LONDON METROPOLITAN UNIVERSITY

Practice Based Learning 3

Student Handbook

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Section 1 - Practice Based Learning 3 overview

1.1 Introduction

Practice Based Learning 3 is a 11 week placement providing the opportunity for you to observe and develop core skills in implementing the dietetic care process with individuals, groups and organisations/communities in a variety of settings including simulation.

All clinical placements are undertaken in an approved hospital and/or community setting with simulated activities at university embedded into the 11 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 three 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 3

To enable you to:

1. Continue to develop dietetic practice and apply the knowledge, skills and professional attributes required to implement the nutrition & dietetic care process with individuals and groups and organisations/communities in a variety of settings

1.3 Learning outcomes for Practice Based Learning 3

By the end of Practice Based Learning 3 you must demonstrate competence for each learning outcome with regard to individuals, groups and organisations/communities in a variety of settings and demonstrate the ability to practice as a dietitian at a level consistent with entry to the profession.

The learning outcomes apply to individuals, groups and organisations/communities

In relation to patient/client assessment phase, you will be able to:

1. With minimal guidance, 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, you will be able to:

2. Independently formulate and justify appropriate nutrition and dietetic diagnoses.

In relation to patient/client intervention, planning and implementation, you will be able to:

3. Develop suitable dietetic management goals.
4. Design and implement an action plan for achieving dietetic goals.

In relation to monitoring and evaluation, you will be able to:

5. Review, monitor and evaluate dietetic interventions

In relation to professional attributes, you will:

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.

7. Communicate effectively in all areas of dietetic practice.

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 study 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, private study, tutorials, discussion and feedback which will include simulated activities at university. You are required to work the same hours as a full time member of staff at the clinical placement site and during the simulated activities. Some flexibility may be required to allow for late running clinics etc.

1.5 Syllabus

Areas covered on placement will include:

- Multidisciplinary working
- 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
- Interpretation of current professional conduct documents through their dietetic practice
- Dietetic group education sessions to clients and health care professionals
- Observation and reflection on how audit enhances dietetic practice
- Effective communication

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 (2017) 'Code of Professional Conduct' https://www.bda.uk.com/professional/practice/professionalism/code_of_conduct
- British Dietetic Association (2020) A Curriculum Framework for the pre-registration education and training of dietitians https://www.bda.uk.com/training/education/preregcurriculum
- Health and Care Professions Council (2013) Standards of Proficiency - Dietitians. https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency---dietitians.pdf
- Health and Care Professions Council (2016) Conduct and ethics – guidance students. https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf
- Health and Care Professions Council (2016) Standards of Conduct, Performance and Ethics. https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-conduct-performance-and-ethics.pdf
- Gandy J (Eds.) (2019). Manual of Dietetic Practice. 6th Ed. Blackwell Science, Oxford.
- Health Professions Council (2018) Confidentiality - guidance for registrants https://www.hcpc-uk.org/globalassets/resources/guidance/confidentiality---guidance-for-registrants.pdf
- Byron, S.E. (2002) Pocket guide to nutrition and dietetics. Churchill Livingstone. Oxford
- PEN Group of the BDA (2018) A pocket Guide to Clinical Nutrition. 5th Edition. https://www.peng.org.uk/publications-resources/pocket-guide.php
- British Dietetic Association (2021) 'Nutrition and Dietetic Care Process' https://www.bda.uk.com/publications/professional/model_and_process_for_nutrition_and_dietetic_practice_
- Webster-Gandy, J; Madden, A; Holdsworth, M.(eds) (2011)Oxford handbook of Nutrition and Dietetics 2nd edition Oxford University Press
- Cheyette, C; Balolia, Y (2016) Carbs and Cals 6th edition Chello Publishing ltd.

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 3

In order to pass Practice Based Learning 3 you must have satisfied the lead placement educator that you have demonstrated competence in each Practice Based Learning 3 learning outcome. Competent practice will be assessed through practice supervision and evidenced by a portfolio.

Your performance will be formatively assessed on a weekly basis using the weekly review form 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 3 with descriptors of each standard is included to facilitate discussion and benchmark standards for the end of Practice Based Learning 3 are available to aid the assessment of progress.

1.9 Feedback on placement

You will receive on-going reflective formative feedback through assessment of your performance throughout the placement.

1.10 Policy for sickness/absence during placement

You should normally attend 100% of the placement. If sickness results in absence from placement, students will be expected to make up the agreed number of hours or repeat the placement, subject to discussion between the HEI and lead practice educator. This 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 3

1. Students failing to successfully complete Practice Based Learning 3 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 or 3, they will normally be allowed to extend by up to 4 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. The panel will consist of the external examiner for the dietetics courses, an independent dietetic practice educator who is a member of the London Dietetic Education Stakeholder group, the dietetics placements tutor and the dietetics course leader from London Metropolitan University, London.

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 issues for failure and the student's engagement with a remedial programme

7. 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 - Early Placement processes

2.1 Disclosure and Barring Service and Occupational Health

You must comply with the British Dietetic Association and Health Care and Professions Council guidelines on Criminal Convictions and Cautions. The University will check the currency of your DBS annually on the update service to confirm your status has not changed since your initial DBS. If you have not registered for the update service, you will be expected to complete a new DBS application.

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

You will need to declare on your pre Practice Based Learning 3 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 on-going, 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

2.2 Welcome pack

You should receive a welcome pack ~ 2 weeks prior to the start of your Placement. It is therefore essential that your university e-mail address details for the period immediately before placement are correct on your pre placement form.

Your welcome pack may 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)
- Availability or otherwise of staff accommodation including cost and how to access this
- Outline of the 11 week programme
- Detailed programme for Week 2 including joining information for your first day 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 issues 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 your placement has started to ensure that all relevant areas have been covered.

Induction item	Covered	Not relevant	Additional notes
Introduction to dietetics 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			
Trust Safeguarding policy / Raising Concerns process			
Information Governance Policy			
Arrangement of ID badges			
Security (personal; personal effects and building)			
Access to IT systems			
Remote Working Practice (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 has responsibility to provide you with a variety of learning experiences to support you in meeting the Practice Based Learning 3 learning outcomes, while 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 Practice Based Learning 3:

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

- To accept that 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 clinical 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.

During simulated learning experiences we expect you to:

- 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.

Collaborative Learning

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 3 Portfolio

What is it for?
The aim of this portfolio is to collect together evidence of a student dietitian's clinical competence while avoiding excessive paperwork. It will be kept on the e-portfolio PebblePad. Remember, signing off a piece of work is a bit like getting an MOT for a car, it 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. 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 sheets 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. 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. However, if clinical obs forms cannot be made up easily in later weeks it is acceptable to have one or two obs forms missing at the end of the placement.

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.

NB If a clinical obs form is completed for a student it **must include** areas for development and be signed by both student and supervisor to prove that both are aware of the contents of the form.

Working with groups self review: The student needs to complete a minimum of one group education session during the placement and should complete a self-review after each one. The purpose of the talk / talks is to prove competence in communicating with groups. Some students may display competence on their first group talk. If however, you feel that they need more opportunities to practice their skills in order to become competent in this outcome then a second or third talk may be organised. The timing of these may vary, depending on the scheduling of the

sessions however it is recommended that the first talk be scheduled no later than week 5 in case further talks are required.

Group Work Observation Form: These forms will be completed by the supervising dietitian for the same group education sessions for which the student completes the self- review forms. The dietitian will be 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.

NB Further guidelines on the nature of group work can be found in section 5.3

Professionalism /Clinical governance grid: This grid facilitates the discussion around professional behaviour and adherence to clinical governance guidelines throughout the placement. This grid of expected professional behaviours should be discussed at every weekly review. The primary person responsible for assessing professional behaviours is likely to be the day to day supervisor but any member of a dietetic department may feedback to the student on observed aspects of professionalism. On weeks 4, 8 and 11 of clinical placement, the supervising dietitian / portfolio manager should assess whether the student is reaching the expected standard Sometimes / Usually / Always and circle the appropriate word, initialing/ signing the box at the same time. 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 11.

NB on Practice Based Learning 3 when standards of professional behavior should already be clear to students, if issues are observed after the first 2 weeks of Practice Based Learning 3 then it should be raised with the Student Lead as well as directly with the student.

Wherever possible, objective criteria should simply be signed off by a member of the dietetic 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, presentations and maintenance of portfolio.
- ***Can demonstrate practice in a non-discriminatory way:*** excerpts from the student's reflective diary on key incidents.

Where students are failing to demonstrate competence in a particular learning outcome it is crucial that there is evidence to support this. This may simply

take the form of reference to a weekly review form in which a concern has been raised.

Care plans: These are no longer required in the final weeks of Practice Based Learning 3 as they repeat the dietetic record causing an unhelpful additional paperwork burden for supervisor and student. We suggest an anonymised dietetic record can be included in the portfolio if the student wishes. Assessment of student ability to understand and apply the NDCP at this stage of Practice Based Learning 3 will be determined by student / supervisor reflective discussion.

Weekly review forms: A weekly feedback/ review form should be completed towards the end of each week, **jointly** by the supervising dietitian and student. The student should lead the process by arriving at the weekly review with a detailed draft of the form but the portfolio manager has a responsibility to ensure that it correctly reflects a student's current ability. There is now a column on this form where the supervisor can clearly indicate their assessment of ability against the K / C / D model. 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. A self-evaluation matrix (Know, Can, Do) for Practice Based Learning 3 with descriptors of each standard is attached to facilitate discussion and benchmark standards for the end of Practice Based Learning 3 are available to aid the assessment of progress. Copies of ALL weekly reviews should be kept in the portfolio.

End of placement summary: This form is now more detailed and is completed by both practice educator and student. If all of the learning outcomes have been met there is no need to send any other documentation with this form. If the learning outcomes **have not** all been met, please attach ALL weekly feedback forms as well.

The forms should be signed by the student lead or a delegated dietitian, and the student.

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.

Portfolio Contents Grid

	Week of clinical placement										
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
Individual patient/client consultations self-review	1			1	1	1	1	1	1	1	1
Clinical Observation form	1	1	2	2	2	2	2	2	2	1	1
Working with groups self-review *Talks 2 and 3 are not essential				1		1*			1*		
Group Work Observation Form *Talks 2 and 3 are not essential				1		1*			1*		
Professionalism / Clinical governance grid				1				1			1
Anonymised patient record								1	1	1	1
Weekly review forms	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Student reflection on placement overall											1
Shortly after Practice Based Learning 3 **POST PLACEMENT SURVEY**											1

Shaded = for completion by Dietitian Clear = for completion by Student Bold = joint completion *Optional

Individual Patient Consultations – Self Review

For completion by the student:

- You can start to use this formative/reflective outline to help you develop competence from the beginning of Practice Based Learning 3.
- 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 1-2 patient consultations each week until you start completing extended care plans in week 10.
- 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 **supervising dietitian** or PAL partner (for formative assessment only). It should be signed off by the supervising dietitian 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 first half of Practice Based Learning 3 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 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 eg carbohydrate, fat, energy if relevant	☐	☐	☐	
Assesses dietary intake qualitatively	☐	☐	☐	
Compares dietary intake with appropriate standards, eg. 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 eg. 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. 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: _____	

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

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

	N/A	Needs more work	Yes this time	Comments
During Group Work				
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, 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	☐ ☐ ☐	
Keeps to time allocated	☐ ☐ ☐	

	N/A	Needs more work	Yes this time	Comments
After Group Work				
Plans and carries out an evaluation of the session	☐	☐	☐	
Reflects on the process and content, developing SMART action points	☐	☐	☐	

SUMMARY & REFLECTION

DIFFICULTY OF GROUP WORK: (Consider patient group, topic, environment, patient co-operation, challenging questions, technical/ equipment issues 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/ action points are:

1.

2.

3.

Date:_____ Student Signature: _____

Observer Signature: _____

Evidence attached:

Referral/ request letter/ email

Evidence of information gathering/ assessment

Lesson Plan/

Slides/ quizzes/ games etc

Evaluation

Declaration of who did what if PAL and/or student overall contribution to prep of material

Professionalism / Clinical Governance Grid

- 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.
- 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 achieve competence in all skills by week 11.

List of Skills demonstrating a professional attitude	**Week 4**	**Week 8**	**Week 11 (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. Demonstrates an awareness of the evidence underpinning diet therapy for routine cases	Sometimes/Usually/Always	Sometimes/Usually/Always	Sometimes/Usually/Always
Shows understanding that their actions reflect on the team e.g. can identify incidents 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 telephone manner e.g. appropriate oral skills to answer phone appropriately identifying self and area, not just hello; and written 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. e.g. asking for help when needed, incident reporting and health and safety issues, appropriate patient follow-up. incident reporting and health and safety issues, appropriate patient follow-up. **Complies with protocols eg 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, 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
Patient and Public Involvement (PPI). Demonstrates an understanding of the need to involve the public in decisions regarding service provision. e.g. service user feedback from an education session or consultation	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 3 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 minimal guidance 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. Independently 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. 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. 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. 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
Use the professionalism grid to support discussion around this aspect of practice: 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	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** After 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.

C **Starting to develop and practice.** Would expect you to work through the task and check plan with supervisor prior to implementation. Starting to develop and practice. Becoming increasingly independent. 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.

NB A student should not be assessed at the 'Can' level of practice until a supervisor has observed them carrying out an aspect of care independently. Students still requiring a lot of supervisor support in implementing aspects of the NDCP should remain at a 'know' level.

D **Practicing, and competent in the learning outcome.** Would expect you to be able to assess patients and implement plans and then discuss with supervisor – Sometimes needing any correction in routine cases. Practicing, and competent in the learning outcome. Increasingly consistent. 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.

SAMPLE COMPLETED SELF EVALUATION MATRIX (Practice Based Learning 3 with PH as block weeks)

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

To enable further consistency of expectation this can be used as a guide for the student and supervisor, the progression will be related to the students ability, complexity of the patient and other factors.

Benchmark standards for end of Practice Based Learning 3

These are the overall benchmarks for Practice Based Learning 3. They detail the range of knowledge and skills that a student should demonstrate by the end of the Practice Based Learning 3.

All learning outcomes should be demonstrated in individuals, groups and communities

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

Communication

- Clarifies patient(s) expectations
- Identifies barriers to change and negotiates strategies to overcome them in routine situations.
- 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 minimal support and discussion with supervisor for non-routine situations (eg unfamiliar complex case).

Documented information

- Identifies appropriate sources of information (may vary according home visit, group session, community or project)
    - Medical notes
    - End of bed charts
    - Nursing documentation
    - Drug charts
    - Referral letters
    - Patient held records
    - Electronic records
    - Request for talk or project
    - Needs assessment
    - Guidelines and standards that inform interpretation and diagnosis (eg. MUST, diabetes guidelines, care pathways)

- Extracts information relevant to dietetic care, with more support in non-routine situations (eg in an unfamiliar scenario student would be expected to collect information/ conduct needs assessment but supervisor should expect to provide minimal help).

Individuals

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

Groups

- Identify the information needed to effectively plan, deliver and evaluate a presentation with minimal support.

Learning outcome 2: Independently 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 (with minimal guidance from 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 student should be able to prioritise and justify priority order)

Groups

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

Communities

- Able to identify priorities and needs of a specified community.

Learning outcome 3: 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 goals to all those involved eg patient, carer, nursing staff and other relevant health care professionals, catering and other orgainisations.
- Is able to vary communication according to the audience (eg 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 (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 (eg. patient information may differ from medical note entry).

Individuals

- Able to develop dietetic management goals for routine patients and in familiar situations.(with some support from the supervisor with non-routine patients and in unfamiliar situations)
- Able to translate dietetic management goals into practical information on diet for routine patients and in familiar situations.(may with minimal 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.

Groups

- Is able to vary communication according to the audience
- Is able to identify and use visual aids appropriate to the needs of the audience/client group.
- Is able to identify the content needed for a presentation appropriate to the needs of the group.

Communities

- Is able to develop dietetic management goals for community interventions
- Is able to identify and use appropriate strategies to implement the required intervention

Learning Outcome 4: 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
7. Modifies the action plan if needed
8. Follows up and verifies that the plan is being implemented

Communication

- Is able to communicate the practical dietary information to all those involved eg patient, carer, nursing staff and other relevant health care professionals, catering and other organisations.
- Is able to vary communication according to the audience (eg communication with a healthcare professional may differ from communication with a patient or carer).
- Students should be able to plan and deliver a presentation and answer questions appropriately.

- Documents the plan in appropriate places and formats (prior 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 (eg. patient information may differ from medical note entry).

Individuals

- Able to develop dietetic management plans for routine patients and in familiar situations.(with minimal support from the supervisor with non-routine patients and in unfamiliar situations)
- Able to translate dietetic management goals into practical information on diet for routine patients and in familiar situations (may with minimal 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.

Groups

- Is able to deliver a presentation to the audience, answer questions about familiar topics with minimal help.
- Is able to identify and use visual aids appropriate to the needs of the audience/client group.

Communities

- Is able to develop dietetic management plans for community interventions
- Is able to identify and use appropriate strategies to implement the required intervention

Learning Outcome 5: Reviews, monitors and evaluates dietetic interventions.

Statement of detail

Gathers reassessment data and evaluates against previously documented goals

Reflects on and evaluates the process and outcomes of strategies used.

Revises goals and strategies and implements required changes.

Critically appraises research and identifies the implications for practice and strategies used.

Individuals, groups and communities

- 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 able to reflect in action and make changes on the spot.

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.

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:

- Demonstrates that they can practice in line with professional and clinical governance standards as outlined in the Professional / Clinical Governance Grid. This grid should be discussed every week. Students should achieve competence in all skills by week 11.

In relation to point 3:

By the end of Practice Based Learning 3 a student should be able to carry a small caseload of 12-20 in-patients with familiar conditions, including 1-2 new patients per day.

- In out-patients, the student should be able to see all new or review patients with familiar conditions. The clinic should be completed within the allotted time. Minimal support may be needed in unfamiliar situations.
- 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.

In relation to point 4:

- Attendance and contribution to departmental staff meeting etc as well as MDT meetings.
- 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 in Practice Based Learning 3

Statement of detail

See learning outcomes 1,3 &4

Student training benchmarks/ expectations Practice Based Learning 3

These benchmarks have been designed as a tool to help support students and supervisors in a number of different ways. These include; gauging expected progress against actual progress at weeks 5, 8 and 11 of a Practice Based Learning 3; identifying areas for skill development; and to prompt for discussing student learning. The benchmarks can be used as a prompt for discussion at any time of the placement e.g. weekly feedback meetings, following a piece of practice, as part of objective setting etc.

They aim to describe the skills needed to practice as a Dietitian as students should be demonstrating progress during their placement across the full range of skills as well as meeting individual learning outcomes. Learning outcomes have been grouped together in skill groups to help describe the skills required to practice as a dietitian.

They should be used as a guide only as they it is acknowledged that there needs to be some flexibility, as different people progress at different rates in some areas.

The skills have been linked to the learning outcomes to help when assessing competence when using the **'know, can, do'** framework. Please be aware that supervisors will have an expectation that the student will be able to verbalise why they have carried out a specific action to provide evidence that there is an understanding of the thought process involved in care planning and carrying out tasks as well as producing appropriate end results.

There will be a review of the students progress related to the benchmarks throughout placement.

Expectation of time frames: Practice Based Learning 3

To enable further consistency of expectation this can be used as a ***guide for the supervisor and student***

.

Min and max numbers described	By end of week 5 of clinical placement	By end of week 8 of clinical placement	Consolidation (typically weeks 10-11) of clinical placement
Number of new or follow up contacts (per week)	2 -3 contacts seen independently, of these 1 to be a new patient	4 -6 contacts seen independently, of these at least 3 new patients	Caseload of ~ 10 – 12 patients (To be determined by local supervisory team) ~ 15 -20 inpatient contacts (new or follow up) all seen independently (non PAL)
Max time take to see a **new** contact (all activities)	½ day	2 hrs – non complex patient 3 hrs – in exceptional circumstances/for highly complex patients	1 -2 hrs
Max time take to see a **follow up** contact (all activities)	½ day	1 – 2 hrs	1 hr
Contact type seen (ie complexity level)	Variety of all different types of patients	Variety of all different types of patients	Variety of all different types of patients

Practice Based Learning 3 Consolidation – Further Guidance

It is difficult to give exact guidance on what the PBL3 consolidation workload will feel like. It depends on many factors such as current admissions, complexity of patients referred and environment.

Inpatients: Typically you can expect to be seeing 3 – 5 inpatients per day (one of which will be a new patient). You may for example, see 3 patients per day at the start of your independent working but should aim to progress to seeing more patients per day towards the end of the Practice Based Learning 3. This is to make the best use of your supervised independent working time and to feel ready for clinical practice. Consolidation workload will be reviewed frequently to ensure that it remains appropriate. Inpatient reviews should be undertaken by the student and not delegated (eg to a DA) unless the patient transfers ward and needs to be handed over to another RD.

Most sites will aim to give you a patient caseload that closely mimics a band 5 workload. However, 'speciality' patients are not necessarily excluded from the consolidation workload. If you have had exposure to certain patient types throughout your placement then you may be asked to independently manage a speciality patient in your consolidation (eg liver / CF / renal) but the complexity of the case will be checked before the patient is handed over to you.

KEY ISSUE: The time limits and numbers given above can only ever be a guide as the nature of your workload will vary.

Outpatients / Clinics: Students are typically allocated one OPD clinic per week in PBL3 consolidation. You will be expected to see up to 6 patients in this clinic. In some sites, a supervising RD may be present in the whole clinic but will aim for you to run the clinic independently. In other sites, you may be asked to run the clinic on your own but with a supervisor available to speak to AND to attend the clinic in person if required. You will not normally be expected to complete all clinic paperwork within the allocated clinic and should arrange time within your working week to complete clinic paperwork in a timely manner.

Community: The workload is better defined through the number of contacts per week as the pattern of reviews differs significantly to the acute setting. In general, if a student is taking on a community clinic in PBL3 consolidation, they would not be expected to manage a clinic that they have had no previous exposure to. It is usual for a supervising RD to be present in a community clinic but they will aim for the student to run the consultations independently. In the community setting, you may be expected to complete all clinic paperwork within the allocated clinic as electronic systems may vary between different community sites.

As patients become more complex the supervisor should be aware of this and revise their expectations/ revise the task or skill level required and lengthen the amount of time allocated to the consultation if possible, as well as considering the amount of support the student may require.

Thank you to the Royal Free Hospital Dietetics team for their help in creating these benchmarks.

Revised for trialling in March 2018

Review of Practice Based Learning 3

Name of Student	
Signature of student	
Name of Dietitian	
Signature of Dietitian	
University student attends	
Location of Clinical Placement	
Overall Dates **From** **To**	
Number of Clinical Weeks Completed	

The practice educator should undertake this review with the student on completion of Practice Based Learning 3.

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 form is designed to enable the student to reflect on their overall placement experience prior to their professional exams.

Is there any 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 minimal guidance, 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: Independently formulates and justifies appropriate nutrition and dietetic diagnoses
Strengths Areas for development and action points

Learning outcome 3: Develops suitable dietetic management goals.
Strengths Areas for development and action points

Learning Outcome 4: Designs and implements action plans for achieving dietetic goals
Strengths Areas for development and action points

Learning Outcome 5: Reviews, monitors and evaluates dietetic interventions
Strengths Areas for development and action points

Learning outcome 6: Understands and demonstrates 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.
Strengths Areas for development and action points

Learning Outcome 7: Communicate effectively in all areas of dietetic practice
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 minimal guidance, 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: Independently formulates and justifies appropriate nutrition and dietetic diagnoses
Strengths Areas for development and action points

Learning outcome 3: Develops suitable dietetic management goals.
Strengths Areas for development and action points.

Learning outcome 4: Designs and implements action plans for achieving dietetic goals
Strengths Areas for development and action points

Learning Outcome 5: Reviews, monitors and evaluates dietetic interventions
Strengths Areas for development and action points

Learning outcome 6: Understands and demonstrates 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
Strengths Weaknesses

SUMMARY OF ACHIEVED LEARNING OUTCOMES FOR PRACTICE BASED LEARNING 3

Number of Learning Outcome	**Please Enter √ or X**
Learning outcome 1: With minimal guidance, demonstrates the ability to identify, collect and interpret relevant information and evidence from the range of sources available	
Learning outcome 2: Independently formulates and justifies appropriate nutrition and dietetic diagnoses	
Learning outcome 3: Develops suitable dietetic management goals.	
Learning Outcome 4: Designs and implements action plans for achieving dietetic goals	
Learning Outcome 5: Reviews, monitors and evaluates dietetic interventions	
Learning outcome 6: Understands and demonstrates 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: Communicate effectively in all areas of dietetic practice	

(Name of student)……..has met the learning outcomes indicated above and has passed/ failed (delete as applicable) Practice Based Learning 3.

Signed……(Dietitian)……..(Date)

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 use this for completing job applications and for your ongoing continued professional development.

What went well?

What did I struggle with?

What did I miss out?

What do I need to do:

a) before I start working?

b) in the early weeks of my new job?

Section 5 – Learning activity guidelines

5.1 Introduction

During your 11 week Practice Based Learning 3, you will have the opportunity to develop skills in implementing the nutrition and dietetic care process with individuals, groups and communities. 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 3.

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 3 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 that 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 activities for patients or staff.
- opportunity to develop your skills in public health

5.3 Group Work Guidelines

Throughout Practice Based Learning 3 you will be expected to complete a minimum of one and up to three group work activities (see portfolio evidence grid). These can be across a range of settings including:

- Presentation to a group of dietitians (e.g. 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)
-

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

Planning

NB for most students on Practice Based Learning 3, the student will be asked to create a group talk 'from scratch' to prove ability to research and plan as well as deliver a talk. However, some supervisors would prefer students to deliver a pre-existing talk even on Practice Based Learning 3 so that patients receive a consistent quality of care. This is entirely acceptable and ***the ability*** to plan appropriately can be assessed through reflective discussion if need be.

The student 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.

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.

Justification of plan in relation to evidence base/ best practice

This should include reference to relevant evidence base, including guidelines, , textbooks, lecture notes, consensus statements etc.

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 2 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, etc.) in your appendices.

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 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 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.
(http://www.scottishmentoringnetwork.co.uk/assets/downloads/resources/SFEU-sample-peermentoring-handbook.pdf)

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 (eg Disability Services) available at your University throughout your placement.

You may be visited by one of your Placement Tutors on one or more occasions throughout your placement. 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 - http://www.londonmet.ac.uk/studentservices/
- Centre for the enhancement of learning and teaching - http://www.londonmet.ac.uk/celt/celt-for-students/celt-forstudents_home.cfm

6.5 Managing sickness/absence

Regulations in relation to sickness/absence are detailed earlier in this handbook. It is important that you follow departmental policy in relation to sickness/unexpected absence. This should be discussed during your induction and will usually involve contacting a designated member of your placement team at the start of each day that you are unable to attend work and seeking a medical certificate if you have to have more than 5 consecutive days off placement.

Planned absence (for example due to medical appointments or family commitments) should be discussed with your placement team as far in advance as possible. Your placement team will endeavour to accommodate your requirements, taking into consideration the reasons for absence and your progress on placement. However, they may recommend that you reschedule a non-placement commitment if it will impact on your placement learning experience.

Fitness for placement
It is vital that you make your placement site and Placement Tutor aware of any change in your circumstances that might impact on your fitness for placement. Your Placement Tutor will be able to direct you to appropriate support (such as an Occupational Health review) and liaise with your placement site about how to move forward.

6.6 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 shown on the next page.

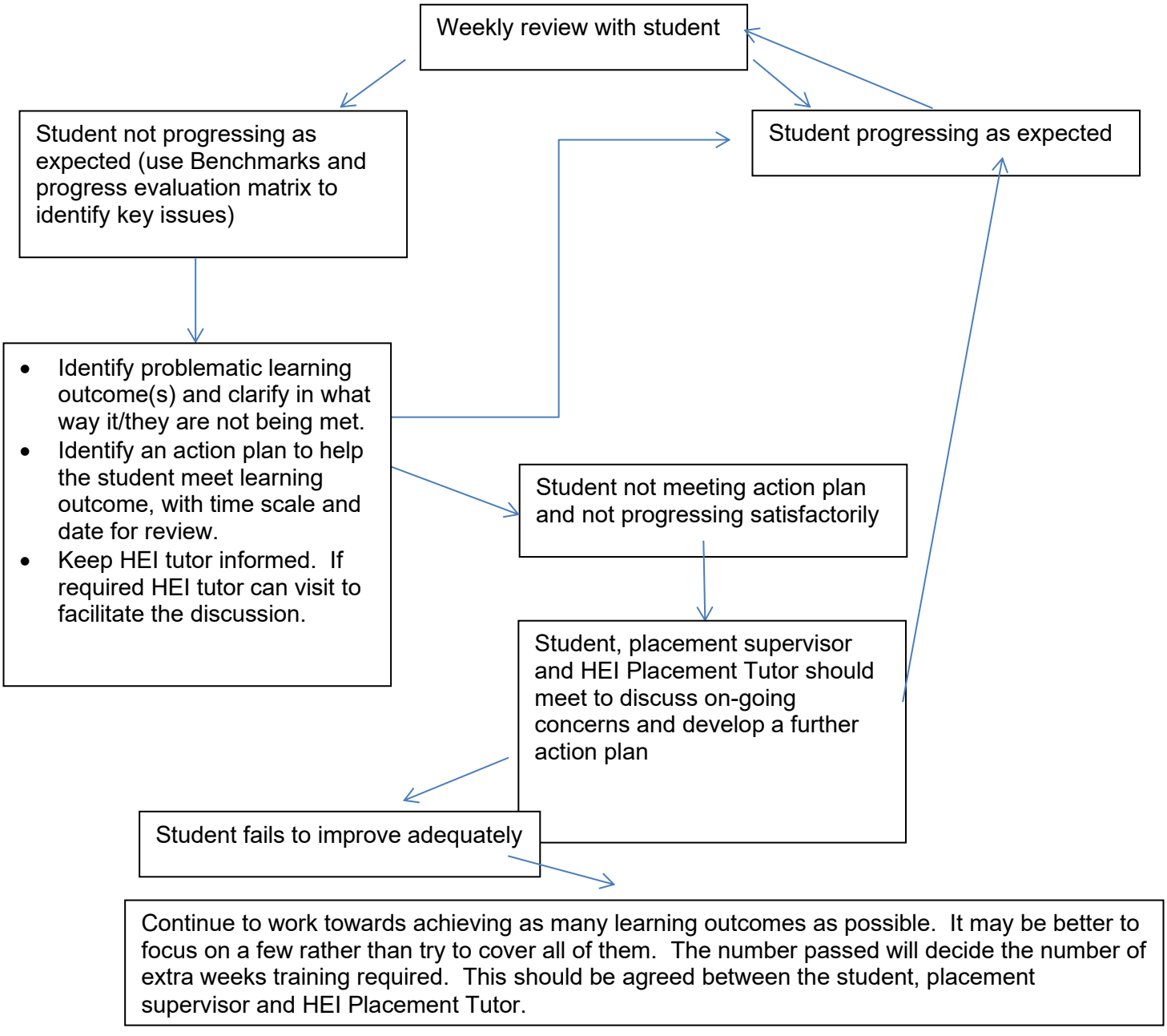
6.7 Managing students developing slowly

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.



Section 7 - End of Practice Based Learning 3 processes

7.1 Practice Based Learning 3 summary

In order to demonstrate to your Placement provider that you have met all of the learning outcomes for Practice Based Learning 3, you will be required to submit your portfolio on PebblePad. Having reviewed your portfolio and considered your practice throughout the placement, the lead supervisor will complete the Review of Practice Based Learning 3 Form to document your progress against the placement learning outcomes.

You and your lead supervisor should both sign this form to prove that you have both seen the contents of this form.

If the learning outcomes **have not** all been met, all weekly feedback forms and the professionalism grid should be returned with the End of Practice Based Learning Review.

a. Placement Evaluation

You may be asked to give feedback to your placement provider about your placement experience.

This is a specific standard of conduct for students set by the HCPC:

' You should provide constructive feedback on the quality of your teaching and learning experience in both the education and practice placement setting.'

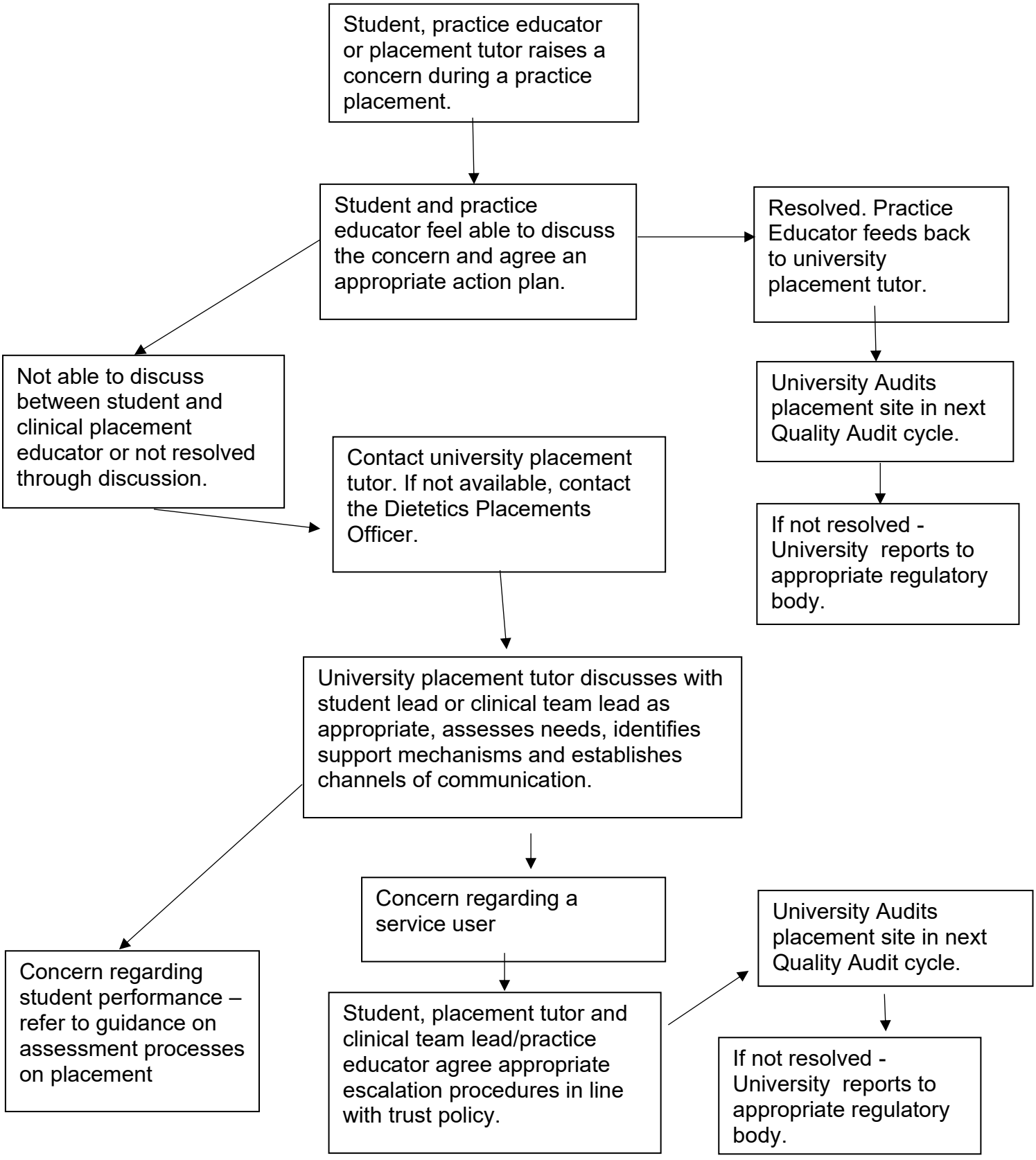
You will also be required to complete an online survey when you return to University to evaluate your placement experience. A link to this survey will be sent to you when you complete your placement. You will also have the opportunity to discuss your placement experience with your peers and Placement Tutor. All sources of evaluation allow the Higher Education Institutes and Placement Providers to develop the practice education experience and will be used as evidence to identify the quality of the placement experience. Please ensure that your feedback is constructive and comprehensive. References to individuals should be avoided.

Appendix 1

Raising Concerns

LONDON METROPOLITAN UNIVERSITY

Raising a concern during practice based learning



Appendix 2

Reflective feedback questions to consider:

Specific to a consultation:

- What were your goals/aims/priorities for the consultation? Did this change at all during the consultation? If so, what influenced this?
- What did the patient want to get out of the consultation? How do you know that?
- How well did the patient engage with you? How do you know that?
- What did your assessment/information gathering lead you to conclude?
- What did you do as a result of this?
- What information did you need to give the patient? How did you explain this? How do you know if they 'got it' or not?
- What (if any) were barriers to change for the patient? How did you work with these? How did your patient respond to this?
- Did you agree any plans/goals with the patient? How did these goals/plans come about?
- What questions did the patient ask? How did you handle their questions?
- What evidence did you base your advice/information on?
- Who did you have to liaise with before the consultation and is there anyone you need to liaise with after? In what ways have/will these discussions contribute to the dietetic care process?
- How will you monitor/evaluate your intervention?
- How was the consultation structured? In what ways did it go to plan and in what ways did it not?
- How about time-keeping? If it was hard to keep to time what made it difficult?
- How will you write this up for medical records/dietetic notes? Summarise the consultation verbally (to yourself or your supervisor), then think about how your written record might differ, and, if it would, why that might be?

More general

- What questions has this experience raised for you?
- What gaps in knowledge or skill has this experience highlighted?
- What learning opportunities do you need now to progress?
- Has this consultation/learning experience highlighted any issues around professionalism e.g. anti-discriminatory practice/ethical issues in dietetic practice/practicing within the standards of conduct? If you are concerned there has been a problem with professionalism, more specific and sensitive questions will be required

Tackling specific aspects of an interaction:

- *When you said xxxxx, what was going through your mind?*
- *When Mr Z said xxxxx what do you think he was getting at?*
- *How did you respond when xxxxx?*
- *When you said xxxxx, I felt xxxxx*
- *What do you think would have happened if you had xxxxx?*

Appendix 3

Assessment of Participation of Tutorials (not mandatory)

This form is to be completed by the group facilitator for each student for each of the tutorials.

A copy is to be given to the portfolio manager and lead assessor.

Student Name:	**Tutorial:**
Date:	

Tick the most appropriate comment in each section

Attendance	
Attended session on time	
Attended but late	
Missed session, tutor notified	
Missed session, tutor not notified	
Preparation	
Evidence of extensive reading and preparation	
Evidence of adequate preparation	
Evidence of some preparation	
No evidence of preparation	
Participation	
Provided regular questions/comments/new information	
Provided some questions/comments/new information	
Sporadic questions/comment/new information	
No meaningful participation	
Communication Skills	
Consistently communicated effectively	
Generally communicated effectively	
Did not communicate effectively	
Presentation skills	
Demonstrated developed presentation skills	

Demonstrated developing presentation skills	
Demonstrated poor presentation skills	
Interpersonal Skills (GROUP)	
Supported participation of others and demonstrated respect for others opinions	
Allowed others to participate and demonstrates respect for others opinions	
Provided minimal interaction or support to other participants	
Learning skills	
Demonstrated self-directed learning	
Demonstrated some self-directed learning	
Did not demonstrate self-directed learning	
Critical thinking	
Regularly offered critical analysis/interpretation of ideas	
Sometimes offered critical analysis/interpretation of ideas	
Little evidence of agreement or disagreement with ideas	
No evidence of agreement or disagreement with ideas	
Other	
Demonstrated reflection on discussion and own learning and/or introduction of innovative ideas and/or relating discussion to broader themes or context	
Facilitated the group process, actively encouraged others to participate	
Additional comments/evidence	**Dietitian Signature**