

Scottish Cluster Dietetic Placements

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Placement A

Campus Based Student Portfolio

2020/21

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Introductory portfolio information

The following learning outcome framework, activities, tasks and associated assessment tools have been developed in collaboration with all Health Boards in Scotland, NHS Education Scotland and the three Universities in Scotland (Glasgow Caledonian University, Queen Margaret University, and Robert Gordon University) who offer pre-registration Dietetic training. Current, previous students and service users were also integral to the development process. Furthermore, acknowledgement should be given to other Universities in the UK and beyond who have been willing to share their resources, in particular Kings College London and London Metropolitan University.

The framework is aligned to the British Dietetic Association (BDA) Curriculum Framework for the Pre Registration Education and training of Dietitians, the BDA Model and Process for Nutrition and Dietetic Practice, the Health and Care Professions Council (HCPC) Standards of Education and Training, and the HCPC Standards of Proficiency for Dietitians. The portfolio has been approved by both the HCPC and BDA and is therefore a compulsory requirement for dietetic student training across Scotland.

The placement and portfolio has been developed in a manner that has been cognisant of current drivers across Health and Social Care, the NHS Scotland workforce vision and core values. Consideration has also been given to NHS Education Scotland Post Registration Career Development Framework (for Nurses, Midwives and Allied Health Professionals in Scotland), and the four pillars of practice (Practitioner Level). These pillars reflect the essential requirements for the graduate workforce and therefore have been embedded in the education and training activities in the three placement blocks to support student progression and competence.



NES 'Four Pillars of Practice'

Key documents

<https://www.bda.uk.com/careers/education/preregcurriculum>

<https://www.bda.uk.com/professional/practice/process>

<http://www.hcpc-uk.org/aboutregistration/standards/sets/>

<http://www.careerframework.nes.scot.nhs.uk/using-the-framework/pillars-of-practice.aspx>

Overview of Placement A

Placement A is the first of 3 practice placements which students undertake. The aim of the placement is to orientate students to the health and social care environment, to introduce students to the work of a dietitian through developing their knowledge and understanding of the Nutrition and Dietetic Care Process (NDCP), and to provide them with an opportunity to see the Process in action and practice a number of the steps with Service Users. Most of the learning outcomes for this placement are based on the various steps in the NDCP.

The placement is short, only 4 weeks long, and occurs early in the academic program. In Scotland, Placement A is based in the campus setting for the first 2 weeks and with practice for the second two weeks. The with practice weeks may be delivered in the practice setting or remotely with activities being facilitated by practice based dietitians. The practice weeks will commence after the campus weeks, but there may be a gap between these elements of the placement to accommodate all students accessing with practice days.

The practice setting will be a health or social care setting (or a mixture of both) in which a dietitian works. This allows students to gain insight into the work of a dietitian, and meet members of the multi-disciplinary and multi-agency teams with which they work and the tasks and activities associated with placement A may be delivered in practice or remotely

Placement A has a number of learning outcomes associated with it and these are achieved by the successful completion of activities and tasks which students work through over their 4 week placement. These are integrated such that the activities and tasks in the practice setting follow on from the underpinning provided on campus. Students gather appropriate evidence to demonstrate they have met the learning outcomes and this is collated in their portfolio.

Placement A is assessed on the specific 'observable' learning outcomes related to professionalism and communication. Non-completion of any activities or tasks will impact upon the professionalism learning outcome so all work must be completed.

Peer Assisted Learning (PAL): A Collaborative 2:1 Model for Placement A

Using PAL on Placement A

The term Peer Assisted Learning (PAL) essentially means that you will work in collaboration with at least one other student in order to develop your knowledge and skills. You will be working collaboratively throughout your 4-week placement (including both campus and practice based elements of your placement) with a peer. This method of working will not be new to you as you will have experienced collaborative working either in pairs or teams throughout your time at university.

NB: Your peer on campus may not necessarily be the same peer you work with during your practice weeks. You should also note that your peer may be a student from a different University to your own. You may also be at different stages on your training, for example when a postgraduate and an undergraduate student are paired on placement. Students usually look forward to meeting and working with someone from another university and often remain friends long after the placement has finished.

Although you will work closely with a peer, you will also meet with a course tutor whilst on campus and a practice educator when in the practice setting. This will allow you to discuss your learning and seek advice and guidance in areas where peer working has left you unsure about your knowledge or practice. Your facilitator will give you feedback individually and in your peer group. You will be assessed against the learning outcomes on an individual basis; your peer will not influence your ability to successfully meet the learning outcomes.

Expectations agreement

In order to facilitate an effective PAL experience you will be asked to sign up to an "expectations agreement" on the first week of your campus placement. This sets out what you can expect from your peer(s) and your Practice Educator and what they can expect from you.

PAL will work best when you are prepared to share your knowledge, skills and experiences with your peer(s), and to begin to take responsibility for your own learning.

Expectations Agreement

University tutors and practice placement providers believe that students should be treated as adult learners. This means you will be taking full responsibility for your **own** learning and it is up to **you** to provide us with evidence of your progress and your professional qualities at each stage. We will **not** chase you to hand in work or undertake other tasks. However, please remember that if you regularly fail to complete work within the allotted time, this does not demonstrate commitment or a professional attitude.

In addition, you must also remember and appreciate that a dietetic department is a working department and the needs of the service must be the priority. In view of this your programme could change at short notice and you should demonstrate flexibility if this happens.

What you can expect from us:

- To be treated with respect
- To be clear about the aims and tasks of your placement
- To be treated fairly and non-judgmentally
- That your training is well organised and you are given adequate notice of tasks where possible
- To be clear about what each dietitian expects of you during their the time that they are facilitating your learning
- To be given adequate support including remotely via digital platforms
- To have confidential matters kept confidential
- To be given the opportunity to contribute to the day to day running of the dietetic department in the practice setting
- To receive honest and constructive feedback
- To be given every opportunity to demonstrate your skills and abilities
- You will have the opportunity to meet with a task facilitator after each task and receive feedback. Meetings and feedback may occur on a 1:1 basis or as group feedback and may be face-to-face or virtually via digital platforms

What we expect from you:

- When working with your peers you should contribute equally to the task and work submitted which may be either face-to-face or virtual working via digital platforms eg MS Teams
- When discussion of a topic is required with your peer around a task / topic, listen and acknowledge their views and opinions
- To treat all members of staff with respect
- To let us know if you have a problem with anything that affects your work
- To accept feedback and work to address any areas highlighted
- To be self-motivated
- To inform your supervisor / student training coordinator if tasks or tutorials have been cancelled and need to be rearranged
- To behave appropriately and professionally at all times

- To be prepared to reflect on your learning experiences and plan your future learning
- To prepare adequately for tasks, revising 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 honest and say if you don't know or understand something
- To be punctual to meetings, tutorials etc. and to have a professional presentation whether face to face or via digital platforms such as MS Teams and Near Me/Attend Anywhere
- To meet deadlines without prompting and inform the facilitating dietitian in advance if you are having difficulty
- To use practice based hours constructively whether working remotely/ from home or in the practice setting.
- To ensure that you have completed all paperwork required before meetings and to ensure that all forms are filed in your portfolio
- Ensure supervisor / secretary knows where you are at all times
- To check that you understand what is expected in terms of your evidence portfolio
- Follow local guidance on whether mobile phones can be used (app accessibility) or should be switched off during the working hours of your placement and when working at home engaging in any placement related work (eg online/virtual discussions)
- Appropriate use of emails and internet in line with both the university and the NHS IT policies

I have read the above, which has been fully discussed with me. I am clear about what is expected of me and I am happy to take full responsibility for my own training.

Signed:

Name (PRINT):

Date:

Confidentiality Agreement

It is an important professional requirement that you maintain patient confidentiality both when a student and when an HCPC registrant. In view of this, you must agree to maintain confidentiality at all times. In addition to patient confidentiality it is important that you consider the confidentiality of the staff you work with whilst you are on placement, and the confidentiality of other students who are in the placement setting with you. This is especially important to adhere to when working remotely whilst on placement, for example that you do not download any confidential material to your computer, private conversations including consultations are not overheard by anyone etc.

Prior to proceeding to your practice placement you are required to sign a confidentiality agreement to demonstrate that you understand and agree to maintain confidential information regarding patients, staff and other students whilst you are on placement and whilst working on placement activities remotely/within the home setting. This agreement extends to disclosing information both verbally and in the written form, which includes social networking fora such as Facebook and Twitter.

You may also be asked to sign a confidentiality agreement by your practice placement provider as part of your induction which you should sign in addition to this agreement.

You should read the following statement, which is a typical confidentiality agreement for NHS staff:

"You must not, either during or after the end of your placement, disclose any confidential information relating to patients (all matters relating to a patient's diagnosis and treatment are strictly confidential), staff and other students (including details of others student's performance on placement) to any person or make use of the information unless you are expressly authorised to do so, by the organisation, as a necessary part of your duties. If you disclose or misuse information during the course of your employment, (which includes working from home), the NHS Board and/or the University will treat such conduct as Gross Misconduct".

In addition, it is not permitted to access your own information. Neither can you access other people's information unless you have a legitimate reason to do so as part of your practice education programme. Other people include, for example: family members; neighbours; colleagues, or; any high profile patient information. It is not permitted to ask your practice educators, or others who work in the NHS, to access your information on your behalf.

Although you do not have a contract of employment whilst on placement, you are required to uphold this statement as a condition of you being offered a placement within the NHS. Any breach of the above statement or additional information may result in the initiation of fitness to practice proceedings. For more information on key documents this information relates to please see the following publications:

- HCPC (2016) Guidance on Conduct and Ethics for Students:

- <http://www.hcpc-uk.org/publications/brochures/>
- HCPC (2016) Standards of Conduct, Performance and Ethics:
<http://www.hcpc-uk.org/publications/standards/>
- NHS Scotland Code of Practice: Protecting Confidentiality:
<http://www.wdhscp.org.uk/media/1256/revised-code-of-confidentiality-final.pdf>

If you agree to this condition please sign the Form of Acceptance.

Signed:

Name (PRINT):

Date:

Guidance on attendance and absence during Dietetic Practice Placements

Students must normally complete a minimum of 1000 hours on practice placement over the duration of their studies. This is normally achieved through the successful completion of placement A (4 weeks or 150 hours), placement B (12 weeks or 450 hours), and placement C (12 weeks or 450 hours). On your B placement your 450 placement hours will be a combination of 'in practice' hours where you will be based in the practice setting, or 'with practice' where you could be based remotely and which may or may not be your home setting. If you take part in any simulated/role play activities this will also contribute to your placement hours.

To satisfy this requirement students are expected to work the typical full time hours of a dietitian for both with or in practice hours (normally Monday-Friday 9-5pm, or 8.30-4.30pm, but due to COVID 19 this may vary). Public holidays will be granted in line with departmental policy. Study leave or half days **will not** be given. Student must attend practice placements in line with the service requirements of the practice educator and, where working hours fall outwith the normal hours of work, the practice educator should provide appropriate notice.

Placement A:

Where absences due to sickness do occur, these will normally be dealt with as follows:

Loss of up to 2 placement A days:

No action needs to be taken if the Practice Educator and University Tutor consider that there is no detrimental effect to the student's progress, i.e. they have met all of the learning outcomes for that placement. If this is not the case the lost time must be made up.

Loss of more than 2 placement A days

Students should normally make up any additional days beyond the 2 day threshold (i.e. they should normally complete a minimum of 18 days). No action needs to be taken beyond this if the Practice Educator and University Tutor consider there is no detrimental effect to the student's progress i.e. they have or will meet all of the learning outcomes. If this is not the case then the rest of the lost time should be made up.

If the student requires a prolonged period of absence from their placement, the period of training required will be determined in consultation with the Practice Educator and University Tutor.

Notification of absences

Students should follow local NHS policy regarding the notification of any absences to Practice Educators and provide medical certification where relevant. The Practice Educator should notify the University Tutor of any absences as a matter of course and record this on the end of placement form.

Guidance on Repeat and Extended Week Placements

In line with the BDA curriculum framework (2013) students must normally complete a minimum of 1000 hours on practice placement. However, it is acknowledged that students' progress at different rates and whilst it is expected that most students will be able to meet the learning outcomes for placements within the time allocation i.e. placement A (150 hours), placement B (450 hours) and placement C (450 hours), provision is made for students to complete additional practice education hours if the placement learning outcomes have not been met. Additional practice education hours will not automatically take place within the same placement setting. Students can only be allocated a maximum of 500 additional hours across the 3 practice placements and the additional hours for each practice placement cannot be more than the original placement length i.e. for placement A only 150 additional hours can be allocated, for placement B and C only 450 additional hours can be allocated. Any additional time taken in placement A reduces the additional time available for placement B and subsequently placement C.

Example:

If a student requires an additional 50 hours for placement A then only 450 hours additional time can be allocated to any future placements. This takes into consideration the maximum allowance of 500 hours and the maximum additional hours permitted for placement B. If the same student then requires an additional 250 hours for placement B then only 200 hours would be available for placement C (taking into consideration the 50 additional hours for placement A).

Placement A

To successfully complete placement A students must complete all relevant activities as indicated in the placement A portfolio, pass learning outcomes A1 and A2 and demonstrate competency in the remaining learning outcomes (A3 – A7). Students are normally required to complete all campus based activities associated with placement A before they are permitted to commence the practice based weeks. Where a student does not successfully meet the learning outcomes they will be required to complete additional time to enable them to meet these. The additional time provided to the students will be discussed and agreed by the Practice Educator and the University tutor. This will take into consideration the rate of student progression and number of learning outcomes not met. The additional hours provided will not be less than 15 hours (2 days) and not more than 150 hours (4 weeks).

Failure to complete placement A may require additional hours in either the campus or practice setting, or a combination of both, and may involve one or more of the following, as appropriate:

- Tasks and activities completed to be reviewed upon return to University
- Facilitation of further learning opportunities utilising resources local to the University
- Additional time in the health and/ or social care environment (subject to the existing extended/ repeat placement process).

The appropriate action will be determined through consultation between the placement provider and the University Tutor.

Good practice guide to appropriate dress

The appearance of students and staff plays an important role in the delivery of person centred, safe, and effective care.

Person centred: all students are expected to present a smart and professional image which is likely to inspire public confidence. Uniforms are provided to help achieve this objective. Photo ID badges must be worn and visible unless contraindicated by health and safety requirements. Please note when working remotely, for example at home, you will still be required to present a professional image and you will also need to consider the appropriateness of your home surroundings.

Safe and effective: whilst involved in direct clinical care, dress will be in compliance with the principles relating to the prevention and control of transmission of infection, and health and safety regulations. Personal Protective Equipment (PPE) is provided to help achieve this objective.

A good practice guide to appropriate dress is detailed below; however, you should **refer to your placement Health Board policies for specific guidance relating on COVID 19**. Please note that dress code policies may be more, or less, restrictive dependent upon the task, setting and service user population.

- Students should wear the uniform provided by their University.
- Uniforms must be clean, pressed and laundered.
- Uniforms should **only** be worn in the work environment.
 - Uniforms must be transported to and from work in a clean disposable bag.
- Fleeces/cardigans may be worn in the uniform colour but must be removed before patient contact.
- If a disability/medical condition, religious, ethnic or cultural requirement makes it difficult or impossible for a student to comply, the Practice Educator should be contacted for further advice.
- Footwear should be soft soled with closed toes.
- No badges other than ID and professional badges to be worn.
- Sleeves should be either short, $\frac{3}{4}$ length or rolled up away from the wrists prior to hand hygiene.
- Fingernails should be kept short and clean.
- False nails and nail varnish are not permitted.
- Jewellery and piercings may not be permitted or may be limited (refer to local policy)
- Hair must be clean neat and tidy
 - Longer hair must be tied or clipped back at all times in clinical areas.
- Make up should be kept light; false eyelashes are not permitted.
- Perfume/aftershave, if worn, should be subtle in nature.

Placement A - Summary of Learning outcomes

At the end of Placement A, in relation to individuals, groups, populations, students with supervision are able to:

Number	Learning outcome title (<i>competency statement</i>)	Components of the learning outcome (<i>written in outcome form</i>)	Evidence and scope of practice (where relevant)
A1	Demonstrate consistent professional behaviour in accordance with legal and ethical boundaries, requirements of HCPC and local standards	<p>Acts in the best interests of others</p> <p>Respects confidentiality.</p> <p>Keeps high standards of personal conduct demonstrated through appearance and behaviour</p> <p>Shows commitment to keeping professional knowledge and skills up to date.</p> <p>Acts within limits of current knowledge and practice to ensure patient safety.</p> <p>Knows and understands the value of reflection and demonstrates an ability to reflect.</p> <p>Knows and understands the concept and process of consent.</p> <p>Behaves honestly ensuring behaviour does not damage public confidence in the profession.</p> <p>Works in line with organisational policies, procedures and professional standards (HCPC/BDA).</p> <p>Knows and understands the concept of Leadership, personal leadership behaviours and skills.</p>	<p><u>Scope:</u> At all times in the practice setting</p> <p><u>Mandatory Evidence:</u> Summative professionalism assessment tool x 1 Completion of relevant tasks</p>
A2	Demonstrate appropriate verbal and non verbal communication skills	<p>Treats individuals with dignity and respect</p> <p>Listens to and demonstrates understanding of an individuals story</p> <p>Demonstrates empathy, care and compassion</p> <p>Maintains a non-judgemental attitude</p> <p>Establishes good rapport</p>	<p><u>Scope:</u> At all times in the practice setting (where relevant applies to service users, carers, healthcare staff and Supervisors)</p>

		<p>Acknowledges others views and feelings Uses appropriate eye contact Uses appropriate tone of speech Uses appropriate volume of speech Uses appropriate language and vocabulary Can appropriately write legible notes that are clearly understood Shows awareness of verbal cues Shows awareness of own and others non-verbal communication Does not undermine, or appear condescending or confrontational Uses active listening skills Responds appropriately to questions Documents appropriately according to local record keeping protocols</p>	<p><u>Mandatory Evidence:</u> Summative communication assessment tool x1 Completion of relevant tasks</p>
A3	Demonstrate knowledge and understanding of the identification of nutritional need and assessment	<p>Explores and can identify the nutritional needs of a local population Knows and understands referral/request for assistance pathways and criteria used by Dietitians to open a duty of care and prioritise caseloads Knows and understands the sources of information used by dietitians Gathers, in a systematic manner, relevant information and undertakes assessment using appropriate techniques and resources</p>	<p><u>Mandatory Evidence:</u> Completion of relevant tasks</p>
A4	Demonstrate knowledge and understanding of nutritional diagnosis	<p>Knows (identifies) and can explain the information and processes which underpin and inform the formulation of an appropriate nutritional diagnosis(es)/problems</p>	<p><u>Mandatory Evidence:</u> Completion of relevant tasks</p>

A5	Demonstrate knowledge and understanding of planning and implementing interventions	<p>Knows and can explain the key actions in the process of formulating an appropriate, reasoned person centred care plan (e.g. co-produced person centred outcomes, estimation of requirements, development of an intervention plan mindful of service delivery issues)</p> <p>Knows and understands the factors and processes involved in implementing a safe and appropriate intervention plan (communication and documentation)</p>	<u>Mandatory Evidence:</u> Completion of relevant tasks
A6	Demonstrate knowledge and understanding of monitoring and review	Knows and understands how monitoring and review is carried out in the practice setting	<u>Mandatory Evidence:</u> Completion of relevant tasks
A7	Demonstrate knowledge and understanding of quality improvement and service evaluation processes	<p>Knows and understands quality improvement processes</p> <p>Knows (identifies) and understands processes used to evaluate dietetic services</p>	<u>Mandatory Evidence:</u> Completion of relevant tasks

'Know, Can, Do' Model

	A				B												C											
Week	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Professional behaviour	K	K	C	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
Communication	K	K	C	D	C	C	C	C	D	D	D	D	D	D	D	D	C/D	C/D	C/D	D	D	D	D	D	D	D	D	D
Identification of a nutritional need, and assessment	K	K	K	K	K	K	K	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D	D	D	D	D
Diagnosis	K	K	K	K	K	K	K	C	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D	D	D	D
Intervention	K	K	K	K	K	K	K	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D
Monitoring and evaluation	K	K	K	K	K	K	K	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D
Quality improvement	K	K	K	K	K	K	K	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D

Definitions:

Know = demonstrates with supervision (during observation, questioning or within portfolio evidence)

Can = demonstrates with decreasing supervision and support

Do = with minimal supervision, and within agreed boundaries

This portfolio is the portfolio for the campus-based activities for placement A. It is supplemented and complemented by a practice-based portfolio which you will be provided with prior to your practice-based learning

On Campus Induction Checklist

Student NAME (PRINT):

	Induction topic	<input checked="" type="checkbox"/>	Notes/Actions
Evidence of PVG Certificate/ Indemnity Insurance	Protection of Vulnerable Groups – PVG Certificate		
	Indemnity Insurance		
	Basic Life Support		
Mandatory/Statutory Training	Management of Violence and Aggression/ De-escalation Training		
	Hand Hygiene/ Infection Control		
	Adult and Child Protection Awareness		
	Manual Handling		
	TURAS COVID training		

Course tutor signature once complete:

Date:

Campus-based Activity: Model and process for nutrition and dietetic practice

Contributes to Learning Outcomes: A1; A2; A3; A4; A5; A6; A7

Purpose

This activity will allow you to become familiar with the Model and Process for Nutrition and Dietetic Practice (BDA 2020).

The *Process* for Nutrition and Dietetic Practice demonstrates how dietitians integrate professional knowledge and skills into evidence-based decision making, with individuals, groups or populations, in clinical and social care settings, public health or health promotion. The *Model and Process* also articulates the specific skills, knowledge and critical reasoning that all dietitians deploy and the environmental factors that influence the practice of dietetics.

Task 1

Visit the BDA website and download, save and read a copy of 'The Model and Process for Nutrition and Dietetic Practice (BDA, 2020).

Task 2

In small groups, or with your allocated peer, discuss the need for a nutrition and dietetic care process and why this might be beneficial for the patient, for dietitians and for dietetic services. You should make your own notes.

Task 3

Design a checklist covering all steps of the nutrition and dietetic care process that can be used in the practice environment when observing a dietitian working with a patient/client.

Task 4

Visit the Scottish Cluster Dietetic Placements website (www.rgu.ac.uk/dietetic-placements-scotland). Obtain and read a copy of the learning outcomes for dietetic placements A, B and C in Scotland. Identify how the learning outcomes relate to the Process for Nutrition and Dietetic Practice and highlight the differences in level of expectation between placements A, B and C. You should make your own notes.

Evidence for portfolio:

Notes from tasks 2 and 4

Checklist from task 3

Campus-based Activity: Information Governance

Contributes to Learning Outcomes: A1

Purpose

This activity is designed to introduce you to the topic of information governance and how it relates to dietetics in health and social care settings.

Task 1

You should complete the Information Governance: Safe Information Handling e-learning course via Turas.

This activity will also provide evidence for your information gathering and documentation activities in the placement A portfolio.

Task 2

You should download, save and read the NHS Scotland Code of Practice on Protecting Patient Confidentiality. Available at this link:

<http://www.wdhscp.org.uk/media/1256/revised-code-of-confidentiality-final.pdf>

A copy of the code of practice should be included in your portfolio.

Evidence for portfolio:

Saved copy of NHS Scotland Code of Practice on Protecting Patient Confidentiality.

Campus-based Activity: Professionalism

Contributes to Learning Outcomes: A1

Purpose

These activities will allow you to become familiar with the standards of professional conduct, ethics and proficiency which apply to you, the importance of maintaining standards, and the consequences of not adhering to these.

Task 1

Visit the Health and Care Professions Council (HCPC) website download, save and read copies of the following publications:

- Standards of Conduct, Performance and Ethics
- Standards of Conduct, Performance and Ethics for students
- Standards of Proficiency – Dietitians
- Confidentiality-Guidance for Registrants
- Visit the British Dietetic Association (BDA) website and obtain and read a copy of the following publication: Code of Professional Conduct

<https://www.hcpc-uk.org/registration/meeting-our-standards/>

<https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/>

Task 2

Working with your allocated peer, or small groups discuss:

Why are the HCPC and BDA documents important?

What can happen if you don't adhere to these standards?

Task 3

Using the resources on the HCPC website you will participate in facilitated discussions about:

- appropriate use of social media
- having consent
- being open when things go wrong
- reporting concerns

<https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-use-of-social-media/>

You should make your own notes

Task 4

You will be given a case study, which you should read. Working with your allocated peer, or in small groups discuss the following:

- What are the possible issues relating to discrimination within the case scenario and how can these be prevented?
- What are the potential issues around confidentiality in the case scenario, how can these be prevented and what are the potential consequences of breaking confidentiality?
- Consider how you would feel if something you disclosed to a health professional in confidence was later revealed to an employer.

Task 5

Organisations, prospective employers and the general public use social media to find out information about individuals.

Identify what information is available on the Internet about you by 'googling' yourself. You should use words or phrases that may help identify you e.g. the

town that you come from, the university you attend, clubs you may be a member of, etc.

If you find information about yourself consider whether this could be deemed unprofessional (considering the HCPC standards, BDA Code of Professional Conduct and BMA Guidance) and how this may be perceived by practice placement providers, future employers and the public.

How might you prevent the public and prospective employers considering you to be unprofessional?

Make notes as evidence for your portfolio.

Task 6

The NHS and HCPC expect all of those providing services to patients and carers to report any concerns about the safety and well being of service users promptly. Each Health Board should have guidance on how concerns raised by staff will be managed locally. As a student on placement it is expected that you will be aware of your own responsibilities in this regard. The 'raising a concern algorithm' which can be found in the appendices of this portfolio is there to support you should such a situation arise. Please ensure you take the time to read this before going on placement.

Task 7

Following the Patients' Rights (Scotland) Act introduced in 2011, patients now have a legal right to give feedback on their experience of healthcare or raise concerns or complaints. As a Healthcare student you need to be aware of the principles of the Act and the expectations of how complaints and apologies are handled.

Access and print off for your portfolio a copy of factsheet 1:

<http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4027804/Factsheet%201.pdf>

Access the NHS Education for Scotland page: Little Things Make a Big Difference: Valuing People:

<http://www.knowledge.scot.nhs.uk/making-a-difference/resources.aspx>

Complete the following online modules, which can be found via the Feedback, Comments, Concerns and Complaints e-learning modules link on the Little Things Make a Big Difference: Valuing People website.

[Module 1 - Valuing Feedback](#)

[Module 3 - NHS Complaints and Feedback Handling Process](#)

[Module 4 - The Value of Apology](#)

Write a short summary for your portfolio of the key messages from each of the three modules.

Evidence for portfolio:

Saved copies of HCPC documents

Saved copy of Code of Professional Conduct (BDA, 2008)

Notes from discussions of tasks 2, 3, 4, 5 & 7

Printed copy of Patient Rights (Scotland) Act 2011 Factsheet 1

Completion of online modules

Campus-based Activity: Identify nutritional needs for individuals, groups and populations

Contributes to Learning Outcomes: A3

Purpose

The purpose of this activity is to consider the impact of a given environment on the health of the local population.

Task 1

Undertake a "virtual" health hunt around a geographical location within Scotland (you will be provided with the location by your course tutor).

Working with your allocated peer, you should research the environment of your given location using Internet resources. Use the Internet, and published reports, to consider the issues that impact upon your allocated community in relation to aspects such as:

- Health
- Locally prevalent health conditions relative to national rates
- Life expectancy
- Social aspects
- Transport
- Leisure facilities
- Shopping facilities
- Employability

You should prepare a short report taking into consideration the issues above and you will be expected to discuss your findings with the rest of the class. As a minimum, you should refer to these sources of information to help you with your search. You can use additional sources if you wish

Health hunt sources of information

Information Services Division: www.isdscotland.org

SCROL- Scottish Census results online: www.scotlandscensus.gov.uk

Scottish neighbourhood statistics. <http://www.statistics.gov.scot>

General register office for Scotland: www.gro-scotland.gov.uk

Scottish public healthy observatory: www.scotpho.org.uk

A Local information system for Scotland: <http://www.aliss.org/>

Scottish Index of Multiple Deprivation:

<http://www.scotland.gov.uk/Topics/Statistics/SIMD>

Scottish health survey:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/scottish-health-survey>

Evidence for portfolio:

Report from 'virtual health hunt'

Campus-based Activity: Availability and cost of food within the community setting

Contributes to Learning Outcomes: A3

Purpose

To allow students to become familiar with factors which will influence food choice.

Task 1

Working with your allocated peer, gather information on the availability and cost of a range of different foods. To do this you will visit a local Supermarket and a local convenience store and complete the associated worksheet. Collect the required information to complete the associated worksheets on the availability, cost and nutritional content of a range of foods. You should establish the nutritional content per portion eaten. To do this you should refer to:

Mills, A., et al. (2002) *Food Portion Sizes*. Food Standards Agency.

The foods included in the worksheet are those foods that are commonly eaten in the UK and are representative of consumer spending patterns in 2014. Comment fully on your findings considering, cost, availability and nutritional content of the foods.

Task 2

Discuss the differences in the availability, cost of the food products in the different store types and the nutritional profile. For example, the difference between a value and luxury convenience meal in relation to price and nutritional value. Consider the implication for a person's dietary intake (in the context of healthy eating) and financial situation if they could shop only in a supermarket or only in a local convenience store. To help you do this you should download, print and refer to the Revised Dietary Goals for Scotland (2016):

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Food-Health/DietaryGoalsScot>

Evidence for portfolio:

Completed worksheet and own notes

Printed copy of revised dietary goals (2016)

Nutritional content per portion

Food	Packet size as sold		Typical portion size (g)	Price/ portion		Energy (kcal)		Protein (g)		Fat (g)		CHO (g)	
	Super-market	Local store		Super-market	Local store	Super-market	Local store	Super-market	Local store	Super-market	Local store	Super-market	Local store
1 pint full cream milk Amount on cereal Amount in drinks													
1 pint semi skimmed milk Amount on cereal Amount in drinks													
Cheddar cheese													
Edam cheese													
Low fat yogurt													
Thick and creamy yogurt													
4 apples													
4 bananas													
Orange juice													
Carrots													
Frozen peas													
Canned sweetcorn													

White rice												
Brown rice												
Bran flakes												
Cornflakes												
Baking potatoes												
Frozen oven chips												
White pasta												
Wholemeal pasta												
Minced beef												
Sausages												
Chicken breast												
Cod fillet												
Tinned salmon												
Fish fingers												
Lasagne ready meal												
Chicken curry ready meal												
Beef steak pie												
Macaroni cheese pie												
6 large eggs												
Butter												

Olive oil spread												
PUFA spread												
Crisps												
Mars bar												
Bottle wine												
6 cans lager												
Sparkling water												
Cola												
Jar of jam												
Digestive biscuit												
Chocolate biscuit												

Campus-based Activity: Understand referral/ request for assistance pathways and criteria used by dietitians to open a duty of care and to prioritise care.

Contributes to Learning Outcomes: A3

Purpose

The purpose of this activity is to introduce you to potential sources of referral/requests for assistance to dietetic services

Task 1

You will have a facilitated discussion regarding the terms 'referral pathways', 'request for assistance', 'referral criteria' and 'duty of care'.

Task 2

In small groups and using your own knowledge and experiences of health services consider and discuss potential routes of access to dietetic services. In addition to identifying routes of referral, you should consider and discuss potential strengths and limitations of these routes of referral

Task 3

Working with your allocated peer, or in small groups, and using either overweight/obesity or type 2 diabetes as an example, you should undertake some research online to find out how a patient with one of these conditions can be referred to dietetic services. You should also identify any stages or processes that must be completed prior to the patient seeing a dietitian.

Task 4

You will be given a presentation about methods of nutritional screening and their use within a health and social care setting.

You will be given simulated patients notes for a minimum of 4 patients. Working with your allocated peer, use the Malnutrition Universal Screening Tool (MUST) to identify their nutritional risk. You will be expected to discuss your conclusions with the rest of the class advantages and disadvantages to each referral route from both the dietitian and the patient's perspective

Evidence for portfolio:

Notes from discussion about referral pathways/referral criteria/duty of care

Copy of presentation

Results from screening patients

Campus-based Activity: Communication

Contributes to Learning Outcomes: A2

Purpose

This activity is designed to make you aware of your own communication style and to emphasize the importance of effective communication for dietetic practice.

Task 1

Complete the communication self-assessment questionnaire that you have been provided with.

Review your answers as part of a facilitated discussion with the class. Identify action points regarding your communication style.

Task 2

You will be given a tutorial on the principles of good communication and the factors affecting communication. Make notes of the discussions points from the tutorial.

Evidence for portfolio:

Completed communication self-assessment form and action points
Notes from task 2

Communication Self Assessment Questionnaire

The development of good interpersonal communication skills is an important key to success. The following self-assessment exercise is designed to help you evaluate your own interpersonal communication skills and style, and provide you with helpful tips for becoming a good communicator – and team player!

In each of the following, read items A, B and C, then circle the one that best describes your communication style.

1.
 - a) When conversing with others, I usually do most of the talking.
 - b) When conversing with others, I usually let the other person do most of the talking.
 - c) When conversing with others, I try to equalise my participation in the conversations.

2.
 - a) When I first meet someone, I wait for the other person to make the introduction first.
 - b) When I first meet someone, I introduce myself with a smile and offer a handshake.
 - c) When I first meet someone, I hug the person.

3.
 - a) When I'm in a group, I tend to frown a lot.
 - b) When I'm in a group, I tend to smile and use humor at appropriate times.
 - c) When I'm in a group I tend to be serious.

4.
 - a) I usually 'warm-up' new conversations with small talk.
 - b) I usually avoid small talk and jump into more important matters.
 - c) I usually avoid starting conversations.

5.
 - a) I make an effort to remember and use peoples' names.
 - b) I don't pay attention to names as I tend to forget them.
 - c) I only learn the names of important people.

6.
 - a) I frequently use courtesy words and phrases e.g. 'please', 'thank you', 'you're welcome', 'I'm sorry'.
 - b) I occasionally use these courtesy words and phrases.
 - c) I never use these courtesy words and phrases

7.
 - a) I make eye contact while conversing.
 - b) I sometimes make eye contact while conversing.
 - c) I never make eye contact while conversing.

- 8.
- While conversing, I hold my head still at all times.
 - While conversing, I nod my head at appropriate times.
 - While conversing, I nod my head constantly.
- 9.
- While conversing, I stand one-foot away from the person.
 - While conversing, I stand two- to three- feet away from the person.
 - While conversing, I stand five- to six- feet away from the person.
- 10.
- I often stand while talking to a person who is sitting.
 - I often sit while talking to a person who is sitting.
 - I often lean down while talking to a person who is sitting.
- 11.
- To end a conversation, I often just leave.
 - To end a conversation, I begin to look impatient hoping the person will get the hint.
 - To end a conversation, I wrap up with a closing statement.
- 12.
- When I'm listening to the speaker, I often cross my arms over my chest.
 - When I'm listening to the speaker, I often lean back and turn my body away from the speaker.
 - When I'm listening to the speaker, I often lean slightly forward and face my body toward the speaker.
- 13.
- When I cross my leg, I cross my leg facing the speaker.
 - When I cross my leg, I cross my leg away from the speaker.
 - When I cross my leg, I bob my foot.
- 14.
- While listening, I tend to be distracted by things going on around me.
 - While listening, I listen for meaning and ask questions.
 - While listening, I watch the person speak, but I don't "hear" a word.
- 15.
- When someone talks about an unfortunate or sad experience, I don't comment about it.
 - When someone talks about an unfortunate or sad experience, I try to change the subject.
 - When someone talks about an unfortunate or sad experience, I try to relate to the person's feelings and show sensitivity to his or her misfortune.
- 16.
- When I receive unfavorable feedback, I note where I need to improve.
 - When I receive unfavorable feedback, I get angry and defensive.
 - When I receive unfavorable feedback, I deny the problem, make excuses, or plead ignorance.

- 17.
- a) When I give a person negative feedback, I focus on the person's observable work or behaviour and offer suggestions.
 - b) When I give a person negative feedback, I focus on what I don't like about the person.
 - c) When I give a person negative feedback, I simply tell the person what to do right.
- 18.
- a) When I give a person negative feedback, I do it around others so everyone can hear.
 - b) When I give a person negative feedback, I do it in front of the Practice Educator.
 - c) When I give a person negative feedback, I talk with the person alone in a private place.
- 19.
- a) When I disagree with a person, I listen first, ask questions for clarification, then disagree non-judgmentally.
 - b) When I disagree with a person, I quickly point out the person is wrong, and why.
 - c) When I disagree with a person, I say little or nothing.
- 20.
- a) If I don't understand something, I tend to keep this to myself
 - b) If I don't understand something, I ask for help
 - c) If I don't understand something, I will try to work it out for myself and, if necessary, will ask for help
- 21.
- a) I tend to say what I think, without worrying about what the other person thinks. I assume that we will be able to work it out.
 - b) I tend to keep my opinions to myself as others will usually know more than me.
 - c) I am always prepared to offer my opinion in conversations: I'm happy to contribute to discussions but equally I am happy to learn from others.

Adapted from 'Building Effective Interpersonal Communication Skills – Self Assessment Exercise' (www.Relationships101.org).

Campus-based Activity: Consent

Contributes to Learning Outcomes: A1; A2

Purpose

This activity will introduce you to the ethical and legal principles that apply to dietetic practice, to dispel some common misconceptions surrounding consent and to help you consider how to seek and obtain valid consent from service users.

Task 1

In small groups, or with your allocated peer, discuss what you understand by the term 'consent'. You should make your own notes.

Task 2

Visit the British Dietetic Association (BDA) website and download, save and read a copy of 'Good Practice in Consent: A Guide for Dietitians' (BDA, 2009).

Task 3

In small groups, or with your allocated peer, discuss how your understanding of 'consent' may have changed and any particular learning points from reading the document. You should make your own notes.

Task 4

List the ways in which you might seek consent from a patient/client. This may include examples of phrases you might use.

List the places and ways in which you might document that consent has been sought. This may include examples of phrases you might use.

Identify any groups of service users who may not be able to give consent. What might you do as a result to ensure that they are provided with equal access to quality health and social care?

Evidence for portfolio:

Notes from tasks 1,3 and 4

Saved copy of Good Practice in Consent (BDA 2009)

Campus-based Activity: Anthropometry

Contributes to Learning Outcomes: A1; A2; A3

Purpose

This activity is designed to enable you to become familiar with different anthropometric measurements. It will enable you to gain skills in taking these measurements, to be aware of how they are used in the assessment of patients, and to be aware of the limitations of anthropometric measurements.

You will be given a demonstration of the appropriate techniques.

Task 1

Working with your allocated peer, generate a list of equipment that you would require in order to undertake the anthropometric measurements that are listed in task 2.

Task 2

Working with your allocated peer, perform each of the following anthropometric measurements (in duplicate) on each other and complete the following table with your own anthropometric data (as measured by your partner). For estimation of percentage weight change, use the mean weight and assume that the original weight was 3.5kg heavier.

	Measure 1	Measure 2
Weight (kg)		
Height		
BMI		
Waist circumference		
Mid-upper arm circumference		
Ulna length		
Knee height		
Demi-span		
% weight change		

Task 3

Ask your peer to complete the PAL feedback form in relation to your communication skills and professionalism during the anthropometric measurement task.

Task 4

For each of the measurements, compare to an appropriate standard (if applicable) and identify how this information might be used in the assessment of a service user.

Anthropometric variable	Standards for comparison	How might this information be used in the assessment of a service user?
BMI	WHO BMI cut offs	

Task 5

Working with your allocated peer, research the surrogate measures available for predicting height. Calculate your predicted height and record in the table below. Discuss any differences between predicted height and actual height and discuss what implications this may have in practice.

	Predicted height	Actual Height
Ulna length		
Knee height		
Demi-span		

Evidence for portfolio:

- List of equipment required
- Completed table of anthropometric data
- Completed table of anthropometric variable and standards for comparison
- Completed table of predicted height form surrogate measures
- Summary notes of discussions
- PAL feedback form

PAL Feedback Form: Anthropometry

Communication

Did your peer make you feel at ease? For example, did your peer explain what measurements/procedures they would be using? Was this clear? Did you get a chance to ask questions? Were these answered satisfactorily?

If you had a difference of opinion how was this managed?

What *non-verbal communication did your peer use throughout this activity? Describe what these were and how did this influence your feelings?

Professionalism

Did your peer demonstrate sensitivity when taking measurements?

Was this activity completed in a timely way?

Did your peer contribute to discussions in a constructive way?

Did your peer approach this task with interest and enthusiasm?

Do you have any other comments to make about working with your peer on this activity?

*Includes gestures, facial expressions, and body positions/posture but may also refer to unspoken understandings and presuppositions, and any cultural, social, and environmental conditions that may affect the encounter.

Campus-based Activity: Biochemical, haematological and microbiological assessment

Contributes to Learning Outcomes: A3

Purpose

This activity aims to introduce you to identifying biochemical, haematological and microbiological parameters that will aid the dietitian in assessing the patient/client.

Task 1

You will participate in a facilitated session on basic biochemical, haematological and microbiological parameters that are likely to be used in various care settings and be aware of differences in frequency of monitoring. You should make notes.

Task 2

Agree a list of parameters to be explored with your facilitator then, working with a peer (if applicable), complete the table below regarding biochemical, haematological and microbiological parameters.

Evidence for portfolio:

Notes from facilitated discussion

Completed table of biochemical, haematological and microbiological markers

Biochemical, haematological and microbiological parameters

Parameter	Standard Unit of measurement	Reference range (note adult/child)	Reason for taking measurement

Campus-based Activity: Clinical assessment

Contributes to Learning Outcomes: A3

Purpose

This activity aims to introduce the student to the common physiological parameters and information referred to when assessing patients/ service users, including classifications of drugs using the British National Formulary (BNF).

Key Activities

For this activity, you will be working with your allocated peer.

Task 1

Discuss with your allocated peer the types of physiological parameters and clinical data that may be relevant to the Dietitian when assessing a patient/client. Following a wider class discussion make a list of common parameters/clinical data and provide rationales/reasons for why they are relevant to the Dietitian.

Task 2

You will participate in a facilitated session of the different classifications of drugs, how these are prescribed and how to use the BNF. You should make your own notes.

Task 3

Working with a peer, complete the table with some examples of common medications. Use the information from your facilitated session, together with the latest edition of BNF or equivalent to help you (you should aim to complete this electronically).

Task 4

In discussion with your peer and wider group, summarise the possible signs and symptoms that someone with under-nutrition, and someone with over nutrition, may present with.

Evidence for portfolio:

Notes on key medications

Completed table of common medications

Notes from task 4

Classifications of drugs

BNF Class	Examples	Impact on nutritional status and dietetic treatment (side effects)	Any drug: nutrient interactions	Directions for use/contraindications
Gastrointestinal				
Cardiovascular				
Respiratory				
Infections				
Endocrine				
Nutrition blood				

Musculoskeletal joints				
Central Nervous				
Borderline substances				

Campus-based Activity: Dietary assessment and nutritional requirements for populations and individuals

Contributes to Learning Outcomes: A1; A2; A3; A4;

Purpose

This activity aims to introduce you to methodologies to determine nutritional and hydration/fluid assessment and requirements for populations and individuals

Task 1

Download, save and read the following documents relating to the Eatwell Guide and guideline daily amounts (GDA) that provide information about population based nutritional requirements (for your portfolio download and print the pictorial eatwell guide and GDA fact sheet:

<https://www.gov.uk/government/publications/the-eatwell-guide>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf

http://www.fdf.org.uk/publicgeneral/gdas_science_Jul09.pdf

Working with your allocated peer, discuss why these guidance documents are useful in the work of a dietitian

Task 2

Working with your allocated peer, discuss the types of questions you would ask when taking a diet history from a patient. Devise a checklist of questions that you can use in the practice setting.

Task 3

Working with your allocated peer, and using your checklist, take a 24 hour recall from each other. Once this is complete, you should discuss this qualitatively and quantitatively in relation to Scottish Dietary Goals, the Eatwell Guide and GDAs. If anything was missed, use your checklist for guidance. Swap roles and repeat as above. You should also make amendments to your checklist if needed following this activity.

Task 4

Analyse your own 24 hour recall and your own three day food diary (completed at the end of week 1). In your pairs discuss any differences and possible reasons for these. Discuss whether these meet guidance for the Eatwell Guide and GDA's. In view of your finding discuss why GDAs are not suitable for use at an individual level.

Task 5

Reflect back on recording your dietary intake on your 3-day food diary and working as a group discuss any barriers and challenges you faced when recording your dietary intake by this means. Discuss any implications these could have on dietary analysis.

Evidence for portfolio:

Printed copy of Eatwell Guide and GDA fact sheet

Checklist of questions for taking a diet history

Notes of discussions from task 3,4 & 5

Dietary Analysis (24 hour recall and 3 day diet diary)

Campus-based Activity: Catering services

Contributes to Learning Outcomes: A5

Purpose

The purpose of this activity is to enable you to become familiar with different types of food provision within health and social care settings and to identify the influencing factors on this food provision.

Task 1

Download and read a copy of) Standards for Food, Fluid and Nutritional Care (Health Improvement Scotland (HIS) 2014).

http://www.healthcareimprovementscotland.org/our_work/patient_safety/improving_nutritional_care/nutritional_care_standards.aspx

Download and familiarise yourself with Food in Hospitals. A National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland (Scottish Government 2016)

<https://www.gov.scot/resource/doc/229423/0062185.pdf>

You should print Chapter 2 Nutrient Needs of the Hospital Population of Food in Hospitals and include this within your portfolio. You will need this information for your practice based activities.

Task 2

You will be given a presentation about food and fluid provision within health and social care settings. Make your own notes.

Evidence for portfolio:

Saved copy of Standards for Food, Fluid and Nutritional Care (HIS 2014)

Saved copy of Chapter 2 of Food in Hospitals (Scottish Government 2016)

Notes from presentation

Campus-based Activity: Routes of feeding, food first, food enrichment

Contributes to Learning Outcomes: A5

Purpose

To allow students to understand the types of nutritional support utilised in the management of nutritional related problems, in the context of the needs of groups, populations and individuals.

Task 1

You will be given a short presentation about feeding routes commonly used within a health and social care setting.

Task 2

Obtain and read a copy of the Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition:

<http://www.malnutritionpathway.co.uk/>

https://www.malnutritionpathway.co.uk/library/ons_pathway.pdf

Task 3

Working with your allocated peer, discuss your understanding of the term food enrichment. Whilst doing this you should identify all the macronutrients and discuss which of these lend themselves for use in food enrichment. Consider how you would practically enrich foods, taking into consideration the aesthetics and palatability of the foods.

Task 4

Prepare and taste a selection of nutrient modified foods (use the list of foods on the ready reckoner), noting texture, appearance and taste of each in comparison to the standard food presentation. When you do this you should enrich the food in a variety of ways as appropriate e.g. increasing levels of protein, increasing levels of fat, increasing level of sugar or a combination of macronutrients.

Complete the ready reckoner with nutritional composition of standard preparation, methods of enrichment and nutritional composition of enriched foods.

Task 5

Having completed task 3 in small groups discuss and make notes about how enriching foods affected the palatability, texture, and appearance of the product. You should also discuss how useful you think food enrichment is for dietetic practice, justifying your reasons

Evidence for portfolio:

Own notes from presentation

Printed copy of the Pathway for using Oral Nutritional Supplements (ONS) in the Management of Malnutrition

Notes from tasks 3 & 5

Completed worksheets and notes from task 4

Ready Reckoner

Foods	Portion size (g)	Recipe	Nutrient content per portion		
			Energy (kcal)	Protein (g)	Fat (g)
Standard Custard					
Enriched custard					
Standard mashed potato					
Enriched Mashed potato					
Standard Minced meat					
Enriched minced meat					
Standard Ready Brek or porridge					
Enriched Ready Brek or porridge					
Standard Jelly					
Enriched jelly					
Standard Mousse					

Enriched mousse					
Standard Full cream Milk					
Enriched Full cream Milk					
Standard scrambled egg					
Enriched scrambled egg					

Campus-based Activity: Information gathering and documentation

Contributes to Learning Outcomes: A1; A2; A3; A4; A5; A6;

Purpose

This activity aims to introduce you to information gathering, documentation and communication systems.

Task 1

Download, save and read a copy of the BDA Guidance for Record and Record Keeping (August 2008).

Task 2

Working with your allocated peer, or in small groups, identify all the sources of patient information that are relevant to a dietitian and justify why you feel it is important.

Task 3

You will be given examples of care records (including nursing and medical records) and other sources of information related to information gathering for patients (e.g. drug charts, fluid balance charts, food record charts). You should read this information and become familiar with patient documentation. You will come across abbreviations, and to help you become familiar with some common ones you should complete the table (there are a few common ones to get you started). You can add to these in the practice setting.

Task 4

You will be given a blank dietetic record proforma and you should try to complete this for one of the individuals presented in Task 4.

Task 5

If you have not already done so, you should complete the Information Governance: Safe Information Handling e-learning course via Turas.

This activity will also provide evidence for your information governance activities in the placement A portfolio.

Evidence for portfolio:

Saved copy of BDA Guidance for Record and Record Keeping

List of sources of patient information used by dietitians

List of abbreviations

Completed dietetic proforma

Evidence of completion of information governance – safe information handling

Campus-based Activity: Environmental assessment and the person centred approach

Contributes to Learning Outcomes: A1; A2; A3;

Purpose

This activity aims to introduce you to the environmental and psychosocial aspects that may be relevant in the assessment of individuals. It will also enable you to understand the concept of 'person centred care' and to begin to develop the skills required to facilitate person centred care.

Task 1

In discussion with your peer make a list of environmental and psychosocial factors that you think may be relevant in the assessment of individuals. For each factor provide a reason

Task 2

Discuss with your allocated peer, or in small groups, what you think person centred care means. Write a short summary of what you think person centred care means.

Task 3

Discuss with your allocated peer, or in small groups, the types of questions you could ask someone that would demonstrate a person centred approach to getting to know a person and to help you identify their individual nutritional needs. Make a note of the type of questions.

Task 4

With your allocated peer, each take a turn of role-playing a person centred conversation.

Task 5

With your allocated peer, and using the reflective framework, reflect back on your conversation.

Evidence for portfolio:

List of environmental and psychosocial factors with accompanying rationales

Notes about person-centred care

Copy of person-centred questions

Reflection on activity using reflective framework

Campus-based activity: Nutritional diagnosis, identification and measurement of outcomes in individuals, groups and populations

Contributes to Learning Outcomes: A4; A5; A6; A7

Purpose

This activity aims to introduce the student to the concept of a nutritional diagnosis, the purpose of identifying and measuring outcomes, and the range of different outcomes that can be measured by dietitians.

Task 1

In preparation for a facilitated discussion, refer back to your notes on the Model and Process for Nutrition and Dietetic Practice (BDA 2020).

Task 2

Contribute to a facilitated session on the concepts of a nutritional diagnosis, how problems are identified, prioritised and how these can be documented in line with the PASS (Problem, aetiology, signs and symptoms) system.

Task 3

Contribute to a facilitated discussion on the role and purpose of identifying and measuring specific outcomes (aims and goals). The discussion will address the following topics: person-centred outcomes, SMART outcomes, appropriate outcomes for individuals versus groups and populations, etc.

For individual patients receiving dietetic care, why is it important to record outcomes?

Task 4

Construct a list of outcomes that could be measured relating to dietetic care/intervention. (Hint: consider the A,B,C,D,E,F elements* that may be used in assessing a patient).

Evidence for portfolio:

Notes from task 2 and 3

List of measureable outcomes

***Anthropometry, Biochemistry, Clinical/physical, Dietary, Environmental/behavioural/social, Functional**

Campus-based activity: Quality improvement and service evaluation

Contributes to Learning Outcomes: A7

Purpose

This activity aims to introduce you to the concept, purpose and process of Quality Improvement

Task 1

Visit the NHS Quality Improvement hub and complete the online tutorial 'Introduction to purpose and values':

<http://www.qihub.scot.nhs.uk/scormplayer.aspx?pkgurl=/elearningmodules/Introduction%20to%20our%20purpose%20and%20values/&height=800&width=1010>

Reflect on and write a summary of the key messages provided within the above online presentation.

Task 2

Visit the NHS Quality Improvement hub and complete the online tutorial 'Introduction to Quality and Quality Improvement'.

<http://www.qihub.scot.nhs.uk/scormplayer.aspx?pkgurl=/elearningmodules/Introduction%20to%20quality%20and%20quality%20improvement/&height=800&width=1010>

Make your own short notes on the online tutorial that you will be able to refer back to in the Practice Setting. Particularly consider the purpose of QI and the processes involved.

Task 3

With your allocated peer, identify a health service that you are both familiar with (e.g. Dentist, GP). Reflect on your experiences of this service and discuss what you think could be improved. Discuss what changes would be required to improve the issues you have highlighted. Make your own notes.

Evidence for portfolio:

Notes from on-line tutorials visited for tasks 1, 2

Notes from Task 3

Campus-based Activity: Multi-disciplinary/agency team working

Contributes to Learning Outcomes: A1; A2

Purpose

This activity aims to introduce you to the role of the dietitian in multi-agency team working, and to raise awareness of the range of professions in health and social care setting with whom a dietitian may interact. You will become familiar with the roles of some of these professionals.

Task 1

Working with your allocated peer, identify and list 14 health care professionals who could work with a Dietitian. The following webpage will help you to do this:

<http://www.nhscareers.nhs.uk/career.shtml>

Identify a range of other people that a dietitian could work with from a social care setting, education setting third sector and voluntary organisations.

Task 2

Working with your allocated peer, each student should choose 2 health professionals and 2 others that they are less familiar with. Individually, research these 4 professionals and write a concise summary about their role and responsibilities (you will then have details of 8 professionals). You will be expected to discuss this with your allocated peer and the rest of the class.

Task 3

You should read the case study below and visit the following websites to gain more information about dementia:

<http://alzheimers.org.uk/site/index.php>

<http://www.dementiauk.org/>

<https://www.nhs.uk/conditions/dementia/>

<http://www.knowledge.scot.nhs.uk/home/portals-and-topics/dementia-promoting-excellence/framework/informed-level/learning-resources.aspx>

Ron is a 76 year old male who was diagnosed with dementia 3 years ago. His memory has progressively deteriorated over that time. He lives with his wife and she is his main carer. He has been seeing a dietitian for the past 6 months as his appetite has deteriorated and he has been losing weight. Undertake your own research to find out the other professionals who could potentially be involved in Ron's care (health, social, third sector and voluntary organisations) and write a short synopsis of each of their roles in the context of this patient and how this would impact on the role of the dietitian.

Evidence for portfolio:

List of professionals who work with a dietitian

Summary of Roles of Health professionals

Notes from task 3

Campus-based Activity: Leadership

Contributes to Learning Outcomes: A1

Purpose

The aim of this activity is to introduce you to the leadership qualities and behaviours expected of a dietitian, and why these are important for the provision of high quality care. It will also allow you to reflect upon your own personal leadership qualities and behaviours, and how these may be translated to the practice setting.

Task 1

You will be given a short presentation about leadership. Make your own notes.

Task 2

Read the NHS Scotland Leadership Qualities Framework and summarise the key points.

<http://www.knowledge.scot.nhs.uk/media/9566973/scottish%20leadership%20qualities%20framework%20-%20guidance%20notes%20july%202014.pdf>

Task 3

In small groups discuss and identify public figures (past and present) who could be considered leaders, including both good and poor role models. Identify the positive and negative attributes that these public figures have (or had) which made them leaders. You will be expected to discuss this with the rest of the class.

Reflecting on the attributes you identified in relation to role models, discuss which of these attributes would be useful within a health and social care setting and explain your reasons for this.

Task 4

Reflect on your own skills and attributes, and identify 3 qualities you see in yourself which would allow you to demonstrate leadership qualities. Consider how these qualities could be translated to the practice setting.

Watch the following clip and reflect on which role you might take in this scenario:

<https://www.youtube.com/watch?v=fW8amMCVAJQ>

Evidence for portfolio:

Notes from presentation about leadership

Summary of key points from NHS Scotland Leadership Framework

Notes from task 3

Reflection from task 4

Placement A: Campus-based activities mapped to learning outcomes

	A1	A2	A3	A4	A5	A6	A7
Activities and Tasks	Professionalism	Communication	Identification of nutritional need and assessment	Nutritional Diagnosis	Planning and intervention	Monitoring and review	Service evaluation and quality improvement
Model and Process for Nutrition and Dietetic Practice	X	X	X	X	X	X	X
Information Governance	X						
Professionalism	X						
Identify Nutritional Needs for Individuals, Groups and Populations			X				
Availability and Cost of Food Within the Community Setting			X				
Understand Referral Pathways and Criteria Used by Dietitians to Open a Duty of Care and to Prioritise Care			X				
Communication		X					
Consent	X	X					
Anthropometry	X	X	X				
Biochemical, Haematological and Microbiological Assessment			X				
Clinical Assessment			X				
Dietary Assessment and Nutritional Requirements for Populations and Individuals	X	X	X	X			
Routes of Feeding, Food First, Food Enrichment					X		
Catering Services					X		
Information Gathering and Documentation	X	X	X	X	X	X	
Environmental Assessment and the Person Centred Approach	X	X	X				
Nutritional Diagnosis, Identification Measurement of Outcomes in Individuals, Groups and Populations				X	X	X	X
Quality Improvement and Service Evaluation							X
Multi-Agency Teamworking	X	X					
Leadership	X						

Summative Assessment: Communication checklist

Your Practice Educator will complete this checklist, at least twice, (once formatively at the end of week 1 and then summatively at the end of week 2), in relation to your communication with a range of individuals and groups.

The checklist is based on observed practice and will provide evidence that you have met Placement A learning outcome A2: Demonstrate appropriate verbal and non-verbal communication skills using a variety of different methods and techniques.

Communication	Yes	No	N/A
Appropriate greetings and introductions with individuals (e.g. patients, carers and other Health and Social care workers, supervisors)			
Treats individuals with dignity and respect			
Listens to and demonstrates understanding of an individual's story			
Demonstrates empathy, care and compassion			
Maintains non-judgmental attitude			
Establishes good rapport			
Acknowledges an individual's (e.g. patients, carers, supervisors, other Health and Social Care workers) views and feelings			
Uses appropriate eye contact			
Uses appropriate tone of speech			
Uses appropriate volume of speech			
Uses appropriate pace of speech			
Uses appropriate language and vocabulary			
Can appropriately write legible notes that are clearly understood			
Shows awareness of verbal cues			
Shows awareness of own and others non-verbal communication			
Does not undermine, appear condescending or confrontational			
Begins to use active listening skills			
Responds appropriately to questions			

Comments

Areas of good practice

Areas for improvement

Action plan for progression

Name of Practice Educator:

Signature of Practice Educator:

Date:

Placement A: Professionalism Checklist

This checklist will be completed at the end of your placement by your lead supervisor based on your conduct throughout this placement. It is based on the HCPC Guidance on Conduct and Ethics for Students (2016).

Based on continual observed practice, in addition to supporting verbal or written communications, the checklist provides important evidence to support the Placement A learning outcome A1:

Professional attribute	Met Yes, No, N/A
1. Evidence from other learning outcomes complete	
2. Promotes and protects the interests of service users and carers	
a) Treats service users and carers as individuals respecting their privacy and dignity and keeps relationships with service users/carers professional	
b) Follows local policies for consent	
c) Ensures service users and carers are aware that they are a student	
d) Treats everyone equally and does not discriminate against anyone because of their personal views	
3. Communicates appropriately and effectively with others	
a) Is polite and considerate to service users, other students and staff	
b) Communicates effectively and co-operatively with all members of staff to the benefit of service users and carers (including absences, delays/late arrival)	
c) Uses all forms of communication (e.g. email, departmental telephones, mobile, social media) appropriately and responsibly	
4. Works within limits of knowledge and skill	
a) Recognises and accepts the need for appropriate supervision when required	
b) Asks for help when needed	
c) Takes responsibility for own learning demonstrating an enquiring and proactive attitude	
d) Asks for, listens to, thinks about (reflects) and responds proactively to constructive feedback given	
5. Delegates appropriately	
a) Discusses delegation of tasks with an appropriate member of staff before taking action	
b) Follows local policies/guidelines on delegation to others	
c) When tasks are delegated ensures member of staff has appropriate knowledge and skills to carry out the tasks safely and effectively	

d) When tasks are delegated to others ensures member of staff has the appropriate information to carry out the tasks safely and effectively	
e) Informs service users/carers when they have asked another person to provide any care, treatment or other services	
6. Respects confidentiality	
a) Keeps all information about service users and carers confidential and only uses it for the purpose for which it was given	
b) Follows policies or guidelines on confidentiality	
c) Removes anything that could be used to identify a service user or carer from information used for portfolio activities/evidence	
d) If confidential information raises concerns about the safety or well-being of someone, discusses this promptly with appropriate member of staff	
7. Manages risk	
a) Takes all appropriate steps to limit harm to service users, carers and others and follows infection control policies, uniform/ID policies	
b) Follows local guidance managing risk	
c) Is aware that they may be putting service users or self at risk if their performance or judgement is affected by their own physical or mental health and asks for appropriate support	
8. Reports concerns about safety	
a) Worries about the safety and wellbeing of service users, carers and others are discussed with an appropriate member of staff	
9. Is open when things go wrong	
a) When something goes wrong with care, treatment or other services involving a service user this is shared with an appropriate member of staff	
b) Co-operates with members of staff if something has gone wrong in any care, treatment or other services carried out which involve a service user and has demonstrated the ability to reflect and learn from the experience	
10. Is honest and trustworthy	
a) Conduct and behaviour is in line with professional expectations	
b) Is honest about their role, knowledge and skills with service users, carers and other staff	
c) Follows policies for attendance, absence, whereabouts	
d) Activities and assessment records have been completed accurately and truthfully and work by others has not been passed off as own	
e) Shares important information about conduct, competence and health	
11. Keeps records clear and accurate records of work with	

service users and carers that reflects record keeping policies	
---	--

Signed by Supervisor:

Date:

Signed by Student:

Date:

Reflective framework

Area of Practice:

Reflect back on the event/ activity and describe this below.

Feelings:

Describe how you felt whilst undertaking the activity.

Evaluation:

Describe what you felt was good and bad about the experience.

Analysis:

Consider what sense can you make of the situation.

Conclusion:

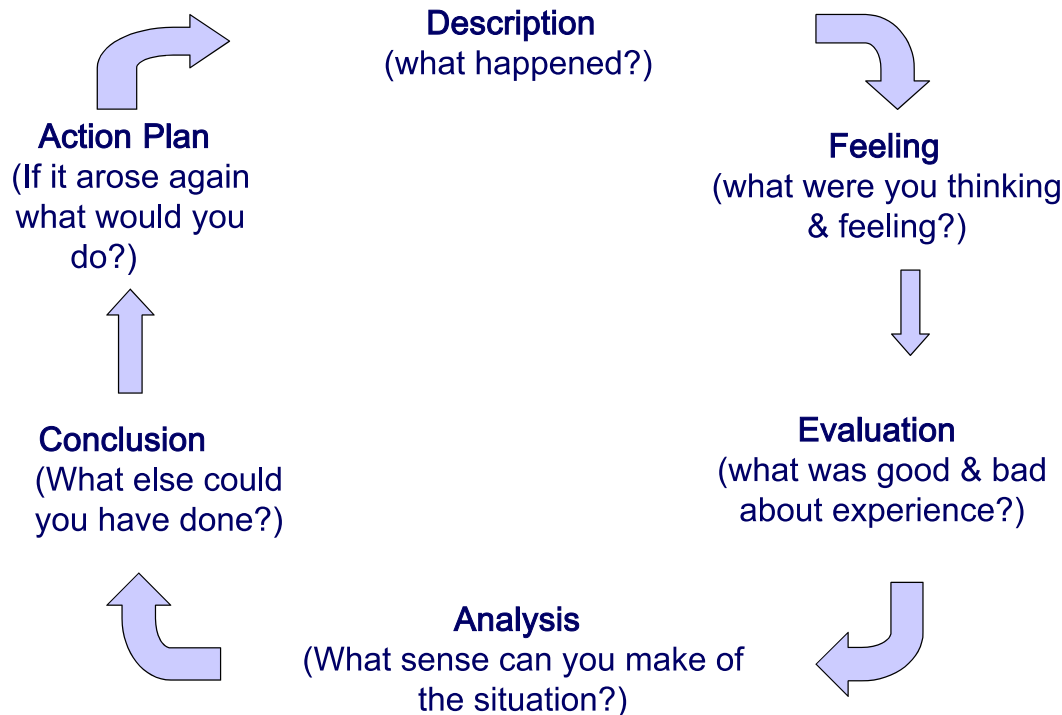
What are your conclusions of the activity?

Action plan:

If you were undertaking this task again how would you change your approach to it? Link to SMART outcomes where possible.

Guidance on use of the Gibbs Reflective Cycle (1988)

Reflective Cycle (Gibbs 1988)



The following is adapted from Melanie Jasper (2003), *Beginning Reflective Practice*. Foundations in Nursing and Health Care, Nelson Thornes Ltd, Cheltenham

Most evidence of your reflection will come through your verbal communications with your practice educator or peers, however you will also provide evidence of reflective practice through written reflections based on completion of Gibbs Reflective Cycle. You will need to provide a reflective cycle for the environmental activity – the person-centred approach (page 68, task 5 of your portfolio) and may need to do this for your anthropometry activity (page 48, task 4).

Using Gibb's Reflective Cycle

Gibb's cycle is made up of 6 stages that help guide you through the reflective process by asking a series of prompt questions. In working through this cycle, you should have identified a significant event on which to focus. A significant event need not be a dramatic event: usually it is an event/experience that has significance for you. It is often an event that made you stop and think, or one that raised questions for you. It may have made you question an aspect of your beliefs, values, attitude or behaviour. It is an event that in some way has had a significant impact on your personal and professional learning. The event does not have to be a negative or challenging situation, it could be an interaction with a person which made an impression on you (either positive or negative).

Stage 1: Description

Write down as much about the event/situation as possible. Try to be as objective as you can. It is really important that you specify the exact reason for your reflection. You should concentrate specifically on a particular aspect, rather than covering all aspects of the event. This will prevent your reflection being too descriptive, as you have a focus for your reflection. Some of the items you might want to consider are:

- Where were you?
- Who else was there?
- Why were you there?
- What were you doing?
- What were other people doing?
- What was the context of the event?
- What happened?
- What was your part in this?
- What parts did the other people play?
- What was the result?

Stage 2: Feelings

You should try to identify what you were feeling at the time of the event/situation. You may find this difficult to share with others. You may find the following questions useful:

- How were you feeling when the event started?
- What were you thinking at the time?
- What were you thinking about when it happened?
- How did it make you feel then?
- What did other people's actions/words make you think?
- What did these make you feel?
- How did you feel about the outcome of the event?
- What do you think about it now?
- List the emotions that you have gone through from the start to the finish of the event
- Which of these is most significant or important to you?

Stage 3: Evaluation

Evaluation is a process where we measure something against a standard. We are trying to make a judgement about the event/situation so we can consider all its components. You may want to ask:

- What was good about the experience?
- What was not so good about the experience?

Stage 4: Analysis

Analysis is to 'break things down into their component parts' so that they can be explored separately. You need to ask yourself more detailed questions such as:

- What went well?
- What did I do well?
- What did others do well?
- What went wrong, or did not turn out the way I thought it should?
- In what ways did I contribute to this?
- In what ways did others contribute to this?
- Why might these things have happened?

Stage 5: Conclusion

Different from the evaluation stage in that you have explored the event/situation from different angles and have more information on which to base your judgements/conclusions.

You are likely to have insight into your own and others behaviour in relation to how they participated in the event. This can be difficult because you may realise that how you went about something was perhaps not the most competent way. You should remember, however, that the purpose of reflecting is to learn from your experience! Without the detailed analysis and honest exploration that occurs by working through these stages, it is likely that opportunities for learning will be missed. You may want to ask yourself:

- What could I have done differently as part of this stage?

Stage 6: Action plan

What would you do if you encountered this event/situation again? Would you act differently or would you act the same way again? This is an important stage as it demonstrates that you have learned from your experience.

Try and make your action plan SMART where possible. For example, saying 'I will be more confident next time' is not SMART, however if it was phrased as 'I will prepare by making notes/ researching the topic/practicing my presentation. I will ask, if appropriate, for one of the dietitians to give me feedback on a draft submission. By putting these goals into action I feel this should help me be more confident with presentations', this is more specific and measurable.

The next time a similar event occurs it will be the focus of another reflective cycle, perhaps more of a reflective 'spiral' as you will have brought your previous experience to the current one.

See example of completed reflective cycle.

Description:

Reflect back on your conversation and describe this below.

I am using this reflective cycle as evidence of environmental assessment - person-centred approach (page 68, task 5).

I was on the ward with my peer and we were tasked with speaking to one patient each using a person-centred approach. My peer would give me feedback and then we would then switch roles. I used my checklist from campus so we would be confident in doing this. My peer and I also had a really useful conversation with the dietitian on using some person-centred approaches, such as active listening skills, being aware of non-verbal communication (both mine and the patient's), allowing the person time to speak etc, so felt really confident and enthusiastic with this task and was excited to be going to the ward with my peer. When we got to the ward it was quite busy and noisy as it was visiting time (the person didn't have a visitor – I think this may be one reason why this person was chosen). The person was very friendly and chatty and I found it a bit difficult to keep my focus in this busy setting.

I want to reflect on how this experience went for me. I thought this would be an easy task for me as I enjoy meeting and talking to people but I struggled to make this as person-centred as I wanted it to be. In spite of the good evaluations I got from the patient, "John" and my peer I feel it would be useful to reflect on how I can do this better. I specifically want to reflect on why my nerves got the better of me to such an extent that I kept looking at my checklist and therefore was not fully engaged in the conversation.

Feelings:

Describe how you felt whilst undertaking this activity.

I was really excited about doing this task and was not at all nervous about going to the ward with my peer. I guess I was a bit overwhelmed by the noise as I wasn't expecting this but I remained calm. The conversation started well but before long I got a bit flustered and kept looking at my checklist. My communication skills so far had been a real strength (my supervising dietitian had commented on how well I engaged with people) so this left me feeling really disappointed and a bit angry with myself as I thought I would excel at this task. Afterwards having re-read the evaluations from John and my peer I was able to get a better perspective but overall I'm left feeling frustrated with my performance.

Evaluation

Describe what you felt was good and bad about the experience.

Even though I was overwhelmed by this experience I was able to remain calm throughout (this was later reinforced by my peer who gave me really useful feedback) and got through the conversation (I really wanted it to end quickly)! What was also good was that I really intended to use a person-centred approach as I wholeheartedly believe this to be an excellent way to communicate effectively – I saw dietitians use this approach and was really impressed by how patients and clients really open up to the dietitian.

I also really liked that I was with my peer for this activity and not a dietitian as I felt more relaxed knowing that I would be evaluated by someone who is at the same stage as me and

not an “expert” with years of experience. I also really valued John’s evaluation of our conversation and hope I can get more experience of this in future.

What was bad about the experience is that my unrealistic expectations, such as a quiet ward, left me feeling a bit out of control when trying to speak to John. I also realise that I had an overreliance on my checklist which I think may have been because John was very chatty and I needed this to keep the conversation on track and take back some control.

I also feel that I put too much pressure on myself at times to perform well and set very high standards, which can leave me feeling frustrated a lot of the time when I fail to meet these unrealistic standards.

Analysis

Consider what sense you make of the situation.

I realise now that I wasn’t perhaps being as person-centred as I thought. I was not really listening to John but wanted to get through my checklist items. I realise that with John being so chatty, which I didn’t expect, the control of the conversation was taken away from me and left me feeling like I had lost my “script”. I think this was the main reason I started to feel nervous and out of control – I had an agenda (of getting through my “person-centred” checklist) and not fully focused on John, thereby not acting in a person-centred way after all, despite my intentions! I was also distracted by other people on the ward which wouldn’t have happened if I had fully engaged in the person-centred approach rather than thinking I could just go through the steps in my checklist. I realise now that although a checklist is useful, particularly so early on in my placement, I need to use this as memory aid and keep my focus on the patient/client. If the person I am speaking to is chatty then with a person-centred approach we are both equal partners in the conversation and I need to realise that I am not in “control” of this. With time I will be able to enhance my communication skills and listen to the person speak but also in a respectful way bring the conversation back to the topic in hand. I think perhaps John had his own agenda – he seemed quite lonely and was really happy to have someone to speak to.

I also need to realise that I set myself unrealistically high standards and always aim to give my best but this can sometimes lead me to be overly critical of myself which can get in the way of my progress. It was invaluable to have a peer/patient give me an evaluation as it really helped me get back a perspective on this. I’m not sure this would have happened, or at least not as quickly, if I didn’t have these honest evaluations from John and my peer. I will always want to do my best but need to change my attitude and understand that I am learning new skills in a new environment and I won’t become competent overnight but this will be a long process over my B and C practice placements as well as university work and I am really just at the start of this process on my placement A.

Another valuable thing I’ve learned from this experience is that although my communication skills are good, I will always be learning how to improve on these. I think I was a bit overconfident to be honest and this led to things going a bit “pear-shaped” when John was

more talkative than I'd anticipated. I really thought I'd be able to copy the practices of the dietitians I'd shadowed but I now realise that observing practice is not the same as doing! It takes a lot more than one experience to become a competent person-centred practitioner and I can see the benefits of reflection to guide this process.

Conclusion

What are your conclusions of the activity?

I have found this to be a really useful activity as it has allowed me to see that my approach/attitude needs to change and that I am a learner – it is ok to make mistakes and learn from these through reflection as well as from feedback from patients, peers and supervising dietitians.

I thought I had excellent communication skills and although I still believe these are a strength I know I have a long way to go before I can fully engage with the person-centred way of working. Although checklists are helpful to have I need to be aware how to use these appropriately and not use these as a "crutch" when things are not going as expected. Similarly I am aware now that observing dietitians communicate really well using person-centred approaches, this does not mean I am skilled enough or experienced enough to communicate at this level. I need to use reflection as a tool to help me identify and improve on my communication skills rather than think I can copy what the dietitian does.

I also know I can relax a bit and not feel I need to be in control when talking to patients/clients and this can impede the person-centred approach I want to adopt.

Action Plan:

If you were undertaking this task again how would you change your approach to it? Link to SMART outcomes where possible.

I want to read more on person-centred approaches to practice so that I can practice this more skilfully. I will get the opportunity back at university but especially on my next placements and I want to aim to do this without using checklists. I think I will be able to achieve this with more practise and as I become more familiar with the process.

I want to seek out peer/patient feedback where possible as it really helped me to consolidate what I did well, especially where I found it difficult to identify these areas, but also as it helped me get a perspective much more readily. When I get back to university I want to read up on how to give and receive effective feedback as this will be useful to me not only as a student but as a future practitioner.

I have not had a lot of practical experiences yet and the busy ward environment was unexpected and led me to being distracted. As my experiences in different settings increase I will more readily anticipate the various barriers to communication and will be able to minimise the impact of these barriers, for example not going to the ward at visiting time

Summary of Evidence for Campus Weeks

EVIDENCE	confirmation		
	Page No.	Student	Tutor
Protection of Vulnerable Groups – PVG Certificate	---		
Indemnity Insurance	---		
Basic Life Support	---		
Management of Violence and Aggression/ De-escalation Training	---		
Hand Hygiene	---		
Adult and Child Protection Awareness	---		
Manual Handling	---		
Food Hygiene Certificate			
Model and process for nutrition and dietetic practice (A1; A2; A3; A4, A5; A6; A7)			
Notes from discussion about nutrition and dietetic care process	17		
Notes about relation between LO for placement and nutrition and dietetic care process	17		
Checklist for steps in NDCP	17		
Information Governance (A1)			
Information Governance: Safe Information Handling (Turas dashboard checked)	18		
Saved copy of NHS Scotland Code of Practice on Protecting Patients Confidentiality	18		
Professionalism (A1)			
Saved copies of HCPC documents	19 - 20		
Saved copy of Code of Professional Conduct	19 - 20		
Notes from discussions about case study – tasks 2, 3, 4, 5 and 7	19 - 20		
Printed copy of Patient Rights (Scotland) Act 2011 Factsheet	19 - 20		
Completion of on-line modules	19 - 20		
Identify nutritional needs for individuals, groups and populations (A3)			
Report from virtual health hunt	21		
Availability and cost of food within the community setting (A3)			
Completed worksheet	22 - 25		
Own notes about findings from activity	22 - 25		
Printed copy of Revised Scottish Dietary Goals 2016	22 - 25		
Understand referral/ request for assistance pathways and criteria used by dietitians to open a duty of care and to prioritise care. (A3)			
Notes from discussion about referral pathways/referral criteria/duty of care	26		
Copy of presentation about nutritional screening	26		
Results of screening patients	26		
Communication (A2)			
Completed self-assessment questionnaire	27 - 30		
Action points identified to develop communication for practice setting	27 - 30		
Notes from task 2	27 - 30		
Consent (A1; A2)			
Notes from discussion about consent tasks 1, 3 and 4	31		
Saved copy of BDA Good Practice in Consent: A Guide for Dietitians' (BDA, 2009)	31		

EVIDENCE	Confirmation		
	Page No.	Student	Tutor
Anthropometry (A1; A2; A3)			
List of equipment required task 1	32 - 34		
Completed table of anthropometric data (task 2)	32 - 34		
Completed table of anthropometric variables and standards for comparison task 4	32 - 34		
Completed table of predicted heights task 5	32 - 34		
Summary notes of discussions	32 - 34		
PAL feedback form task 3	32 - 34		
Biochemical, Haematological and Microbiological Assessment (A3)			
Notes from facilitated session (task 1)	35 - 36		
Completed table of Biochemical, Haematological and Microbiological parameters (task 2)	35 - 36		
Clinical assessment (A3)			
Notes of BNF discussions (task 2)	37 - 39		
Completed table of common medications (task 3)	37 - 39		
Notes of signs and symptoms of over and under nutrition (task 4)	37 - 39		
Dietary assessment and nutritional requirements for populations and individuals (A1; A2; A3; A4)			
Printed copies of Eatwell pictorial Guide (task 1)	40		
Printed copy of GDA factsheet (task 1)	40		
Checklist of questions (task 2)	40		
Copy of discussions of task 3	40		
Copy of dietary analyses (24hr recall and 3-day diary) and notes of discussions (task 4)	40		
Notes from task 5	40		
Catering services (A5)			
Saved copy of Standards of Food Fluid and Nutritional Care (task 1)	41		
Saved copy of Food in Hospitals (task 1)	41		
Printed copy of chapter 2 Nutrient Needs (task 1)	41		
Own notes from presentations (task 2)	41		
Routes of feeding, food first, food enrichment (A5)			
Own notes from presentation (task 1)	42 - 44		
Saved copy of Managing Adult Malnutrition (task 2)	42 - 44		
Printed copy of Pathway for using Oral Nutritional Supplements (ONS) in the Management of malnutrition (task 2)	42 - 44		
Notes from discussions for task 3 and 5	42 - 44		
Completed worksheets and own notes(task 4)	42 - 44		
Information gathering and documentation (A1; A2; A3; A4;A5;A6)			
Saved copy of the BDA Guidance for Record and Record Keeping (August 2008) (task 1)	45 - 46		
Notes of discussions about sources of information (task 2)	45 - 46		
List of abbreviations (task 3)	45 - 46		
Completed dietetic proforma (task 4)	45 - 46		
Evidence of completion of information governance - safe information handling (task 5)	45 - 46		

EVIDENCE	Confirmation		
	Page No.	Student	Tutor
Environmental assessment - the person centred approach (A1; A2; A3)			
List of environmental and psychosocial factors with accompanying rationales (task 1)	47		
Notes about person-centred care (task 2)	47		
Copy of person-centred questions (task 3)	47		
Reflection on activity using reflective framework and guidance notes (task 5)	47		
Nutritional diagnosis, identification and measurement of outcomes in individuals, groups and populations (A4; A5; A6; A7)			
Notes from tasks 2 and 3	48		
List of measurable outcomes (task 4)	48		
Quality improvement and service evaluation (A7)			
Notes from tasks 1, 2	49		
Notes from task 3	49		
Multi-agency team working (A1; A2)			
List of professionals who could work with a Dietitian (task 1)	50		
Summary of roles of health professionals(task 2)	50		
Notes from task 3	50		
Leadership (A1)			
Notes of presentation (task 1)	51		
Summary of key points about NHS Scotland leadership framework (task 2)	51		
Notes from task 3	51		
Reflections from task 4	51		

Course tutors should sign off the evidence when the evidence table is complete.

Tutor name:

Tutor Signature:

Date:

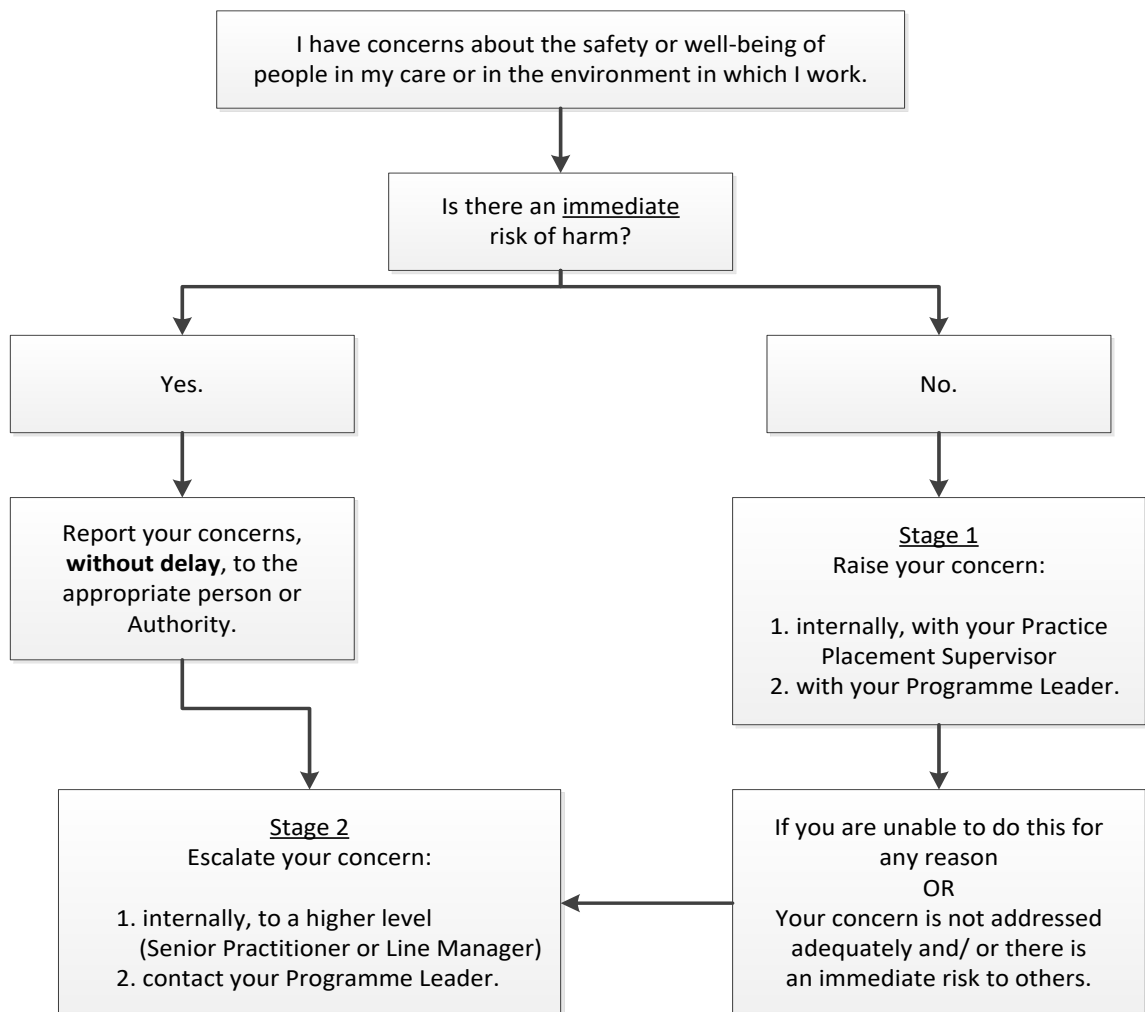
APPENDICES

Raising a Concern Algorithm

Whilst we do not anticipate any problems, should such a situation arise it is important that you understand the steps that you can take to find a resolution.

Many problems occur due to misunderstandings and faulty communications, which can be easily solved if approached sensitively. Problems raised at the end of the placement generally cannot be satisfactorily resolved and it is therefore essential that you highlight any concerns as they arise. If, however, you do not feel that your concerns have been adequately resolved, you should contact your Programme Leader or Personal Academic Tutor to discuss further.

Equally, if you have any concerns about the safety or well-being of the people in your care, or the care environment you are working in, then these should be raised using the algorithm below. This may include concerns about other Healthcare Professionals, or other students.



Seeking Advice

If you are unsure about whether, or how, to raise a concern at any stage, you should seek advice from your Programme Leader or Personal Academic Tutor.

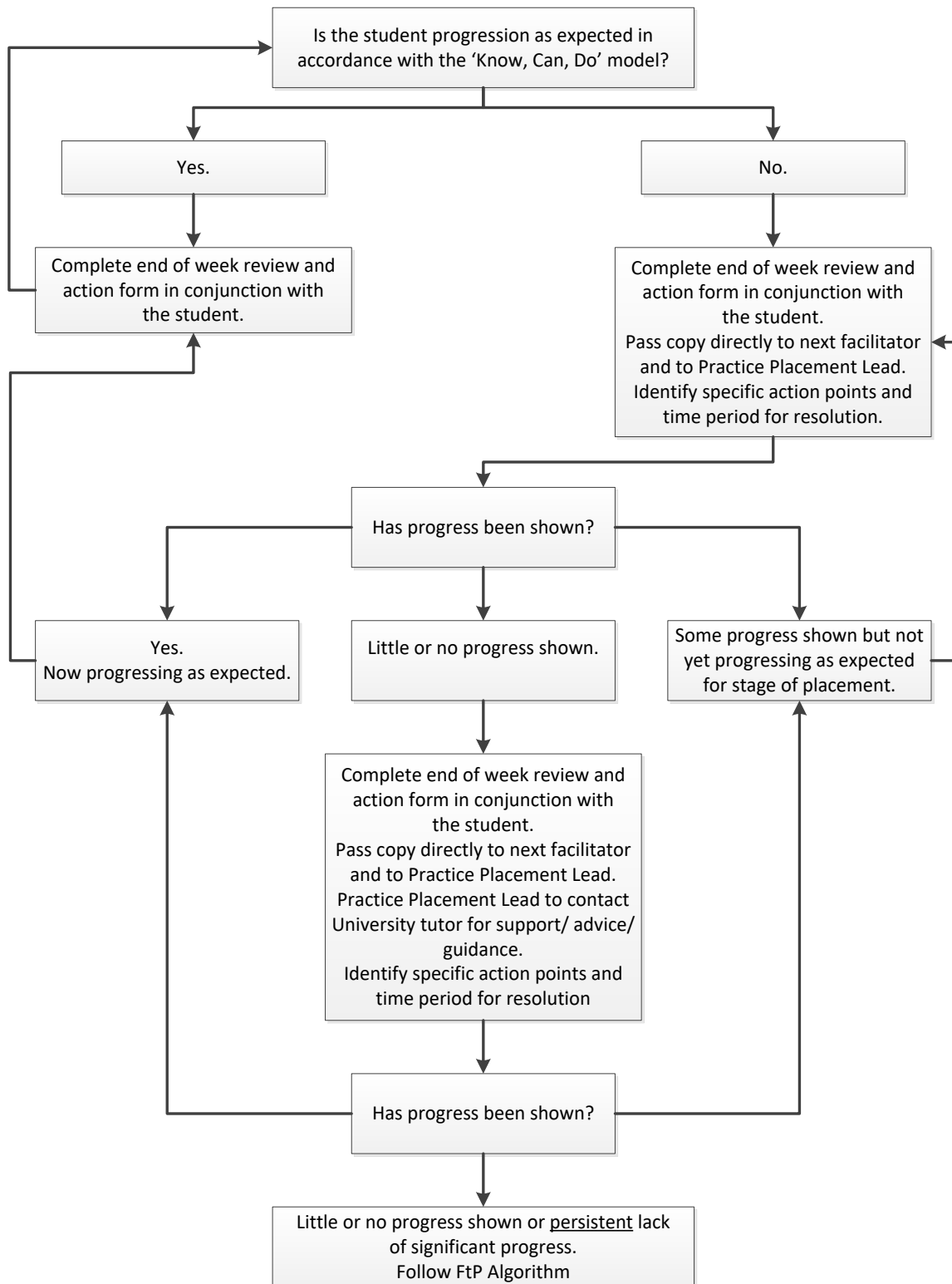
*Independent confidential advice is also available from the British Dietetic Association (for student members) or Public Concerns at Work (PCaW).

Key Points

1. Take immediate or prompt action
2. Protect confidentiality
3. Refer to whistleblowing policies
4. Keep an accurate record of your concerns and actions taken.

Student Progression Algorithm

This process should be followed on a weekly basis, with consideration of the placement 'Know, Can, Do' model.



Fitness to Practise Algorithm

Definition: A student's behaviour or health raises a serious or persistent cause for concern about his/her ability to continue on a dietetic placement, dietetic course, or practice after graduation.

