evaluates their impact. Keeps to time allocated. Plans and carries out an evaluation of the session.	
3. After Group Working Reflects on session and carries out self-assessment, including action plan for improvement.	

Group Work Observation Form

Name of Student:_____

Date: _____ Week: _____

Name of Observer:_____

Date:	
Week No:	
Title of group session:	
Type of audience:	
Summary:	
Current Strengths:	
Key areas to focus on to develop skills:	
Signed student:_____ Signed dietitian: _____ Date: _____	

Health Promotion Project Sign off Sheet

Title:

Source of Project request:

Remit given:

Assessment: *(information gathered)*

Dietetic Diagnoses: *(problem, causes and manifestations)*

Dietetic Management goals and implementation plan

Review/ monitoring/ evaluation

Evidence attached (*e.g copy of leaflet, photograph of poster or stand, agenda for cook and eat session etc.)*

This project was completed to an acceptable standard to meet the Learning Outcomes

Signed _____ dietitian. Date _____

Signed _____Student

Audit Project Sign off Sheet

Title:

Source of Project request:

Remit given:

Conclusions from literature review

Brief description of audit design

Summary of key findings

Recommendations

Summary of dissemination activities

Evaluation

This project was completed to an acceptable standard to meet the Learning Outcomes

Signed _____ dietitian. Date _____

Signed _____Student

Professionalism / Clinical Governance Grid
(To be completed by the supervising dietitian)

- A completed grid demonstrates that they can practice in line with professional standards as outlined below. The appropriate "Sometimes / Usually / Always" should be circled and the box signed by the supervising dietitian in the weeks specified if the student is demonstrating the required level of competence.
- Students should progress to competence in all skills by week 12.
  (Over the previous 4 weeks: Sometimes = Has been demonstrated on at least one occasion. Usually =More than 50% of the time. Always= Consistent every time)

List of Skills demonstrating a professional attitude	**Week 4**	**Week 8**	**Week 12 (supervisor to sign if student has met benchmark statements)**
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 • Produces presentations and care plans on time. • Keeps to time in clinics. • Uses time efficiently.	Sometimes/Usually/Always	Sometimes /Usually/Always	Sometimes/Usually/Always
Demonstrates a pro-active attitude • e.g. makes appropriate offers to help • Recognises learning needs and looks up information/ forms action plans.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Shows understanding that their actions reflect on the team e.g. can identify examples and understands implications.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Demonstrates appropriate reflective skills e.g. during weekly feedback/student-led sessions. **Uses feedback effectively to improve practice**	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Demonstrates appropriate communication manner e.g. appropriate verbal skills to answer phone appropriately identifying self and area, not just hello; and written/electronic communication skills to record and pass on messages accurately and concisely.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always

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.**	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Takes responsibility for own learning & education and training • e.g. seeks answers to questions without asking dietitian first. • Contributes to student-led sessions, journal club, departmental meetings and other activities. • Demonstrates an enquiring attitude and then shares knowledge and experience with others **Keeps an up to date portfolio of evidence of development and demonstrates the ability to practice autonomously**	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Can demonstrate practice in a non-discriminatory way e.g. can reflect on care provided to patient or groups to ensure equitable care	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Demonstrates appropriate behaviour e.g. has appropriate relationships and rapport with patients and other health care professionals, demonstrates an appropriate level of confidence	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Adheres to departmental dress code e.g. presents an appropriate image including hair, jewellery, tattoos, and wearing an ID badge.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Maintains confidentiality e.g. adheres to data protection including electronic records and communications and observes appropriate patient confidentiality.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Accepts constructive feedback e.g. accepts and responds appropriately to comments; is respectful of feedback from peers, dietitians and other health professionals	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Using Information & IT Uses IT effectively e.g. to obtain results, look up information, communicate with other staff.	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always

Practice Based Learning 2 Weekly Feedback Form: Date _____ Week No ____

- Complete the weekly formative review to identify strengths (including at least 1 example) and areas for improvement to develop competency against the learning outcomes. An action plan of activities for the following week must be agreed by the supervising dietitian and the student.
- Strengths and completed action plans can be used as evidence toward competency

- Please bring your 'self-evaluation matrix' with you (know, can, do)

1. With decreasing direction, demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available.	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week: Agreed action plan for development		
2. With minimal guidance, formulates and justifies appropriate nutrition and dietetic diagnoses	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week:		

Agreed action plan for development		
3. With decreasing direction, develops suitable dietetic management goals	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week: Agreed action plan for development		
4. With decreasing direction, designs and implements an action plan for achieving dietetic goals	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week:		

Agreed action plan for development		
5. With decreasing direction, reviews, monitors and evaluates dietetic interventions	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week: Agreed action plan for development		
6. Understand and demonstrate reflective practice and consistent professional behaviour in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the Health and Care Professions Council.	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week:		

Agreed action plan for development		
7. Communicate effectively in all areas of dietetic practice relevant to Practice Based Learning 2.	K / C / D Last Week	Student: K / C / D This week Supervisor: K / C / D this week
Progress made during the week: Areas to focus on next week: Agreed action plan for development		

Signed.....(Dietitian) &

.....(Student)

Self Evaluation Matrix Guidance For Students

This matrix allows you to visually track your progress each week towards developing competence in all the learning outcomes. At the end of each week, before you have your review meeting with your supervisor, evaluate how you feel you are progressing in relation to each learning outcome.

Use the following grading as a guide K= know, C = Can, D= do:

K **Observing, not yet practicing.** A demonstration/ observation opportunity, you can answer if asked a question about how to do something/ where to find something. With full supervision if needed e.g. if you have little experience in the area/ activity. Using the theoretical knowledge but not completing the practical task

C **Starting to develop and practice.** Would expect you to check plan with supervisor prior to implementation. Starting to develop and practice. Gaining confidence in performing routine tasks and activities. Starting to develop routine skills and practice with reducing support. Not necessarily consistent in unfamiliar situations. Recognise when to seek help.

D **Practicing, and increasing competency in the learning outcome.** Would expect you to be able to assess patients and implement plans and then discuss with supervisor – may require minor corrections in routine cases. Practicing, and increasing competency in the learning outcome, with more consistency. Can manage the majority of routine/ familiar cases competently with decreasing direction.

Initially you will have lots of “know” scores, but these should gradually start to turn to “can” and “do”

When you have several “do” scores, you may be ready for your summative assessment in some of the learning outcomes. Discuss this with your weekly supervisor. You may move up or down the matrix rating, depending on what exposure you have had each week. Recognise when to seek help

Sample Completed Self-Evaluation Matrix (SIM – simulation, CH – Care Home, CP – Clinical Placement)

	SIM	CH	CH	CH	CP	CP	CP	CP	CP	CP	CP	CP
	1	2	3	4	5	6	7	8	9	10	11	12
1. Ability to identify, collect and interpret relevant information and evidence	K	K	C	D	K	K	C	C	C	D	D	D
2. Formulates and justifies appropriate nutrition and dietetic diagnoses	K	K	C	D	K	K	C	C	C	D	D	D
3. Develops suitable dietetic management goals	K	K	C	D	K	K	C	C	C	C	D	D
4. Designs and implements an action plan for achieving dietetic goals	K	K	C	D	K	K	C	C	C	C	D	D
5. Reviews, monitors and evaluates dietetic interventions	K	K	C	D	K	K	K	C	C	C	D	D
6. Demonstrates consistent professional behaviour and reflective practice	C	D	D	D	C	C	D	D	D	D	D	D
7. Communicates effectively in all areas of dietetic practice in Practice Based Learning 2	K	K	C	D	K	C	C	C	D	D	D	D

CP = CLINICAL PLACEMENT

In the Know/Can/do table above it is suggested that a learner can pass their CLINICAL placement with 7 learning outcomes at a DO. If the learner is not tracking as expected potentially needing an extension please contact the placement tutor from LMET as soon as possible so that support can be provided to allow for the best possible outcome for the learner.

Benchmark standards for end of Practice Based Learning 2

All learning outcomes should be demonstrated in both individuals, groups and as part of quality improvement projects/audits.

Learning outcome 1: With decreasing direction demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available.

Communication

- Clarifies service users expectations
- Identifies barriers to change but not necessarily be able to suggest strategies to overcome them.
- Collects information on dietary intake, tailored to dietary diagnosis and using different questioning styles and techniques.
- Obtains information from other healthcare professionals and relevant individuals (carers, relatives) with support and discussion with supervisor for non-routine situations (e.g. contact with a nursing home or patient with communication difficulties).

Documented information

- Identifies appropriate sources of information (may vary according to setting/activity)
    - Medical notes
    - End of bed charts
    - Nursing documentation
    - Drug charts
    - Referral letters
    - Patient held records
    - Electronic records
    - Guidelines and standards that inform interpretation and diagnosis (e.g. MUST, diabetes guidelines, care pathways)
- Extracts information relevant to dietetic care, with more support in non-routine situations (e.g. in an unfamiliar scenario student would be expected to collect information but supervisor should expect to help with prioritisation and verification prior to care planning).

Individuals

- Identify the information needed to effectively plan and deliver diet therapy.

Groups

- Identify the information needed to effectively plan and deliver a presentation (this will be a presentation that the student has already observed or playing a supportive role with a qualified member of staff).

Learning outcome 2: With minimal guidance formulates and justifies appropriate nutrition and dietetic diagnoses
Statement of detail
1. Uses information gathered and critical thinking to organise the data to formulate a nutritional/dietetic diagnosis.
2. Justifies diagnosis by identification of problem, aetiology, signs and symptoms of condition

Individuals

- Able to interpret information gathered on routine patients (may need to refer to supervisor for non-routine patients)
    - Anthropometry
    - Biochemistry
    - Clinical
    - Dietary
    - Environmental/social
- Able to formulate a dietetic diagnosis and provide a reasoned argument to support this. When there are several dietetic diagnoses, the learner should be able to prioritise **with support** from the supervisor (learner should be able to suggest and justify priority order but may not necessarily be correct)

Groups

- Able to recognise the priorities, level and, depth of information needed for a presentation or health promotion project.

Learning outcome 3: With decreasing direction develops suitable dietetic management goals
Statement of detail
1. Prioritise diagnoses based on urgency, impact and available resources
2. Identifies interventions to meet dietary guidelines, health needs and nutrition diagnoses
3. Collaborates with relevant people, including individuals affected, members of the MDT and, relevant stakeholders.
4. Develops goals which are SMART (specific, measurable, achievable, relevant, timely)

Communication

- Is able to communicate the practical dietary information to all those involved e.g. patient, carer, nursing staff and other relevant health care professionals, catering and other organisations.
- Is able to vary communication according to the audience (e.g. communication with a healthcare professional may differ from communication with a patient or carer).
- Students should be able to use level 1 behaviour modification skills such as first contact skills, active listening skills, minimal encouragers, paraphrasing, reflection of feelings, empathy, summarising, negotiating SMART goals.

Documentation

- Documents the goals in appropriate places and formats (one draft and discussion acceptable) which may include:
  - Medical notes
  - End of bed charts
  - Nursing documentation
  - Drug charts
  - Referral letters/emails
  - Patient held records
  - Electronic records
- Varies the documentation according to the audience (e.g. patient information may differ from medical note entry).

Individuals

- Able to develop dietetic management goals for routine patients and in familiar situations (may need support from the supervisor with non-routine patients and in unfamiliar situations).

Groups

- Is able to recognise content of a presentation appropriate to the needs of the audience
- Is able to vary communication according to the audience

Learning Outcome 4: With decreasing direction, designs and implements an action plan for achieving dietetic goals.
Statement of detail
1. Selects effective intervention strategies based on current knowledge, evidence and available resources
2. Involves relevant people including individuals affected, members of the MDT and relevant stakeholders in the planning process.
3. Formulates plans outlining short, medium and long-term interventions.
4. Formulates a system for monitoring and review.
5. Communicates the plan using effective strategies.
6. Collaborates with relevant people to carry out the action plan. Modifies the action plan if needed.

Communication

- Is able to communicate the practical dietary information to all those involved e.g. patient, carer, nursing staff and other relevant health care professionals, catering and other organisations.
- Is able to vary communication according to the audience (e.g. communication with a healthcare professional may differ from communication with a patient or carer).

Documentation

- Documents the plan in appropriate places and formats (one draft and discussion acceptable) which may include:
  - Medical notes
  - End of bed charts
  - Nursing documentation
  - Drug charts
  - Referral letters/emails
  - Patient held records
  - Electronic records
- Varies the documentation according to the audience (e.g. patient information may differ from medical note entry).

Individuals

- Able to translate dietetic management goals into practical information on diet for routine patients and in familiar situations (may need support from the supervisor with non-routine patients and in unfamiliar situations).
- Takes actions required to ensure that the goals are achieved e.g. ordering a diet from catering, using visual aids such as diet sheets or food models, collecting equipment for a discharge, organises resources for group education

Groups

- Learners should be able to deliver a prepared presentation and answer questions for which they have had the opportunity to prepare.
- Is able to identify and use visual aids appropriate to the needs of the audience/client group.

Learning Outcome 5: With decreasing direction reviews, monitors and evaluates dietetic interventions.
Statement of detail

1. Gathers reassessment data and evaluates against previously documented goals
2. Reflects on and evaluates the process and outcomes of strategies used.
3. Revises goals and strategies and implements required changes.
4. Critically appraises research and identifies the implications for practice and strategies used.

- Is able to decide on suitable interval from intervention to review in routine situations.
- Is able to identify which outcomes to review and monitor in routine situations.
- Is able to reflect and evaluate dietetic interventions e.g. a) whether an intervention for an individual was effective, b) whether the learning outcomes for a group session were achieved or c) to critically evaluate published evidence.
- On reflection, is able to identify readiness to change, barriers to change and begin to identify strategies to overcome these.
- Makes changes to interventions based on the evaluation. Is unlikely to be able to reflect in action and make changes on the spot but should be able to recognise the need for a change, reflect with their supervisor and devise a new plan which can then be implemented.

Learning outcome 6: Demonstrates consistent professional behaviour and reflective practice
Statement of detail
1. Practises in line with all current professional standards and code of conduct documents.
2 Practises in accordance with the principles of clinical governance.
3. Manages individual workload showing effective use of time and other resources
4. Demonstrates effective team working.

In relation to points 1 & 2 above:

- During placement, it is expected that formative teaching will be required. Students are likely to make errors regarding confidentiality etc that require discussion and correction.
- Demonstrates that they can practice in line with professional and clinical governance standards as outlined in the Professionalism / Clinical Governance grid. This grid should be completed at 3 or 4 different points during the placement. Students should achieve competence in all skills by week 12.

In relation to point 3:

- Completes group presentations in the allocated time, using all of the time effectively.
- Meets deadlines by organising and prioritising work effectively e.g. record cards and letters completed in line with departmental guideline, assessment tools completed on time, portfolio of learning and development well organised and presented. This includes seeing a service user from assessment to completing a treatment plan in one working day.

In relation to point 4:

- Attendance at departmental staff meetings, journal clubs etc as well as MDT meetings but may not be able to contribute at this stage.
- Contributing to team work at a basic level by answering telephones, taking messages, generally helping out with tasks within the limits of their capabilities.

Learning Outcome 7: Communicates effectively in all areas of dietetic practice covered in Practice Based Learning 2 **Statement of detail:** See learning outcomes 1,3 and 4 for detail

Review of Practice Based Learning 2

Name of Student	
Signature of student	
Name of Dietitian	
Signature of Dietitian	
University student attends	
Location of Placement	
Date **From: To:**	
Number of Weeks Completed	

The practice educator should undertake this review with the student on completion of Practice Based Learning 2.

There are two sections to the form.

1. The first section is to be completed by the student
2. The second section is to be completed by the practice educator.

This will enable the student to reflect on their overall placement experience and to help prepare the student to complete their pre placement Practice Based Learning 3 form.

Is there evidence to demonstrate that all the learning outcomes have been met? If not, please identify the omissions below:

Specific Aims Not Met:

SECTION ONE – STUDENT

Please identify any strengths that you have developed during your placement or areas that need further development.

Learning outcome 1: With decreasing direction demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available
Strengths Areas for development and action points

Learning outcome 2: With minimal guidance formulates and justifies appropriate nutrition and dietetic diagnoses
Strengths Areas for development and action points

Learning outcome 3: With decreasing direction develops suitable dietetic management goals
Strengths Areas for development and action points

Learning outcome 4: With decreasing direction, design and implement an action plan for achieving dietetic goals
Strengths Areas for development and action points

Learning Outcome 5: With decreasing direction reviews, monitors and evaluates dietetic interventions.
Strengths Areas for development and action points

Learning outcome 6: Understand and demonstrate reflective practice and consistent professional behaviour in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the Health Professions Council
Strengths Areas for development and action points

Learning outcome 7: Communicates effectively in all areas of dietetic practice covered in Practice Based Learning 2
Strengths Areas for development and action points

SECTION TWO –PRACTICE EDUCATOR

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.

Learning outcome 1: With decreasing direction demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available
Strengths Areas for development and action points

Learning outcome 2: With minimal guidance formulates and justifies appropriate nutrition and dietetic diagnoses
Strengths Areas for development and action points
Learning outcome 3: With decreasing direction develops suitable dietetic management goals

Strengths

Areas for development and action points

Learning outcome 4: With decreasing direction, design and implement an action plan for achieving dietetic goals

Strengths

Areas for development and action points

Learning Outcome 5: With decreasing direction reviews, monitors and evaluates dietetic interventions.

Strengths

Areas for development and action points

Learning outcome 6: Understand and demonstrate reflective practice and consistent professional behaviour in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the Health Professions Council

Strengths Areas for development and action points
Learning outcome 7: Communicates effectively in all areas of dietetic practice covered in Practice Based Learning 2
Strengths Areas for development and action points

Summary of Achieved Learning Outcomes for Practice Based Learning 2

Number of Learning Outcome	**Please Enter √ or X**
Learning outcome 1: With decreasing direction demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available	
Learning outcome 2: With minimal guidance formulates and justifies appropriate nutrition and dietetic diagnoses	
Learning outcome 3: With decreasing direction develops suitable dietetic management goals	
Learning outcome 4: With decreasing direction, design and implement an action plan for achieving dietetic goals	
Learning Outcome 5: With decreasing direction reviews, monitors and evaluates dietetic interventions.	
Learning outcome 6: Understand and demonstrate reflective practice and consistent professional behaviour in accordance with the legal and ethical boundaries of the dietetic profession and the requirements of the Health Professions Council	
Learning outcome 7: Communicates effectively in all areas of dietetic practice covered in Practice Based Learning 2	

Guided Reflection for the end of placement

Please complete this during your last week of placement and take it to your final review. You should keep it in your portfolio and bring it to university when asked. You will need to use it to complete your next pre-placement form.

What went well?

What did I struggle with?

What did I miss out?

What do I need to do:

a) before my next placement?

b) during my next placement?

Section 5 – Learning activity guidelines

5.1 Introduction

During your twelve week Practice Based Learning 2, you will have the opportunity to develop skills in implementing the nutrition and dietetic care process with individuals and groups. Many of your learning activities will involve working with individuals on a one to one basis. Your programme will also have a range of learning activities that will allow you to develop your communication and professional skills.

This section of your workbook contains guidelines for activities that give you the opportunity to meet the learning outcomes for Practice Based Learning 2.

5.2 Programme overview

We are fortunate to have a large number of placement providers in London who provide a range of dietetic services to its diverse population. All placement providers will provide you with a range of learning opportunities to meet the learning outcomes for Practice Based Learning 2 but the learning opportunities will be different for each placement.
Some may offer more experience of implementing the nutrition and dietetic care process in one setting than another but all should offer the following:

- opportunities to implement the nutrition and dietetic care process in individuals with short term health needs
- opportunities to implement the nutrition and dietetic care process in individuals with longer term or chronic health needs
- opportunities to work across a range of settings. This may include acute hospital wards, outpatient clinics, GP practices, children's centres, care homes.
- opportunities to implement the nutrition and dietetic care process with groups. This may include teaching or health promotion activities for patients or staff.

5.3 Group Work Guidelines

During Practice Based Learning 2 you will be expected to complete at least one group work activities or more if you do not meet the related learning outcome (see portfolio evidence grid). This will be conducted during the care home placement, other additional examples may include:

- Presentation to a group of dietitians (e.g. journal club or presentation of case study)
- Training session to a group of Health or Social Care Professionals (e.g. MUST training to Nurses)
- Presentation to a group of patients/ clients (e.g. group education session or workshop)

Presentations given during the clinical Practice Based Learning 2 will usually be pre-prepared and you should be given an opportunity to observe them prior to presenting them yourself or playing a supportive role with a qualified member of staff.

Throughout each group activity you will need to demonstrate competence across the following areas:

Planning
You must demonstrate the ability to plan or assist in planning a project with clearly defined aims, objectives and outcomes. You should assess the needs of your group, identify dietetic diagnoses and develop dietetic management goals followed by an appropriate plan. *(Where a group activity has been pre-prepared you will be expected to demonstrate an awareness and understanding of the above*).

Justification of plan in relation to practical issues
This should include reference to the style of presentation or activity, the characteristics of the audience, use of language, chosen location, use of visual aids etc. *(Where a group activity has been pre-prepared you will be expected to demonstrate an awareness and understanding of the above).*

Justification of plan in relation to evidence base/ best practice
This should include reference to relevant evidence base, including guidelines, journals, textbooks, lecture notes, consensus statements etc. *(Where a group activity has been prep-prepared you will be expected to demonstrate an awareness and understanding of the above).*

Reflection
You must show that you can reflect on the activity and develop action plans for improvement.

When giving presentations the additional points will be assessed:

- **Structure**
    - Appropriate introduction outlining aims and overview
    - Main body of talk
    - Summary and conclusions

- **Communication (verbal and non-verbal)**

- Eye contact, clarity of speech
- Listening skills and response to verbal and non-verbal cues
- Appropriate use of language (e.g. avoiding jargon)
- Use of notes and prompts
- Ability to engage group with topic

- **Use of visual aids**
  - Appearance of slides, if used
  - Use of food models, videos, photographs etc. where appropriate/ relevant.

- **Management**
  - Ability to manage group effectively
  - Ability to maintain direction
  - Ability to cope with unforeseen events (e.g. technology failure)
  - Time management
  - Ability to manage questions

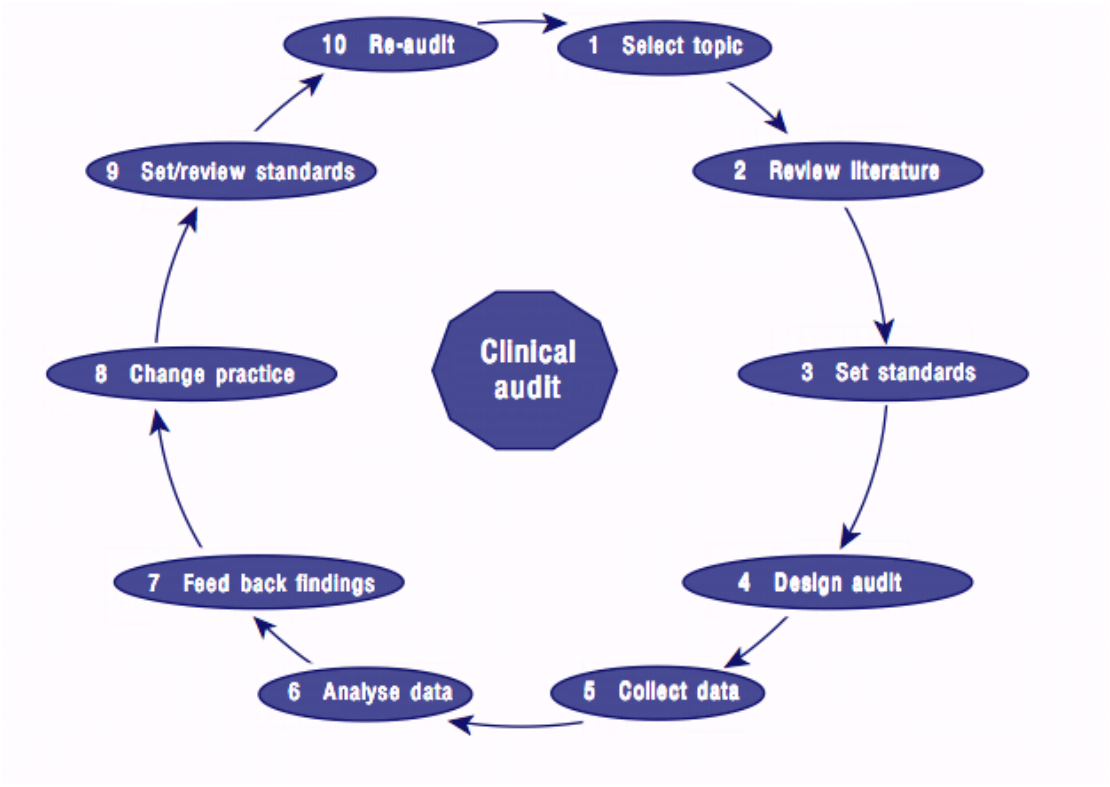
Assessment
Following each group work activity your supervisor will complete a 'Group work observation form'. You should complete a 'Working with groups self-review' form, and together, these two documents will form the basis of discussion with your supervisor after each group learning activity. Keep copies of both of these forms in your portfolio.

Collecting Evidence
The 'Group work observation form' completed by your supervisor will act as evidence of the group work activity, along with your self-review form. You should also include project materials (e.g. handouts, copies of slides used, speaker's notes, pictures of a health promotion stand etc.) in your appendices.

5.4 Audit guidelines

What is an audit?
Audit is a technique that can be used to monitor and inform improvements of healthcare services and the quality of care provided (1). It is the method used ***"to assess, evaluate and improve the care of patients in a systematic way, to enhance their health and quality of life"*** (2). In dietetic practice it is therefore key to examining actual practice against what is expected in a particular area. During placement, you will complete a small scale audit, requiring up to 2-3 days for planning, data collection and dissemination.

The clinical audit cycle
The clinical audit cycle has 10 key stages as shown in the diagram below. A full clinical audit will take longer than the time available on placement but it is important to appreciate where your audit fits within the wider process. You will usually be expected to undertake a small audit, or part of, with supervision, possibly using a tool prepared by a dietitian and present the findings.



Aspects you should be aware of when taking part in an audit include:

Selecting a topic for the audit
Whilst on placement you may have the opportunity to participate in an audit however this is not compulsory for Practice Based Learning 2.

Literature review
An audit would usually be underpinned by a systematic literature review. The reasons for this are to; identify any existing standards, to identify any previous audits similar to the one you are planning to guide you in the planning stage and to find any guidelines or research to define what constitutes good quality care. Whilst on placement it might not be possible to undertake an extensive literature review but with guidance from your supervisor who should be familiar with the topic area it is important to search one or two electronic databases (eg. Medline and Pubmed) and relevant national guidelines eg NICE, ESPEN and the BSG.

At the end of the literature review stage you should be clear about the standard that you are auditing against and may have some idea of how others have gone about designing an audit in the area that you are interested in.

Designing the audit
Designing a clinical audit usually involves consideration of the following questions:

- Who will be involved?
- How will the audit be carried out?
- Defining the start and end point of the project.

The audit that you conduct on placement may involve only yourself or perhaps you and another student and may also be conducted over a short period of time or indeed may involve a small part of several weeks of placement. It is important to think

through whether you will need to involve other people in the healthcare team. You will probably be required to present the findings of your audit to the department and so it is important, when you are designing the audit, to think about how long you will need to analyse the findings and produce a written report and presentation.

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

- What information you need
- The type of information to collect
- How the information will be collected (retrospectively from records or prospectively from patients in a particular setting)
- Whether the data will be valid and reliable
- Whether you need to pilot data collection, even if you just spend one or two hours making sure that your initial ideas are practical

It is also important to consider the sample that you are going to collect data from. What will the sample be eg. patient records or patients on a ward and how many will you need in the sample. It will be important to consider whether the sample that you choose is representative of the group that you are interested in.

Data analysis
This part of the audit should consist of being able to use numbers to describe the findings eg. 10 of 20 patients on a ward had the MUST screening tool fully completed. It is important to think about how you will analyse data before you start collecting it and that will help you to put together a data collection sheet. Audit, at this stage should not involve any statistical tests.

Feedback of the findings
You should be clear how you are going to communicate the findings of the audit and to whom. It might be that you are asked to present the findings to some of the staff in the dietetic department or indeed to staff on a ward. You might also be asked to produce a short report summarising what you have done. Talk to your supervisor and be clear from the start how the findings will be communicated**.**

Further information
Your university library will contain many textbooks about clinical audit. In addition you will find information on the HQIP website: https://www.hqip.org.uk/
For example, this guidance document:
https://www.hqip.org.uk/wp-content/uploads/2018/02/clinical-audit-a-guide-for-nhs-boards-and-partners.pdf

In addition, most NHS Trusts will have their own clinical audit support team who provide local guidance to support audit (check the intranet at your placement site).

5.5 Facilitated case discussion guidelines

Student led, facilitated group sessions provide an important opportunity for you to meet with your peers and share your learning experiences. Although student led, a facilitator (usually a member of the placement team) should also be present to support you in getting the most out of these sessions.

Students may be asked to prepare a case presentation of a patient that they have seen during their placement. In the early stages of your training, you can present a case that you saw whilst shadowing a dietitian but as you progress you can report on cases in which you took a more active part in the consultation. The individual patient self-review or clinical observation can provide a useful structure to support you in your presentation of information using the structure of the dietetic care process. Once a case has been presented the other members in the group are encouraged to ask questions, in early sessions the facilitator may need to lead the questioning but all students should actively participate and take on the leading of these group sessions. It may also be appropriate for you to present a reflection on a learning experience during the previous week. These facilitated sessions can also be used as a platform for sharing resources (e.g. checklists for patient assessments, nutritional composition data) and planning the development of new supportive resources (e.g a ready reckoner for the supplements and enteral feeds used by the hospital trust). The benefits of collaborating on projects such as these include allowing you to share knowledge with your peers and to also share the burden of work.

These sessions provide an opportunity for you to develop your presentation, reflection and clinical reasoning skills in an informal environment and will provide evidence of your professional practice as outlines in the Professional Practice and Clinical Governance grid (Demonstrates a pro-active attitude; Demonstrates appropriate reflective skills; Takes responsibility for own learning & education and training). They also provide a unique opportunity for you to learn from the experiences of your peers and consequently increase your breadth of learning. As you are encouraged to lead these sessions, they also provide an opportunity for you to develop and demonstrate your organisation and team working skills.

Your participation in these sessions can also be recorded by the facilitating dietitian using the proforma “Observation of student in tutorials” (see Appendix 2). This sheet can be used as a basis for giving you feedback, or can be used as supporting evidence in your portfolio.

Section 6 - Support available on placement

6.1 Introduction

There are a number of mechanisms in place to support you throughout your placement experience. It is helpful if you are open about your learning needs or any difficulties which you may encounter during your placement as early as is possible as this will ensure that the support you are given can be tailored to meet your individual needs.

6.2 Portfolio support

The collection of evidence to demonstrate your learning, development and, towards the end of your placement, that you are meeting the placement learning outcomes is a key component to your placement assessment. Developing skills in portfolio collation will also support you in evidencing your continuing professional development throughout your career.

You should be assigned a portfolio manager/supervisor at the start of your placement. This is likely to be a member of the placement team who is aware of the requirements of your portfolio but may not be someone who is directly involved in your supervision. It is likely that you will meet your portfolio supervisor on a regular basis (every 2 – 4 weeks) to review your portfolio.

The role of the portfolio manager/supervisor is to support you in the collation of your portfolio. They will also support you by ensuring that you have adequate opportunities to collect the required evidence for your portfolio. In addition to this, your portfolio supervisor should support you in using your portfolio to assess your current knowledge and skills and plan your on-going learning and development needs. This information should be used to inform your weekly reviews, which your portfolio supervisor may attend.

6.3 Mentor support

You may be allocated a mentor at the start of your placement or you might be given the opportunity to choose someone to act in this role once you have settled into your placement site. It is likely that your mentor will not be directly involved in your placement programme and although they should have an understanding of what is expected of you during the placement, they may not be a registered dietitian. Examples of staff that could be used in the role of mentor include dietetic assistants, administrative staff within the dietetic department, other healthcare professionals (e.g. a physiotherapist or speech and language therapist).

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

The partnership between you and your mentor should be based on confidentiality, so that anything that you discuss with your mentor is kept private. However, it may be necessary for your mentor to share your discussion with other relevant staff if you agree that the mentor can speak to someone else about a specific issue or concern or if your mentor believes that there is a risk of harm to you or another person based on something that has been shared.

6.4 University support

In addition to the support provided by your placement team, you will also continue to be supported by the staff and services available at your University throughout your placement.

It is likely that you will be contacted by one of the placement tutors via email once your placement has started to make sure that you have settled into the department and that the start of your placement has gone well. You may also be visited by one of your Placement Tutors on one or more occasion throughout your placement, if required. These visits provide an opportunity to review your progress and discuss any specific placement issues which have not been resolved by the placement team. These visits may also be used to discuss any relevant academic issues such as assessment results, course progression and programme planning following placement. If there are concerns about your progress on placement, your placement tutor may also attend review meetings such as a weekly handover meeting to support you and your placement site in developing an action plan to address the issues raised and support you in meeting the placement learning outcomes.

Throughout your placement you are also able to access student support available through your academic institution. Your placement tutor will be able to help you in identifying the most appropriate avenue of support and will be able to liaise with your placement site to ensure that you are able to access this support in a timely fashion. For further information about support provided by individual universities, please follow the appropriate link below:

London Met students

- Student services - Student Services | Student Zone

6.5 Support available if progress is not as expected

Your progress will be reviewed weekly at your weekly reviews. If it is identified that you are not progressing as expected, you will be supported by your placement site initially to identify the key issues which are impacting your progress and develop an action plan to address these. Your placement tutor will also be informed of your progress and may attend future review meetings to provide support for both you and your placement provider. You may also be advised to access support provided by the University (e.g. Student Services) or external support (e.g. medical support from your GP or Occupational Health). A summary of the process for supporting struggling students is available in Appendix 2 for your reference.

Section 7 - End of Practice Based Learning 2 processes

7.1 Practice Based Learning 2 summary

In order to demonstrate to your Placement provider that you have met all of the learning outcomes for Practice Based Learning 2, you will be required to submit your portfolio via PebblePad at the end of your placement to the nominated lead supervisor at your placement site. Having reviewed your portfolio and considered your practice throughout the placement, the lead supervisor will complete the Practice Based Learning 2 summary (see Section 4 – Practice Based Learning 2 Portfolio) to document your progress against the placement learning outcomes.

You and your lead supervisor should both sign this form to indicate that you are in agreement about the assessment.

7.2 Placement Evaluation

You may be asked to give feedback to your placement provider about your placement experience. You will also be required to complete an online survey when you return to University to evaluate your placement experience. A link to this survey will be sent to you when you complete your placement. You will also have the opportunity to discuss your placement experience with your peers and Placement Tutor. All sources of evaluation allow the Universities and Placement Providers to develop the placement experience and will be used as evidence to identify the quality of the placement. Please ensure that your feedback is constructive and comprehensive. Please also bear in mind that references to individuals should be avoided.

7.3 Handover from Practice Based Learning 2 to Practice Based Learning 3 Form

You should complete the form on the following page on PebblePad with your supervisors. This will help facilitate the transition between Practice Based Learning 2 and Practice Based Learning 3 and will allow your Practice Based Learning 3 supervisors to support you more effectively. Your supervisor may choose to fill this in or they may ask you to draft the form. The form must be agreed and signed by your supervisor.

Handover from Practice Based Learning 2 to Practice Based Learning 3 form

Name of Practice Based Learning 2 site:

Was an audit completed as part of Practice Based Learning 2? Yes/No

Please give a brief description of settings and patient types (e.g. ONS, enteral feeding) that the student experienced during Practice Based Learning 2:

Please indicate if there were any settings or patient types where exposure was particularly limited during Practice Based Learning 2:

Briefly outline the student's main strengths during Practice Based Learning 2:

Identify any specific priority areas for development identified during Practice Based Learning 2:

Any recommendations for Practice Based Learning 3:

Name of Dietitian:	**Signature:**	**Date:**
Name of Student:	**Signature:**	**Date:**

Appendix 1

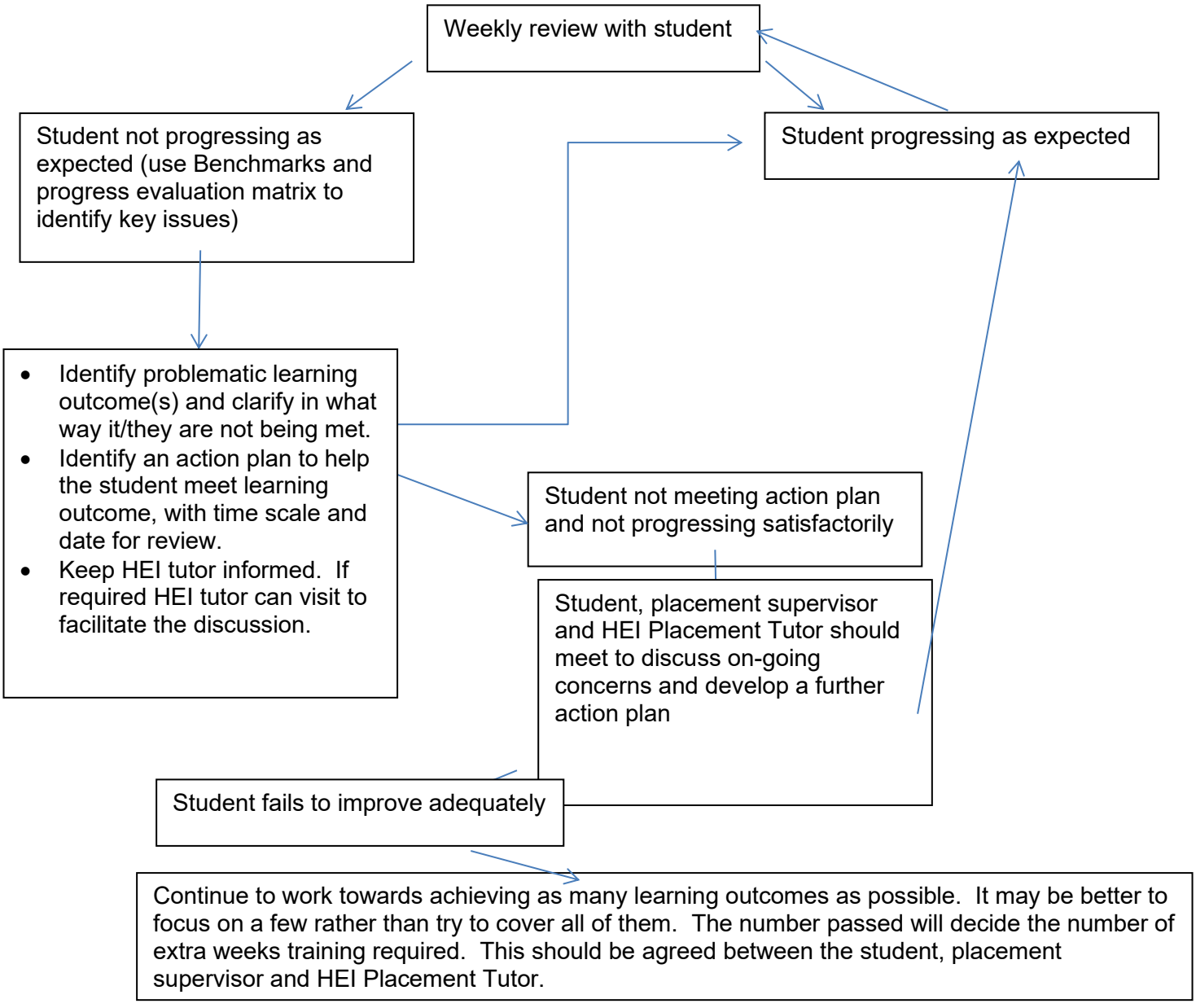
Managing Struggling Students

Process

- Student progress should be formatively reviewed weekly using the weekly review form, self-evaluation matrix and placement benchmarks.

Key principles:

- All discussions should be open, honest and constructive.
- Document discussion including key issues raised and action plan. Ensure that this document is signed by both the student and practice educator and a copy is given to the students and maintained by the Placement site for their records.
- The placement team should highlight any problems with the student as soon as possible.
- The HEI Placement Tutor should be informed of concerns at an early stage, even if a visit is not yet required.
- The placement team should keep HEI Placement Tutor informed of progress.



Appendix 2

London Metropolitan University flowchart for raising a concern

