**Assessment of Practice Placement Education PPB**

**Sample Weekly Formative Form**

**THIS FORM MUST BE COMPLETED & DISCUSSED WITH THE STUDENT BY THE PRACTICE PLACEMENT EDUCATOR BEFORE THE STUDENT PROCEEDS TO THE NEXT PRACTICE PLACEMENT EDUCATOR.**

This will enable the student and the practice placement educator to reflect on and discuss student progress. A summary assessment form will be completed by the student coordinator at the end of the period in one location (Hospital/Community) before the student moves to the next location.

---

<table>
<thead>
<tr>
<th>This is a Sample Weekly Formative Form:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Wording in bold indicates the focus of the criteria.</td>
</tr>
<tr>
<td>- The number of examples required will depend on the competency. One good example that displays deep learning can be sufficient for some criteria e.g. KP1a. data collection. However some criteria will require more than one example to display competency e.g. Communication b. Explain dietary interventions. More than 4 examples should not be necessary.</td>
</tr>
</tbody>
</table>

**Placement setting [Location (Hospital/Community) & Week No.]:** Hospital: Week 3 of 10, Community

**Assessment method:**
- Self-assessment by the student based on skills practiced, experience gained, feedback from self, peer and PPE, reflection on practice and re-practice based on reflection and feedback.
- Direct observation by the Practice Placement Educator of consultation(s) or clinic(s).
- Reflective discussion between the student and the Practice Placement Educator.
- Examination of patient records and other documentation.
- Written Project work/Health Promotion/Working with Groups

**Reflection Logs:**
Did the student initiate use of the reflection logs in this block? Yes X

Please comment if indicated:
*2 logs done weekly and discussed with PPE, one case actual events of log inaccurately represented same addressed on form with student*

**Learning Outcomes:**
- Were learning outcomes from the previous week reviewed and discussed in devising this blocks? Yes X

Please comment if indicated:
*Enteral feeding was identified in previous week however didn’t feel there would be adequate opportunity in this OPD week so revised LOs together, enteral feeding brought forward onto next block*

**Attendance:**
- Was the student absent during this block? No X No. of days/hours___
- Was the student required to do additional hours in this block due to prior absence? Yes X No. of days/hours additional 3.5 hours undertaken in this two week block to make up 0.5 of 1 sick day taken in week 1

Was this communicated with the PC? YesX
<table>
<thead>
<tr>
<th>Criteria</th>
<th>YES/NO/ NOT ASSESSED</th>
<th>Provide Evidence as appropriate (To be completed by student/dietitian)</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNOWLEDGE &amp; PRACTICE (KP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Information Collection</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| a) Demonstrates the ability to collect & record accurate information from: | No | Student: I collected and recorded information from many sources e.g. medical charts, end-of-bed charts and nursing notes. Example:  
- J.D. a new patient admitted from a nursing home with pneumonia. I went through his medical chart to find out his reason for admission and his medical history. I checked his end notes for nursing observations and fluid balance, and his drug card for his medications. I looked up blood results on the computer system and observed the dietitian obtaining information from the nursing home. I reviewed INDI practice guidelines for care of the elderly requirements for this patient.  
- I have found abbreviations used in medical notes difficult, but I have improved in this area and I am familiar with the more common ones used now but I need more practice.  
- On advice from the PPE I reviewed scientific recommendations for healthy eating in Ireland (FSAI), nutrition guidelines 2007 IHF and your guide to healthy eating (DOH) for use on preparation of talk to a group of older people. |
| - medical notes | | PPE:  
Collected accurate information from medical and nursing notes but as mentioned above needs help with abbreviations. However showed improvement in this area at end of placement period. Needs more practice collecting information from other sources. |
| - nursing notes | | |
| - bed end charts | | |
| - patients | | |
| - laboratory results | | |
| - nursing staff/team members | | |
| - family members/NOK, where applicable | | |
| - evidence-based/best practice guidelines | | |
| - public health nutrition & population health guidelines | | |
| b) Demonstrates the ability to distinguish between information that is relevant and non-relevant, i.e. can evaluate, when making a nutritional assessment/developing project material/presentation regarding information that is: | No | Student; Examples:  
- Collected relevant information when taking a diet history for a man referred for weight loss advice (P.D.) e.g. Portion size of meat, sources of fat and alcohol.  
- Sourced HbA1c for diabetic patient in example 1a  
- When preparing a healthy eating presentation targeted at a group of older people was able to identify relevant information that was appropriate to that group e.g. focused on increasing fluid intake, wholegrain foods and fruit + veg. |
| - Medical/social/cultural/financial Appropriate for group/audience | | PPE:  
Collected accurate information from medical and nursing notes but as mentioned above needs help with abbreviations. However showed improvement in this area at end of placement period. Needs more practice collecting information from other sources. |
Is making good progress distinguishing between relevant and non-relevant information and knew what additional information to look for in diabetic example above. Needs more practice looking at all sources and identifying factors that will impact on intervention e.g. information from family or carers.

### 2. Nutritional Assessment

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Is able to obtain and record an accurate 24-hour recall of diet for inpatients/outpatients.</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Student: I did not get much opportunity to practice this as diet histories were more appropriate in clinic. I did one 24 hr recall on a patient with mild Alzheimer's disease and cross referenced this information with the nursing staff and food record sheet. Following discussion with the PPE I realised I prompted the patient. PPE Did prompt a patient who was mildly confused but was able to corroborate data. Should get more practice in the next setting.</td>
</tr>
<tr>
<td><strong>b)</strong> Demonstrates an ability to complete an accurate diet history (from home) for a patient including: food groups, portion sizes, meal frequency, variety of food consumed, cooking methods, religious/cultural influences.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
|   | Student:  
- In beginning of placement I was omitting some information if the patient had not mentioned certain foods e.g. drinking milk. I found the use of condition specific food frequency questions useful e.g. type of spread/butter, milk, cheese and yoghurt in cardiac patient.  
- In OPD assessed a diabetic patient's knowledge and compliance using a diet history. I focused on CHO foods, portions sizes, timing of meals.  
- I obtained an accurate diet history from a cancer patient. The diet history was from home and included portion sizes (using glasses/cups/palm of hand sizes), variety, cooking methods, likes/dislikes and food groups.  
   PPE Much progress noted here; has a good style and follows recommended format for diet histories. Is using food frequency questions at the end effectively, remembers the importance of explaining reason for taking a diet history, and is now able to focus priority on specific issues e.g. diabetic example above. |
| **c)** Demonstrates an ability to analyse this information, in terms of energy/protein and micronutrient content (e.g. Ca/Fe). | Yes |
|   | Student: I used food pyramid recommendations to assess if intakes were adequate. Examples:  
- I calculated energy and protein content of diet history taken from cancer patient. |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| **d)** Demonstrates an increasing ability to record and analyse fluid balance information. | I found this difficult and slow to do in a clinic setting. If I was not giving advice I did it after patient had left and discussed it with PPE.  
- I was able to analyse the diet history of an obese patient qualitatively and identified that although his energy intake appeared high he was not meeting calcium requirements as he was having very little dairy foods. | Not assessed |
| **e)** Shows knowledge of nutritional composition of standard ONS and enteral feeds. | Student: I have collected fluid balance information such as intake and output on inpatients.  
PPE: Did not focus on this during this placement block. Is collecting information but not doing analysis. | No |
| **f)** Is able to calculate energy, protein and fluid requirements for non-complex patients using appropriate equations/methodology. | Student: I used compendium for reference but I have used a number of different supplements. I observed enteral feeds only.  
Example:  
- I suggested the use of a compact fibre enriched supplement as the patient had difficulty with large volumes and was suffering from constipation.  
PPE: Showed improving knowledge of composition of standard supplements, with support of compendium, as would be appropriate for stage of training. | No |
<table>
<thead>
<tr>
<th></th>
<th>Demonstrates knowledge of general healthy eating guidelines.</th>
<th>Yes</th>
<th>Student: I displayed knowledge of the healthy eating guidelines when analysing diet histories. I compared intake to food pyramid guidelines. PPE: Has good knowledge of HHE guidelines and referred to them appropriately.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates knowledge of relevant health promotion concepts.</td>
<td>No</td>
<td>Student: I observed the work of a Health Promotion Dietitian. I observed and was involved in the Cook It, SCOTT and Xpert Diabetes programmes. My knowledge of the health promotion concepts relevant to each programme has greatly improved. PPE: Is aware of different health promotion programmes and through involvement has some knowledge of their effectiveness but needs more exposure to demonstrate understanding of concepts behind these programmes.</td>
</tr>
</tbody>
</table>
| i) | Shows an understanding of the relationship between relevant biochemical tests and diet. | No  | Student: Examples:  
- Patient with pneumonia (J.D.) prompted by PPE that raised urea related to dehydration DM patient HbA1c related to blood glucose control  
- Patient with anaemia (R. K.) low Hb and ferritin – related to poor iron intake – did not eat any red meat. PPE: Has knowledge of basic tests such as blood glucose, lipids and haematological indices but needs prompting for others such as in example above. |
| j) | Demonstrates knowledge of:  
   (i) common medical conditions in cardiology/diabetes/care of the elderly/obesity/nutrition through the life cycle,  
   (ii) basic knowledge of appropriate nutritional requirements for patients in | No  | Student:  
- During this placement block I have had experience of DM, obesity, care of the elderly and cardiology. I did reading around these conditions as I encountered. I did not see any paediatric patients. I am aware of HHE requirements and guidelines for DM and cardiology but I have not yet |
<table>
<thead>
<tr>
<th>these categories.</th>
<th>had opportunity to explain these to patients. PPE Displayed basic knowledge of these conditions and guidelines for requirements but can best demonstrate knowledge through determining requirement for patients and explain same to patients – this will be done later in placement B.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Anthropometry</strong></td>
<td>Provide Evidence as appropriate</td>
</tr>
<tr>
<td><strong>a) Demonstrates proficiency in collecting anthropometric data:</strong></td>
<td>Student; This was an area of focus during this block</td>
</tr>
<tr>
<td>• weight</td>
<td>• I Measured weight and height in clinic and calculated BMI.</td>
</tr>
<tr>
<td>• weight history</td>
<td>• I was trying to get a weight history from a patient’s records (J. D.) and the PPE advised that ringing the nursing home might be more efficient. I did this and was able to get details.</td>
</tr>
<tr>
<td>• height/ulna length</td>
<td>• I was shown how to measure waist circumference and practiced same.</td>
</tr>
<tr>
<td>• BMI</td>
<td>• I learned how to do ulna length on a stroke patient who was confined to a chair so an accurate height was not possible.</td>
</tr>
<tr>
<td>• waist circumference</td>
<td>PPE: this was identified as an area that she wanted to focus on for this placement block. She checked weights on all patients in clinic and measured height in 2 patients who had not been measured before. She always asked patients to remove shoes and heavy items from pockets and was extra careful with patients with impaired mobility mounting and dismounting scales. Offered weight in stones and kgs.</td>
</tr>
<tr>
<td><strong>b) Can interpret these data and understand their relevance to the patient’s nutritional status:</strong></td>
<td>Yes</td>
</tr>
<tr>
<td>Student:</td>
<td><strong>4. Nutrition Care/Presentation/Project Planning</strong></td>
</tr>
<tr>
<td>• Discussed with PPE how to interpret data and explained BMI to patients in clinic.</td>
<td></td>
</tr>
<tr>
<td>• It was important to have an accurate height from the stroke as the family had overestimated and this had an impact on calculation of requirements.</td>
<td></td>
</tr>
<tr>
<td>PPE: Used this block to focus on measurements. Practiced initial advice giving through explaining BMI and it significance. Understood that it may not be an accurate reflection of body composition.</td>
<td></td>
</tr>
</tbody>
</table>

Sample PPB Formative Assessment Form, Appendix 18 DT223/2017/V2

Updated 19/07/17 TCD (MG)
a)  (i) Shows ability, **under guidance**, to plan and implement a dietetic intervention, with clear aims & objectives, in line with best practice, for a patient, while considering the following as applicable:
- Audience/location/time/resources
- diagnosis
- food likes/dislikes
- personal & cultural beliefs, if applicable
- catering limitations (inpatients)
- finances, cooking/shopping facilities (outpatients/planning for home)
- work/family commitments and key life events (outpatients/planning for home)

Student: started to plan interventions and give some explanatory advice.

Examples:
- Diabetic patient in clinic – I explained about recommendations for alcohol and DM. This was pre-planned with PPE.
- Cancer patient; I discussed possible supplement options and knew that his wife needed to be included in nutrition interventions as she prepared the meals at home
- I explained BMI to an obese patient
- I used diet history from anaemic patient (R.K.) and identified that she had a poor haem iron intake. I discussed a plan with PPE for increasing iron and vitamin C intake.

PPE: Is using diet history well to plan interventions and has started to do some advice giving focusing on one topic in a consultation. Explanations are clear, accurate and well pitched. Can focus on developing this further in next rotation.

(ii) Shows ability **under guidance** to plan and implement a presentation/group work activity considering the following
- Audience/venue/numbers/topic/needs assessment
- Methodology to impart the information
- Evaluation

Student: I helped prepare a talk for a group of carers of stroke patients. I sourced information on the group and recommendations for nutrition and stroke. I delivered part of this talk discussing the importance of fibre and fluid for these patients. This has given me confidence for presentations in the future.

PPE: prepared very well for this talk and has good skill in delivery – very clear and well targeted, presented with minimal reading. Could try to include audience more such as asking for their experiences with patients. Should be able to deliver a full presentation in next placement block.

(iii) Demonstrates the knowledge to plan and evaluate a health promotion project

Student: I observed the work of the Community Dietitians in planning and implementing the Cook It! programme. A great deal of planning and preparation is required to deliver health promotion projects e.g materials and ingredients, PowerPoint, venue with a kitchen. Designed and created a low calorie dessert and low fat/low sugar yoghurt patient
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
|  | handout. Took literacy issues into consideration when designing the leaflet with some assistance from PPE.  
  PPE: Mostly observing HP projects this week but did a lot of research on leaflet developed. Needed some help with layout and literacy issues. Evaluation not done. |
| b) Shows ability to draft a meal plan/presentation taking resources into consideration e.g. snacks or menus available, time/finance available. | No  
  Student:  
  - I drafted a meal plan for a cancer patient going home, this included snacks and supplements to meet requirements. I forget to cross check with food pyramid recommendations and did not have adequate fibre.  
  - I helped prepare a talk to a group of carers.  
  - I sourced information on the topic from most recent guidelines and information about the group. I used HE booklets and a power point presentation. I needed some help with preparing this.  
  PPE:  
  - Made a good attempt at a meal plan which included patient preferences and adequate energy and protein. Needed reminding to make sure that all nutrients were adequate.  
  - Very good preparatory work put into talk. Had independently sourced accurate and suitable information for the talk but needed some assistance with format. |
| c) Shows ability to formulate basic enteral feeding regimens, under guidance, based on identified targets. | Not assessed |
| d) Demonstrates recognition of the need for, and the ability to, alter nutrition care plans for oral/enteral nutrition as necessary, under guidance (i.e. ability to monitor). | Not Assessed  
  Student: I observed the PPE reviewing inpatients and clinic patients and I collected information and took diet histories but I did not advise. |
|  |  |
|  |  |
| a) Reports to dietitian justifying actions for patient care &/or for content & organising of presentation or group work, according to evidence learned in college or local practice. | No  
  Student:  
  - I use INDI and PENG guidelines for calculating requirements.  
  - I referred to DOH alcohol recommendations when this arose as an issue for a patient in OPD. |
<table>
<thead>
<tr>
<th>PROFESSIONALISM (P)</th>
<th>Provide Evidence as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Conduct</td>
<td></td>
</tr>
</tbody>
</table>

a) Is aware of own limitations for this stage of training and seeks help appropriately.  
   Yes  
   Student:  
   - I seek help from the supervising dietitian when I feel I am not confident in my advice.  
   - If the patient asks a question and I do not know the answer I refer to the dietitian.  
   - If I feel I am not competent in making changes to a more complex patient I continue with the meet and greet and obtain diet history but hand the consult over to the dietitian to provide advice.  
   PPE: Seeks help appropriately.  

b) Always maintains patient confidentiality and behaves in such a manner that assures the patient of such confidentiality.  
   Yes  
   Student:  
   - I do not document patient names and shred all notes obtained from medical charts.  
   - When speaking with patients I try to maintain patient privacy and confidentiality by pulling the curtain between the beds.  
   PPE: Good rapport established with patients.  

| | I checked content of presentation for group talk with PPE  
| | Did not have opportunity to justify care plans as I have not had practice preparing any on my own yet.  

<table>
<thead>
<tr>
<th>b) Shows ability to document in dietetic records/ write project material/presentations in line with standard policies or appropriate template.</th>
<th>No</th>
</tr>
</thead>
</table>
| Student:  
   - Discussed different styles of documenting in record cards and how NCPM is what will be used as standard form now on in all sites.  
   - Did document data collection, diet history but was unsure of analysis and how to identify nutrition issues.  
   - Prepared presentation for group talk. I needed help with format.  
| PPE:  
   - Starting to document but tends to include too much detail. Could practice summarising main findings of analysis before documenting. |

Sample PPB Formative Assessment Form, Appendix 18 DT223/2017/V2  
Updated 19/07/17 TCD (MG)
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Grade</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>c)</td>
<td>Is punctual throughout the daily course of work.</td>
<td>Yes</td>
<td>PPE: No issues</td>
</tr>
<tr>
<td>d)</td>
<td>Adheres to the dress code as per local policy.</td>
<td>Yes</td>
<td>PPE: No issues</td>
</tr>
<tr>
<td>e)</td>
<td>Is able to reflect on practice in a descriptive way (including completion of reflection log).</td>
<td>No</td>
<td>Student: I completed 2 reflection logs for this placement. I was not sure initially how to do these but I found that I should focus on one component of practice only and try identify what I learned. PPE: Did not appear to understand the relevance of the reflection logs. I discussed how she could use them to track her progress and learning and keep a record of what she has practiced.</td>
</tr>
<tr>
<td>g)</td>
<td>Demonstrates interest/motivation in work</td>
<td>Yes</td>
<td>Student: I am interested in gaining experience in all areas of dietetic work. PPE: Displayed an interest in learning new things and worked hard on with projects.</td>
</tr>
<tr>
<td>h)</td>
<td>Shows ability to manage an agreed workload by appropriate preparation for and completion of patient consultations/ assignments/ project/ presentation within an agreed timeframe.</td>
<td>Yes</td>
<td>Student: Completed projects within agreed time frame e.g. talk prepared for carers group was given to PPE 3 days in advance of talk date. PPE: Always completed projects on time.</td>
</tr>
<tr>
<td>COMMUNICATION (C)</td>
<td></td>
<td></td>
<td>Always provide comments/evidence</td>
</tr>
<tr>
<td>a)</td>
<td>Introduces themselves to a patient or group as a student dietitian (and introduces the dietitian), spends time explaining purpose of dietetic interview/ presentation/ group session.</td>
<td>Yes</td>
<td>Student: I introduce myself as a student Dietitian at the beginning of each consult. I introduce my student partner and the supervising Dietitian. I thanked the patient for allowing me take the consult and proceed to explain how this is a free service, state the time for a consult and explain why they have been referred to the dietitian. When I commenced my part of the group talk, I had been introduced already but I explained what I was going to do. PPE: Able to build rapport with patient through introductions.</td>
</tr>
<tr>
<td>b)</td>
<td>Listens actively: is able to demonstrate understanding of what a patient/group reported, and shows the ability to elicit</td>
<td>No</td>
<td>Student: I demonstrated active listening by nodding, maintaining appropriate eye contact, paraphrasing and remembering a patient’s likes/dislikes when taking a</td>
</tr>
</tbody>
</table>
| more detailed information/ attempt to address the issue. | diet history.  
- I used a plate descriptor to elicit portion sizes and referred to standard portions such as pats of butter for clarification  
- I have not practiced addressing issues with patients yet. |
|---|---|
| **PPE:**  
Has good listening skills, probing for further information where necessary when taking a diet history and is able to focus on relevant points e.g. asked DM patient about snacks. Needs to be assessed giving advice to demonstrate understanding of patient’s needs and taking questions at a group presentation. |  |
| **c) Can demonstrate empathy towards patient’s/ group’s concerns i.e. non-judgemental.** Yes | **Student:**  
- I empathised with a patient who found exercise difficult due to an amputation. Instead I focused on dietary changes.  
- I empathised with a patient who chooses to avoid certain foods as he believed they brought on reflux.  
- My ability to empathise with patients is improving with experience. I empathised with a patient referred for weight loss and who was unable to exercise.  
**PPE:**  
Good rapport with patients and good listening skills. Good empathy demonstrated as needed. |
| **d) Demonstrates ability to explain dietary interventions/ deliver presentation in verbal and written format, in a clear manner that is technically and grammatically correct, free from medical jargon and appropriately pitched.** No | **Student:** Started to give advice this week and only did part of consultation and talk. This is an area that I would like to practice more next week. I want to practice simple explanations of the impact diet has on medical conditions  
- Diabetic patient in clinic – I explained about recommendations for alcohol and DM. This was pre planned with PPE. I explained measures/units using standard glasses. Gave part of a talk to stroke carers group; I explained about fibre and fluid for this patient group. I knew the group already had some knowledge and I acknowledge this at the start of my presentation.  
**PPE:** Starting to give advice this week, and is able to explain dietary advice clearly without medical jargon. Prepared well for group talk and was very clear and gave practical advice. Could progress next week to giving a greater portion of the dietary advice. |
|   | Shows ability to use a diet sheet/presentation appropriately to support their explanations, and amend this under guidance as appropriate. | No | Student:  
Examples:  
- To explain about alcohol in DM i read through the section on the diet sheet that related to this.  
- I had helped prepare the whole talk for the carers group but only delivered some of it. I used a power point presentation but also discussed aspects of the topic that were not on the presentation.  
PPE: Needs time to familiarise herself with the diet sheets in order to explain without reading off sheet/booklet too much. Aware of the need to use simple language. Presentation to carers group was well practiced and hence had a good flow and came across naturally. |
|---|---|---|---|
| f) | Shows awareness of behaviour change skills and is able to identify resistance and attempt to use a behavioural change, patient-centred approach. | No | Student:  
Examples:  
- I recognised that the DM patient in clinic was resistant to making changes with his alcohol intake and therefore I asked if would like to know the guidelines and with permission I explained the DOH guidelines. Afterwards I asked him what he thought he could change.  
- Used listening skills to engage the patient such as nodding, verbal following, paraphrasing when taking a diet history  
PPE: Demonstrated good knowledge of behaviour change skills (see communication (b) above) and also recognised resistance in a patient. Asked permission to advise. Well on her way to competency here but needs to be observed more to ensure competency. |
| g) | Shows ability to negotiate one or two appropriate goals using, for example, ‘SMART’ criteria. | No | Student:  
- Only gave advice to one patient and this was only part of a consultation. I identified resistance and asked what changes he could make. He agreed to try reduce alcohol  
PPE: incidentally negotiated with patient after giving advice. Asked what the patient could change. Only starting to practice this now but has a good understanding of behaviour change which will help. |
| h) | Demonstrates ability to participate in | Yes | Student: As part of the preparation of the group talk I looked up nutrition and stroke and |
**presentation of cases and/or journal club for an audience of dietitians.**

I also presented the case study of the girl with anaemia. I had prepared a care plan but had not advised.

**PPE: Presented well researched work in both cases with clear delivery and structured format.**

**i) Demonstrates ability to prepare and deliver under guidance, appropriately targeted group advice/ facilitated group discussion(s)/health promotion projects**

No

Student: I helped prepare a talk for a group of carers of stroke patients. I sourced information on the group and recommendations for nutrition and stroke. I delivered part of this talk discussing the importance of fibre and fluid for these patients. This has given me confidence for presentations in the future.

**PPE: prepared very well for this talk and has good skill in delivery – very clear and well targeted, presented with minimal reading. Could try to include audience more such as asking for their experiences with patients. Should be able to deliver a full presentation in next placement block.**

**TEAM WORKING (TW)**

**a) Shows understanding of the role of other professionals, carers and the patients in the delivery of service & of other health promotion personnel, e.g. physical activity, mental health**

Yes

Student: 
- Observed a MDT meeting. I understand the role of the psychologist, and physio in weight management by observing them in clinic. I understand the role of the consultant facilitating the team meeting offering their opinion and helping to develop a plan.
- Developed an awareness of the need to communicate with the patient’s GP to clarify information/obtain biochemistry/ discuss medical concerns and became familiar with referral procedures.

**PPE: As explained in example MDT was useful to help understanding here.**

**b) Consults with appropriate professional staff to formulate & implement nutrition care plan or to plan & deliver health promotion project session, under guidance.**

No

Student: mostly observation but did collect some information from nursing staff. Also observed work of HP staff at stroke talk e.g. PHN.

**PPE: Has not had opportunity yet to implement care plans.**

**c) Shows an increasing ability to work, under guidance, as a team member within the dietetic department/ MDT/ Health**

Yes

Student: This was my first experience of being part of team and working with my colleague and I enjoyed it.

**PPE: Is very diligent and has worked well in the**
Note: Public Health Nutrition Management (PHNM) is assessed via KP, P, C and TW throughout this form.

Learning Outcomes for Future/Ongoing Work
(Must be completed collaboratively between the student and educator as a guide for the next rotation):
1. Collect accurate information from all relevant sources relating to a patient’s condition.
2. Develop greater understanding of health promotion concepts by participation in more HP activities.
3. Prepare and deliver a full presentation to a patient group with minimal guidance.
4. Practice summarising findings for concise documentation in records.
5. Explain dietary interventions and the impact diet has on medical conditions in a clear manner that is technically and grammatically correct, free from medical jargon and appropriately pitched.

Additional Comments: Good progress made this week on identified learning outcomes set at beginning of rotation i.e. undertaking detailed and collaborative diet history and 24hour recalls, analysing dietary information collected, communication with clients and other team members. Always took feedback on board and tried to act on it in next interaction with client.

Signatures:
Practice Placement Educator: ___________________________ Date: ________________
Student: ___________________________________________ Date: ________________