**Assessment of Student Progress: Practice Placement A**
*(Institutional Catering)*

| Name of Student                        | _______________________________
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Name of Catering Manager/Supervisor</td>
<td>_______________________________</td>
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<tr>
<td>Name and Location of Practice Placement</td>
<td>_______________________________</td>
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<tr>
<td>Type of Establishment</td>
<td>_______________________________</td>
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<tr>
<td>Number of Meals Produced Daily</td>
<td>_______________________________</td>
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<tr>
<td>Dates of Placement</td>
<td>_______________________________</td>
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**PART 1:** to be completed by the student DURING Practice Placement A (please type/handwrite neatly & clearly)

1. Describe the processes of meal production, service & delivery you have observed within your Practice Placement setting.

**Meal Production:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Meal Service:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

**Meal Delivery:**

____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________
____________________________________________________________________________________
2. List the **average** food portion sizes (e.g. breakfast cereals, bread, meat, vegetables, potatoes) used in your Practice Placement setting.

**Breakfast:**

_________________________________________________________________________________
_________________________________________________________________________________

**Lunch:**

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

**Evening meal:**

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

3. Outline your observations of how nutrition principles are applied to food services within your Practice Placement setting.

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4. Evaluate the impact of food service regulations, standards and guidelines on the nutritional quality, hygiene and temperature regulation of the food service system(s) you have observed during your Practice Placement.
5. Identify the role of food services personnel in the delivery of nutritional care within your Practice Placement setting.

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6. Identify the limitations of institutional food service systems you have observed in the delivery of nutritional care.

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_________________________________________________________________________________
_________________________________________________________________________________

7. Critically analyse the food served in terms of the food pyramid (breakfast/lunch/evening/overall)

**Breakfast:**
Lunch:

________________________________________________________

Evening meal:

________________________________________________________

Overall:

________________________________________________________

8. Comment on the importance of integrating nutrition and dietetics into the provision of food services in institutions such as the one in which you are undertaking your Practice Placement.

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Please note:
Any project work undertaken during this placement should be summarised below and the summary returned to college with this form, as part of your portfolio of evidence.

_________________________________________________________________________________

_________________________________________________________________________________
PART 2: To be completed by Catering Manager (or Catering Supervisor)

Did the student have the opportunity to observe the following? (Please tick box as appropriate √)
(Note: not all services may have all the following available)

The catering department

- Departmental structure
- Lines of communication
- Staffing
- Responsibilities of staff
- Health and safety protocols and procedures
Other, please specify

Food and beverage production
*Use of standard recipes in the production of:*
- Vegetables, salads and fruits
- Meat, poultry, fish, egg & cheese dishes
- Sweets and pastries
- Soups and sauces
- Bread and confectionery
- Snacks and sandwiches
- Beverages

Food service
- Food preparation
- Food hygiene procedures
- Dining room services
- Call order services
- Salad bar
- Trolleys
- Vending operations
- Use of portion control equipment
- Hospitality catering
- Dishwashing & cleaning operations
- Customer relations

Therapeutic Diets
- Interaction of dietetic and catering services
- Organisation of diet bay
- Staff training for diet bay
- Practical experience of cooking therapeutic diets
- Use of special diet products
- Responsibility for menu planning and the adaptations required for therapeutic diets
- Method of ordering normal and therapeutic diets
- Timing of meals
- Portion and quality control
- Financial constraints of institutional catering
- Costing of therapeutic diets
- Budgetary control
Method of ordering special dietetic products

Food service systems

Catering for different population needs e.g.

- Long stay elderly
- Paediatrics

Other (e.g. mental illness, please specify)

____________________________________________________________

Please comment on the student’s answers given in PART 1.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Did this student miss any days during placement?

- Yes
- No

If yes, was the college notified & arrangements made to make up? ________________

*Remember to complete the student attendance log & return to college

Did this student complete a satisfactory placement?

- Yes
- No

If No, please comment:

_________________________________________________________________________________
Please give any further comments you would like to make on this student.

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Signature: ________________________________ Date: ________________________________

PLEASE RETURN WITH ATTENDANCE LOG TO:
Meave Graham,
Practice Education Coordinator,
Dept of Clinical Medicine,
Trinity Centre for Health Sciences,
St James' Hospital, Dublin 8.
Email: meave.graham@tcd.ie Tel: 01-8962477 or
swalshe@tcd.ie Tel: 01- 896 2100