

Scottish Cluster Dietetic Placements

www.rgu.ac.uk/dietetic-placements-scotland



Dietetic Practice Education Update

*Sharing developments and best practice with
those involved in Scottish dietetic education*

Welcome

Welcome to our 13th newsletter filled with lots more information regarding what has been happening in dietetic education across the UK, and specifically in Scotland. Read on to find out more about the recent BDA Dietetic Education forum, an update on the plans for approval and monitoring in the coming year, and details of the evaluation on the pilot of Practice Placement C.

As ever, if you would like to contribute to our newsletter to share the best practice from your area, please do get in touch.

Clinical Educator Training

Location	Proposed delivery	Proposed Date
Royal Infirmary Edinburgh	Update (1/2 day)	28 th Feb 2018
Borders General Hospital	Introductory Day	14 th March 2018
Queen Margaret Hospital, Dunfermline	Introductory Day	24 th April 2018
NHS Forth Valley	Update (1/2 day)	23 rd May 2018
Queen Margaret University	Introductory day	23 rd August 2018

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For enquiries email: PET@qmu.ac.uk

Outcome of Placement C Evaluation

Thank you to those who responded to our evaluation of the pilot of the new Practice Placement C model that was completed in summer 2017. We collated comments via the dietetic practice email address throughout the pilot period, and also surveyed practice educators, students and HEIs on their views and experiences. We had 34 responses to our Practice Educator survey, representing 9 Health Boards, with some responses being individual (n=26) and others representing a group of dietitians within a Health Board Area (n=5, all from 1 Health Board) or a whole Health Board Area (n=3).

The majority of respondents (97.1%) considered that the learning outcomes are appropriate. There were two comments in relation to this question; one identifying challenges in finding a suitable meeting for students to attend for the business learning outcome, and another indicating that students sometimes expect to achieve too much which can be inappropriate in clinical settings with individual patients.

Only 1 respondent indicated that they believed there were areas of practice which were not covered by the learning outcomes that should be considered. Further detail provided was as follows:

- Multi-professional/multiagency/ interprofessional working and the roles of others in the MDT
- Patient journeys
- Joint Single Assessment when to refer on/sign post
- Governance around the delivery of Nutritional Care
- Group work
- Health and Social Care Partnerships/ Health and Social Care Agenda

In response to the question regarding whether the activities for Placement C were appropriate e.g. catering, needs assessment, audit etc.) 61.8% responded positively. Comments highlighting possible changes related to:

Service User and Business Management	10
Care Measures	1
Needs Assessment	3
Catering	2
Audit	1

Four respondents indicated additional tasks they feel should be included as follows:

- Ethical dilemmas (n=1)
- Setting up a feed/home enteral feeding (n=2)
- Visits/ observations of other health provision (n=1)

The majority (88.6%) of respondents believed the learning outcomes and activities allow students to demonstrate progression throughout their placement. Comments from those disagreeing were varied, with one respondent identifying challenges when students are doing various weeks within different specialities, but others generally referring to clarity needed with the assessment tools. This was reflected in the next question where respondents were asked if the assessment tools assessed against the learning outcomes. 11.8% respondents disagreed, with comments suggesting this can be challenging if the tools e.g. feedforward form are not completed well. Further guidance in these areas was welcomed. The number of assessment tools was considered appropriate by the majority (82.4%), with variation from disagreeing respondents, (n=6), as to whether there were too many or too few. 93.9% respondents considered the tools and 'know can do' model were reflective of expectations of a C placement student. One comment suggested a return to 'Can' in relation to communication at the start of C placement due to the potentially more complex nature of patients and their communication needs (as well as expectations) on C placement.

When reflecting on whether Placement C prepares students for work as a graduate dietitian, 88.2% respondents responded positively. The additional comments recognised that skills should be transferable, but that the readiness was down to the individual graduate. Three respondents believed that students need more time in the clinical setting or, more specifically, the acute setting.

Respondents were invited to make any further suggestions for improving the portfolio. The majority related to the feedforward forms requiring clarity, and other tweaks.

Respondents' ratings for Placement C were as follows:

Excellent	6 (18.2%)
Good	23 (69.7%)
Satisfactory	4 (12.1%)
Poor	0

Further comments offered by respondents were very supportive of the new placement structure and standardised paperwork. One or two more 'tweaks' were suggested. The survey responses were carefully considered and a number of amendments to the portfolio were made. The following summary of changes was circulated to Practice Placement Leads in 2017.

Summary of changes

The amended portfolio for placement C is now available on the website in both Word and pdf format. You can access this at <http://www.rgu.ac.uk/dietetic-placements-scotland>. All spelling, terminology, and grammatical errors as well as general updating that have been reported have now been amended. Feedback has suggested that the placement paperwork on the whole is a lot easier to complete and makes objective evidence easier to obtain than before.

Learning outcomes (LOs) and placement C activities

The placement learning outcomes and activities remain unchanged and both have previously been approved

by the HCPC and BDA. The LOs clearly align to the BDA Model and Process for Nutrition and Dietetic Practice (BDA, 2016) as well as HCPC and NHS expectations of graduate AHPs. As such reference to the NES 4 Pillars of Practice in the introduction has been strengthened to ensure students appreciate the changing scope of AHP work. The consistency in LOs and activities across the 3 practice placements also reinforces that practice-based learning is progressive across placements A, B and C and the contribution of these activities in developing knowledge and skills across the 4 Pillars of Practice make these a minimum requirement to meet eligibility for future registration with the HCPC.

Student feedback suggests that the needs assessment, audit and case presentation activities were valuable experiences. However, the Service and Business Management activity required further clarification and therefore this has been amended. Students will now have the opportunity to meet with a dietetic manager and will be assessed in relation to a reflection on this discussion. This activity has now decreased from 5 hours suggested time allocation to 2 hours.

In the Needs Assessment activity, the rapid impact element has been removed.

Clarification has been given to the Catering activity in relation to students returning to the same placement setting; in this situation there is no requirement for the activity to be repeated unless the student has gaps in their knowledge.

More guidance is given for the student in regards to the purpose of the CARE measure tool, i.e. less about the accuracy of results and more to engage the student in seeking service user involvement and on reflecting on the process. The ratings scale is now carried over to the second page.

For the Talk to Service User Group activity, it has been clarified that this could be undertaken with a clinical group and does not need to be undertaken from a public health perspective only.

For the suggested time allocation linked with activities, we have now added the word 'maximum'.

Additionally, practice educators are reminded that the activities can be undertaken at any stage of the placement as long as they are competent prior to entering the period of independent practice.

Assessment tools

Further guidance around the use of the individual patient consultation tools has been provided. This has involved modification to the formatting of the tool e.g. removal of lines between sample aspects within the learning outcomes in the tool (judgment of 'met' and 'not met' should be based on professional opinion with reference to likely elements in this section rather than as a specific checklist). There is an additional box at the end of the tool to simplify recognition of whether the completed tool can be used as summative evidence. A template table to record collated evidence has also been developed for the portfolio.

There is now space for including the 'week completed' on each tool.

There is flexibility in which tool to use for the half-way assessment e.g. may use feed forward form or 'end of placement form' where instead of using EMF codes could use 'Know Can Do' for stage of training.

The feed forward form has been amended to make it clearer which sections should be completed by the student, and which completed by the Practice Educator. Practice Educators are encouraged to be more specific in their comments.

Students continue to be required to be signed as competent in C1-C7 prior to entering the period of independent practice. The Independent Practice assessment tool emphasises that students must remain competent in C1-C7 throughout this period.

General comments

The 'Know, Can, Do' model has been linked more obviously to the student progression algorithm, and we have also tried to recognise in relation to communication that students at the start of C placement may regress for a short period of time back to the 'Can' stage.

There is now more guidance provided on extended weeks to give more clarity to this process.

Pre and post-placement paperwork is now embedded in the portfolio. Please note the codes for the post-placement paperwork, EMF (exceeded, met or failed in the LOs), is still current.

The independent practice period has been highly rated by students and we believe this consistency in approach is working well.

Scottish Dietetic Cluster Conference

Thursday 26th October 2016 in Aberdeen

Regrettably, we took the difficult decision to cancel the above Conference due to a low number of bookings. Delegates from only 6 Health Boards (HB) registered for the event and we therefore felt it would be useful to email the cluster asking for feedback on why they were unable to attend.

To summarise, 4 HBs responded and the main reason appears to be the geographical region with typical comments being distance from HB to venue either too far, particularly with current time pressures on service, or too expensive to attend (with additional overnight accommodation being prohibitively expensive).

There was however an overwhelming positive response to reschedule the conference to a more central venue as the conference programme looked interesting and would have given delegates the opportunity to further discuss the review of practice placements.

With that in mind the Operational Group are rescheduling the Conference and are looking at sourcing a more central Scotland venue and the likely date will be in June 2018.

BDA Dietetic Education Forum

Highlights of the Day, 7th December 2017, Birmingham

The overall aim of the Education Forum was to highlight various key themes of the future of dietetic education under the broad headings of 'The Profession, Its vision and How to Get There', 'New and Emerging Opportunities for the Profession and Students', and 'Challenges and Opportunities for Pre-registration Education'.

There were a total of 13 presentations over the course of the day with all 4 countries represented and attendees included practice educators, university staff, dietetic managers as well as student representation. In all over 60 attendees were present from all over the UK.

Fiona Moor, Education Board Chair opened the Forum giving an outline of the day and recent BDA workstreams, including an update from the Dietetic Apprenticeship Trailblazer Group.

There were many interesting presentations from around the UK and highlights included presentations on innovative placements which included students spending time in the BDA offices completing a range of varied activities which contributed to a number of learning outcomes; public health placements using local authority public health teams, charities and third sector organisations. Students presented case studies on, for example, a needs assessment on school holiday food provision tackling "holiday hunger".

Some of the challenges and opportunities for the profession again raised some

interesting points with highlights including a key initiative for Wales to recruit and retain staff. So in order for graduates to qualify for bursaries they have to give a commitment to work in Wales for 2 years on graduation. England (Plymouth University) discussed the challenges and opportunities of converting a 4-year pre-registration dietetic programme to 3 years (in England students are funded for 3 years unlike Scotland where they are funded for 4 years). There was also a presentation on provision of specialist post-registration Masters level programmes with the rationale of development of skills as well as career enhancement. Current Masters provision across the UK include generic Masters in Advanced Practice, or more specialist topics including diabetes, obesity, public health or single Masters level modules such as the PENG course. Other presentations included an emphasis on research-led training and how dietitians can get involved in research. Leeds Beckett University presented on research on student-led competency leading to more competent and confident students.

As well as presentations attendees also participated in 3 group discussions around some of the key themes of the presentations and included: **'How do we engage dietitians in Masters Education'** - what does the profession need for innovative and creative ways

of maintaining CPD?'; **'The next steps for innovative placements** – new sectors, novel placement providers and demonstrating competence'; and, **'The Future of Education** – what are the key opportunities and concerns – what messages should the BDA be articulating on behalf of the membership and HEIs?' An interesting discussion followed on the future of dietetic education and led to attendees listing areas that could be part of the future dietetic role and remit. Some examples of topics raised included sustainable food systems; prescribing; advanced generalist practice, for example remote and rural working; genetics and genomics including personalised medicine, research, the wider benefit of outcomes, social media involvement to raise visibility, apprenticeships and achieving a more diverse workforce and opportunities.

Scotland was represented by Christine Monaghan, current Operational Lead for the Scottish Cluster where she briefly discussed the review of practice placements including changes to the learning outcomes, national assessment tools and key activities that build on from A to B to C practice placements (very challenging in what was a 10 minute slot). Jane Dudgeon at NHS Greater Glasgow and Clyde Adult Acute Service then followed by briefly discussing how they have approached the new quality improvement activities in the revised portfolio; the asset mapping and needs assessment activities. She highlighted the challenges and opportunities that these have brought and gave examples of how the students' work has resulted in service change.

Christine later presented on our process of practice placement allocation which is unique to Scotland, with an emphasis on how the process of using ISD WTE figures each year means there is more equity across the Scottish Health Boards as placement weeks are allocated on staff ratios. Christine summarised by stating that we now have more stability where supply of practice weeks more closely matches demand.

Scotland was also represented by Susan Shandley, Programme Lead for AHP Practice Education at NES, where she showcased some of the key NES educational initiatives currently supporting the dietetic workforce within Scotland including:

A social media campaign run throughout November promoting the values and resources supporting AHP student practice education within the care sector and successful outcomes from NHS Highlands pilot of care home placements for dietetic students #AHPcare.

NES AHP Practice Education Programme [Community of Practice](#) which provides access to links and resources to support CPD and career development

[Flying Start](#) the newly relaunched CPD programme for newly qualified practitioners.

[Train the Trainers Toolkit](#) which is a training resource for experienced trainers to support others to facilitate learning in the workplace.

[e-learning modules](#) A range of e-learning modules and an animation

designed to help health and social care staff make the most of CPD and plan for future career development

[NMAHP ehealth leadership programme](#) A development programme to support eHealth leadership development

[AHP career fellowships](#) a funding source to support learning and development for the AHP workforce

Overall it was a really interesting and informative day to share some of the challenges, opportunities and innovations across UK in terms of dietetic education now, but also for the future of the profession. Fiona Moor closed the Forum by paying tribute to the late BDA Education Policy Officer Rosanna Hudson for putting together the programme and speakers for the day and in particular praised Rosanna for her attention to detail leading to a very successful day where all attendees were updated on what was happening in other regions of the UK.

This summary gives a brief account of what was a very busy day. For further information on the BDA Dietetic Education Forum please see the link below.

https://www.bda.uk.com/events/dietetic_education_forum/dietetic_education_forum

If you are interested in working with the BDA Education and Professional Development team on any aspects of the education framework for the dietetic workforce please contact the team on: edpd@bda.uk.com

For further information on examples of the quality improvement activities undertaken in Glasgow, please contact Jane Dudgeon:

Jane.Dudgeon@ggc.scot.nhs.uk

Did you know...?

The Dietetic course at Robert Gordon University has moved to a new School. The course will now be hosted within the School of Health Sciences, alongside Physiotherapy, Occupational Therapy, Diagnostic Radiography, Applied Sports and Exercise Science, and Public Health.

Telephone numbers and email addresses for staff remain the same, but our postal address has now changed. Please see the end of the newsletter for our new address.

National Association of Educators in Practice

NAEP will be holding the conference “*Learning in Practice: a critical perspective*” on 20th April 2018 in Birmingham. The call for papers and posters can be found at:

naep-uk.org/conference

Approval and Monitoring Update

As a result of the review of dietetic practice placement delivery in Scotland resulting in Scottish wide learning outcomes, core portfolios and national assessment tools the approval and monitoring process for dietetic placements has been reviewed. The revised process will streamline the approval and monitoring process and reduce the burden on practice educators whilst maintaining the quality of practice based education. A summary of the revised process is outlined below.

Approval and monitoring of dietetic practice placements continues to be co-ordinated at a national level with all placements being approved for utilisation by students at each of the three universities in Scotland which deliver dietetic education (GCU, QMU and RGU). The process for approval is based upon the NES Quality Standards for Practice Placement (QSPP) Audit Tool:

http://www.nes.scot.nhs.uk/media/325397/qspp_audit_tool_interactive_fields.pdf.

This audit tool includes information and feedback from practice educators, students and service users.

Approval/Re-approval of Practice Placements

Where a Practice Placement Provider has **not** previously been approved to deliver dietetic practice placements the Health Board Area should in the first instance contact their link university to discuss how they can best deliver practice based education. Following the initial discussions the Practice Educator will then be required to complete the NES QPPS audit tool and submit this, along with an example placement programme, to the lead for approval and monitoring of practice placements in Scotland (Jacklyn Jones: jjones@qmu.ac.uk). Following this normally a half day visit by a university tutor and an experienced practice educator from another health board area will take place.

Where placements have previously been approved practice placement providers will be required to complete and submit the NES QPPS audit tool every five years. An identified academic from one of the three universities in Scotland who deliver dietetic education will be identified to review the completed QPPS audit tool. A visit will not be required but where issues are identified as potential problems in practice based education and which impact on the student experience these will be highlighted to the lead practice educator. The link university and practice educators will work collaboratively to seek a resolution.

Monitoring of Practice Placements

All practice placements in Scotland will continue to be reviewed on an annual basis via the existing practice placement supply and demand process and requires practice educators to confirm either that no changes have been made to practice based delivery in the health board area or to report the changes which have been made.

Monitoring data is collated at a national level and reviewed by the lead for approval and monitoring in Scotland. Any major change to practice placement delivery e.g. change to lead trainer, change in type of placement being delivered etc. will be reported to the link university who will discuss the changes with the lead practice educator. Where the change is deemed to be substantial and which could significantly impact on the student experience practice educators will be required to complete the NES QPPS audit tool and to follow the process for when placements have previously been approved (see point 2 above).

In addition to the completion of the monitoring process by practice educators, students are also required to complete a placement evaluation at the end of each placement block. These evaluations are collated at a national level and each link university is responsible reviewing the evaluations for their identified Practice Placement Provider

The revised process will commence this year and so all approved sites will be required to submit a completed QSPP audit by the end of May 2018. More information about confirmed timelines will be sent to lead practice educators at the end of February 2018.

NES Placement Cancellation guidelines updated

The number of cancellations has reduced significantly and this is thanks to practice educators, the placement networks/ groups in the Boards, PELs and HEI staff that manage placements working together. This reduction adds stability and improves the experience of placement provision for all involved. The data for 2016/17 is not available yet, but the overall trend is positive. Karin Massie has emailed a summary of the changes to the guidelines to Practice Educators this week.

Here is the link to the new cancellation guidelines:

<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4087751/b6d64023-76a8-47b7-b71e-d61853050429.pdf>

University Operational Group: Who are we?

Many of you will be familiar with some of the dietetic staff at the Universities. Below you will find out about who sits on the University Operational Group and what roles we undertake within this committee.



Heather Donald is a lecturer at Robert Gordon University. She is responsible for the website and keeping it up-to-date.



Jacklyn Jones is the Postgraduate Programme Leader at Queen Margaret University. She takes the lead role for Approval and Monitoring of placements.



Emma Kinrade is the Postgraduate Programme Organiser and lecturer at Glasgow Caledonian University.



Susan Lennie is the Programme Leader at Robert Gordon University. She has been leading on the review of placement learning outcomes and resources.



Christine Monaghan is the Clinical Placement tutor at Glasgow Caledonian University. She is the current Lead for the Operational Group.



Sara Smith is the Undergraduate Programme Leader at Queen Margaret University. She liaises with the allocation officer and links with the BDA on issues such as the Curriculum.



Pamela Knox is the Scottish Dietetic Placements Allocation Officer, based at Queen Margaret University.

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