
Practice Placement A
Practice Placement B
Practice Placement C
## Content of Practice Placement Handbook for Students and Educators

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>General Information for Practice Placements</td>
<td>6-19</td>
</tr>
<tr>
<td>1.</td>
<td>Overview of Practice Placements</td>
<td>6</td>
</tr>
<tr>
<td>1.1</td>
<td>PPA</td>
<td>6</td>
</tr>
<tr>
<td>1.2</td>
<td>PPB</td>
<td>6</td>
</tr>
<tr>
<td>1.3</td>
<td>PPC</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Garda Vetting</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Vaccination and Immunisation Requirements for Practice Placement</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>The Practice Education Team</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>Code of Conduct</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Placement Locations and Choices</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Preparation for Practice Placement</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>Roles and Responsibilities</td>
<td>9-11</td>
</tr>
<tr>
<td>8.1</td>
<td>Student</td>
<td>9</td>
</tr>
<tr>
<td>8.2</td>
<td>Educator</td>
<td>9</td>
</tr>
<tr>
<td>8.3</td>
<td>Coordinator</td>
<td>9</td>
</tr>
<tr>
<td>8.4</td>
<td>PEC</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>Dress Code for Practice Placements</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Infection Control Requirements</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Student Supports on Practice Placement</td>
<td>12</td>
</tr>
<tr>
<td>12</td>
<td>Absence from Placement</td>
<td>12-13</td>
</tr>
<tr>
<td>12.1</td>
<td>Planned Leave</td>
<td>12</td>
</tr>
<tr>
<td>12.2</td>
<td>Holidays</td>
<td>12-13</td>
</tr>
<tr>
<td>12.3</td>
<td>Sick Leave</td>
<td>12-13</td>
</tr>
<tr>
<td>12.4</td>
<td>Winter Vomiting Virus</td>
<td>12-13</td>
</tr>
<tr>
<td>12.5</td>
<td>Medical Leave</td>
<td>12-13</td>
</tr>
<tr>
<td>12.6</td>
<td>Student Absence without reason</td>
<td>12-13</td>
</tr>
<tr>
<td>13</td>
<td>Dealing with Student Grievances on Placement</td>
<td>13,14</td>
</tr>
<tr>
<td>13.1</td>
<td>Who to link with</td>
<td>13,14</td>
</tr>
<tr>
<td>13.2</td>
<td>Stages of Grievance Resolution</td>
<td>13,14</td>
</tr>
<tr>
<td>14</td>
<td>Managing Student Underperformance on Placement</td>
<td>14-16</td>
</tr>
<tr>
<td>14.1</td>
<td>Identifying the Underperforming Student</td>
<td>14-16</td>
</tr>
<tr>
<td>14.2</td>
<td>Identifying the Problem</td>
<td>14-16</td>
</tr>
<tr>
<td>14.3</td>
<td>Management Strategies</td>
<td>14-16</td>
</tr>
<tr>
<td>15</td>
<td>The Risk of Failure Process</td>
<td>17</td>
</tr>
<tr>
<td>15.1</td>
<td>Instigating Risk of Failure</td>
<td>17</td>
</tr>
<tr>
<td>15.2</td>
<td>Supportive Action Plans</td>
<td>17</td>
</tr>
<tr>
<td>16</td>
<td>Failing Practice Placement</td>
<td>18,19</td>
</tr>
<tr>
<td>16.1</td>
<td>Implications of Failing on 1st Attempt</td>
<td>18,19</td>
</tr>
<tr>
<td>16.2</td>
<td>Implications of Failing on 2nd Attempt</td>
<td>18,19</td>
</tr>
<tr>
<td></td>
<td>Appealing a Practice Placement Failure</td>
<td>18,19</td>
</tr>
</tbody>
</table>
Section 2 Practice Placement A

1. Overview of PPA
   1.1 Requirements of PPA
   1.2 On completion of PPA
   1.3 Responsibilities on PPA (Placement Provider and Student)
2. Assessment
3. Absence
4. College Based Consolidation

Section 3 Practice Placement B

1. Overview of PPB
   1.1 Responsibilities on PPB (Student, Coordinator, Educator)
2. Paired Training Model
   2.1 Key Concepts of the Paired Placement Model
   2.2 Implementation into Practice
   2.3 Group Work/Projects/Presentations within a Paired Placement Education Model
3. Feedback
   3.1 The Role of the PE in Feedback
   3.2 Facilitating Feedback within a Paired Placement Education Model
   3.3 Responsibilities in Feedback
4. Reflection Logs
5. Absence
6. Clinical Reflection and Study Time
7. Tutorials
8. Assessment of PPB
   8.1 Assessment Forms
   8.2 Assessing Competence
   8.3 Assessment within a Paired Placement Education Model
   8.4 Completion of Student Led Assessment Forms
      8.4.1 Where there is a discrepancy between the PE and the student
      8.4.2 Level of Evidence Required
9. College based consolidation

Section 4 Practice Placement C

1. Overview of PPC
   1.1 Responsibilities (Student, Coordinator, Educator)
   1.2 Orientation to PPC
   1.3 Requirements for PPC
   1.4 Important Time Points in PPC
      1.4.1 Review
      1.4.2 Semi-consolidation
      1.4.3 Consolidation
2 Paired Training Model
3 Feedback
4 Reflection Logs
5 Absence
6 Clinical Reflection and Study Time
7 Tutorials
8 Assessment
   8.1 Assessment Forms
   8.2 Assessing Competence
   8.3 Assessment within a Paired Placement Education Model
   8.4 Completion of Student Led Assessment Forms
      8.4.1 Where there is a discrepancy between the PE and the student
      8.4.2 Level of Evidence Required
9. College Based Consolidation of PPC

Appendices
1. Code of Conduct for Trainee Dietitians on Practice Placement
2. List of A, B, C training sites (2015 ppsites)
3. Module descriptors: PPA, PPB, PPC
4. List of Contacts
5. TCD Guide for Students with Disabilities on Placement
6. Dress Code
7. Attendance Log
8. Risk of Failure Form
9. PPA Guidelines for Providers and Students
10. PPA Assessment Form
11. Paired Model Schematic
12. Questions to Facilitate Reflection and Feedback
13. Reflection Log
14. PPB Assessment Form
15. Learning Outcomes and Core Competencies
16. Devising Learning Outcomes
17. PPB Mapping Document
18. Sample PPB Completed Assessment Form Week 3
19. Sample PPB Completed Assessment Form Week 10
20. PPC Assessment Form
21. Guidelines for Assessment of Progression PPC
22. Sample PPC Completed Weekly Form
23. Sample PPC Completed Final Summative Assessment Form
Section 1

General Information on Practice Placements
1. **Overview of Practice Placements**

As part of the programme there are 3 separate mandatory practical placements. Passing each placement is necessary to complete the programme and be eligible for the award of a BSc in Human Nutrition and Dietetics.

1.1 **Practice Placement A (PPA)**
- This is the first placement which occurs at the end of year 1.
- It is a 4 week (140 hours) unpaid placement in an institutional catering setting.
- Successful completion of the year 1 module Food Studies (BIOL1700) is a pre-requisite to proceed to PPA.

1.2 **Practice Placement B (PPB)**
- This placement currently occurs at the end of year 2.
- It is a 10 week (375 hours) unpaid dietetics placement in the community and hospital setting.
- This is generally a paired placement with two students being allocated to one cluster so they can learn from each other’s practices.
- A cluster is generally a group of 2-4 sites across a geographical area.
- A student who has failed year 2 cannot proceed to PPB until they have successfully completed all year 2 modules.
- This placement is only offered once a year therefore inability to proceed to PPB means the placement is deferred and therefore progress into year 3 is deferred.
- A student who fails PPB has one opportunity to repeat the placement the following year, but cannot proceed to year 3.

1.3 **Practice Placement C (PPC)**
- This is the final placement which occurs at the beginning of year 4.
- It is a 14 week (525 hour) unpaid dietetics placement in an acute hospital setting.
- This is generally a paired placement with two students being sent to the one location where they can learn from each other’s practices.
- Student must have passed year 3 to be able to proceed to placement.
- This placement is only offered once a year therefore failure of a student to pass year 3 means the placement is deferred and therefore progress into year 4 is deferred.
- A student who fails PPC has one opportunity to repeat the placement the following year.

2. **Garda Vetting**

As part of the initial acceptance onto the programme students are required to complete Garda Vetting/Clearance to ensure they have no convictions or cautions against them. This is a requirement to train in the HSE and other organisations and is thus mandatory before commencing placement. Under the law it is a criminal offence to fail to notify an employer of certain criminal offences – therefore full disclosure is paramount in the Garda Vetting process. Note that in cases where an individual has lived in many locations,
either local or foreign, then the process can take a considerable amount of time therefore students must commence this immediately upon Registration on the programme. Students should liaise with the year 1 tutor for additional information in this regard.

3. **Vaccination and Immunisation Requirements for Practice Placement**

Students enrolling on the programme must be free of any life threatening infectious condition that could be transmitted to a patient or fellow health worker. Such conditions include but are not limited to HIV, hepatitis B, hepatitis C, pulmonary tuberculosis, chickenpox, measles and rubella. As a measure to minimise the risk of the transmission of infectious disease, students must attend their medical practitioner prior to registration to certify their hepatitis status, and vaccination status in relation to tuberculosis, measles, rubella and chickenpox. A copy of this report must be made available to college in year 1.

Students must produce a negative hepatitis B virus infection result (i.e. negative HBsAg or in the presence of a positive HBsAg negative HBeAg and negative HBV-DNA where applicable) carried out not more than six months prior to entry, before being permitted to register with the College. Students admitted to this programme who are negative but not already deemed to be immune to hepatitis B will be required to undergo a course of vaccination. Advice and guidance on matters relating to health e.g. in regard to hepatitis B, tuberculosis and rubella is available from DIT Health Service.

4. **The Practice Education Team**

While academic staff (Programme Director/College Dietetics Staff) and the Practice Placement Department Managers have a role in supporting and developing placements the most immediate member of the Practice Education Team include the Practice Education Co-Ordinator (PEC), Practice Coordinators (PC) and Practice Placement Educators (PPE). The following gives a brief understanding of the different roles of the team before the definition of all roles in Practice Education are outlined below:

4.1 Practice Education Co-ordinator (PEC) is responsible for the overall co-ordination of the placements for the Higher Education Institutions (College) and allocation of the student to a placement. This role includes: quality assurance in clinical education, monitoring of placement sites, development of new placements, supporting students PCs and PPEs in placement sites and facilitating the education of PCs and PPEs.

4.2 Practice Coordinator (PC) is used to describe the identified practitioner in the practice placement site whose primary duty in practice placement is that of overseeing the training of the student. There is generally no more than 2 PCs per site. The PC is responsible for developing the students placement timetable, monitoring student progress, being the first point for students to address issues/grievances, address issues of underperformance and liaising with college via the PEC when concerns or issues arise. This senior grade post supports practice educators and may also act as a PPE themselves. The PC in conjunction with the final PPE and PEC deem the student to have passed or failed the placement. It is important to note that PCs are clinical practitioners with a clinical caseload and responsibility.

4.3 Practice Placement Educator (PPE) is used to describe the practitioner in the practice placement who facilitates the student learning face-to-face on a daily basis. This tends to refer to multiple educators during the entirety of the practice placement, on a rotational basis. PPEs have the primary responsibility for formative
feedback and day to day training. They may be involved in summative assessment in conjunction with the PC, depending on the timing of their exposure to the student.

5. **Code of Conduct**
Students in professional programmes are required to maintain high standards of conduct and ethics so as to ensure the public is protected. Therefore students are required to read and sign the code of conduct for trainee dietitians on practice placement prior to each placement. The issues addressed in the code will be discussed in professional practice studies prior to placement and reflected on return to college after each placement. By signing the student agrees to the terms as set out in the code and the implications of possible breaches in the code. It is important to note that the code covers all practice placements undertaken during the course; therefore it is the student’s responsibility to remain familiar with the code throughout the training period. See Appendix 1 for Code of Conduct for Trainee Dietitians on Practice Placements, which includes a description of procedures where breaches of the code are suspected.

6. **Placement Locations and Choices**
TCD and DIT have limited training sites with limited capacity to take students across all placements A, B and C. Not all training sites take students on an annual basis. The Practice Education Coordinator (PEC) will liaise with each student regarding the most appropriate setting for them. While every effort is to made to accommodate a students preference this may not always be possible or appropriate. See Appendix 2 for list of training sites (2016 practice placements).

It is important to note that a large number of training sites especially in PPB are outside of Dublin and may require the student to source accommodation close to the site. Currently there is no financial support in this regard. Students are generally allocated on a paired basis to PPB and PPC sites. Pairs are allocated based on each individual students preference for training sites and therefore may change between PPB and PPC.

7. **Preparing For Practice Placement**
College lecturers and the PEC will provide guidance on expectations and requirements of each placement as well as introduce the theoretical knowledge prior to each placement. It is however the students responsibility to familiarise themselves which the module descriptor for each placement (See Appendix 3), arrange suitable accommodation and link in with the placement site prior to commencement.

Practice placements can be a challenging time for students as students are often away from home in an unfamiliar and busy environment exposed to ill people. The disability services attached to both DIT and TCD provide critical support for students both academically and preparing for placement modules. A disability could be a specific learning difficulty, a mental health difficulty, a physical or medical condition or a sensory impairment. It is not necessary to be student on a Disability Access Route to Education (DARE) scheme to access their services. For optimal success in the placements it is best to engage with support early pre placement. Registering with these services at the earliest time point is critical to assist in instituting any possible accommodations that may be required to support the placement. DIT services focus more on academic supports while the TCD services focus on pre and on placement supports. See Appendix 4 for TCD...
8. **Roles and Responsibilities**

8.1 Student

8.1.1 To prepare for clinical placement:

- Read module descriptors.
- Be familiar with the code of conduct for practice placement and sign prior to each placement.
- If applicable consider registering with Disability Services and disclosure of relevant disability information that may warrant reasonable accommodation on placement.
- Liaise with individual site PC to identify any specific site requirements (i.e. pre reading required, dress code) and arrangements for first day.
- Review suggested reading on module descriptor and relevant college notes.
- Ensure vaccination records are up to date.
- Ensure you have obtained Garda Clearance.
- Review assessment form and consider current areas of strength and weakness.
- Seek to improve recognised areas of theoretical or practical deficit.
- Prepare preliminary list of learning objectives for placement.
- For PPC: complete pre placement form on review of PPB and submit to PPC PC pre placement.

8.1.2 On placement:

- Work in accordance to The Code of Conduct for Trainee Dietitians.
- Accept personal responsibility for your learning and progress including recognising the need for self-directed learning, creating and achieving learning outcomes, monitoring progress and engaging in feedback.
- Create learning objectives with each new PPE at the beginning of each rotation and review on completion of the rotation.
- Agree timelines for submission of placement assessment forms at the beginning of each rotation with the PPE.
- Consider the learning process as a co-operative one.
- Participate actively in all aspects of placement including feedback and reflection.
- Produce at least 2 reflective logs per week unprompted to the PPE.
- Discuss difficulties, misunderstandings or concerns as soon as possible with relevant staff PPE/PC or PEC.
- Request honest constructive feedback on progress from PPE.
- Monitor achievement of initially set learning objectives.
- Be sensitive to staff workload (clinical and non-clinical).

8.2 Practice Placement Educator

8.2.1 To prepare for clinical placement:

- Review appropriateness of clinical caseload and possibilities to limit cover arrangements while student training.
- Consider patient types for student.
• Prepare a basic reading list for the student.
• Be familiar with the assessment form, stages of progression tool and sample completed assessment form.
• Be aware of the stage of progression for the student (i.e. students on PPB are in year 2 of their studies on a 4 year programme; students on PPC have completed year 3 of a 4 year programme).

8.2.2 On placement:
• To facilitate student learning within a comfortable, supportive learning environment.
• Assist the student setting learning objectives at the beginning of the rotation and provide guidance and feedback on how they can be achieved.
• Provide realistic caseload for stage of training.
• Promote the importance of and show motivation in own role/speciality.
• Provide formative and summative feedback in a constructive manner.
• Encourage independence.
• Provide clear guidance on expectations i.e. timelines, level of independence, extent of work to be undertaken, timeline for assessment form return on how learning outcomes can be achieved.
• Liaise with the PC as soon as difficulties/concerns are noted.
• While appreciating that the assessment form is student led, ensure that it is a true reflection of student performance therefore correcting any misinterpretations, noting that assessment is based on end of placement i.e. under guidance/independent for PPB and PPC not stage of training.
• Ensure that any difficulties/issues of concern are discussed with the student as soon as possible and documented in the assessment form.

8.3 Practice Coordinator
8.3.1 To prepare for clinical placement:
• Agree with Department Manager and PEC student placement timing and numbers
• Create student timetable
• Provide departmental staff with update/refresher on student training issues i.e. assessment process, supportive tools, paired model
• Send students pre placement pack
• Review pre placement planning form completed by student
• Define review process – dates of formal review
• Attend Educational courses provided to support student training.

8.3.2 On placement:
• Orientate student to learning environment and provide site specific information on placement.
• To act as point of contact for student on all issues relating to placement.
• Support Educators in training students or where difficulties arise.
• Support Students in areas of difficulty.
• Monitor progress.
• Inform the student and liaise with the PEC, at the earliest opportunity if problems are identified regarding progression, conduct or student health.
• Ensure that where difficulties arise the student is communicated in a clear and objective manner, given the opportunity to contribute and create collaborative action plans.
• Ensure summative assessment form is a true reflection of performance.
Ensure signed (educator and student) summative assessment forms are returned as soon as possible to the PEC on completion of training.

Inform the PEC of any leave taken by the student on placement.

8.4 PEC
8.4.1 To prepare for clinical placement:
• Ensure students are provided with guidelines for each placement.
• Try to arrange placements while considering student preferences.
• Liaise with INDI Education Board, Department Managers and PCs in a timely manner re timing of placement, numbers required and any changes to placement. Attend appropriate courses run by the college in order to help the development of clinical education.
• Provide students with guidance on (i) completion of student led assessment forms, (ii) completion of reflection logs, (iii) expectations of each placement.
• Assist with curricular development as appropriate.
• Provide feedback to college on practice placement needs and challenges.
• Provide feedback to placement sites from students on experience.
• Encourage students to engage with disability services where appropriate pre placement and provide contact details.
• Provide education to PCs and PPEs on student training.

8.4.2 On placement:
• Link in with placement sites at intervals re student progress or supports required.
• Provide support to PC/PPE and Students where concerns re progression, conduct, student health or student grievances arise.
• Coordinate the risk of failure process.
• Monitor all student leave during placement, ensuring that each student has an action plan to meet the required 1000 hours required by CORU.
• Collate summative PPA, PPB and PPC assessment forms.

9. **Dress Code for Practice Placement**
It is important to remember that while on placement students are not only representing themselves, but the college, the placement site and their future profession. Professional appearance is essential.

On PPA there may be specific guidelines relating to dress code/uniform. It is recommended that students liaise directly with individual training sites to ascertain if they have any specific uniform guidelines.

Some PPB and PPC settings have uniforms for the dietetic staff. Generally it is not required that students purchase this uniform however they may have specific guidelines on what colour code is desirable for students to wear considering the department uniform. It is recommended that students liaise directly individual training site to ascertain if they have any specific uniform guidelines. See Appendix 6 for Guidelines on Dress Code.

10. **Infection Control Requirements**
Prior to each PP students must complete the Hand Hygiene module on the HSEland website. Students must successfully complete the online module and forward a copy of the certificate of completion to the PEC and bring to the placement site.

11. Students Supports on Practice Placement
Challenges may occur while on placement which require support. It is important to note that students remain as registered full time students in both DIT and TCD therefore can access all services in both Institutions during placement.

In the placement setting the Practice Educator(PPE), Practice Coordinator (PC) or Department Manager are all available supports. Some sites have a student mentor programme, which is usually a dietitian who is not involved in training or assessing the student but purely a support person. While all information provided is confidential it is important to note that where the staff member is concerned enough about the health or safety of a student they will discuss with the Practice Coordinator as the safety of the student and that of those whom they come in contact with is the priority.

Where a student feels they need support independent of the placement site they should contact the PEC. In the case where the PEC is unavailable/on leave the student should liaise with either the Programme Director or another nominated member of the academic dietetics staff (see Appendix 4 for contact details). In some cases the placement site may liaise with the PEC independently where they are concerned or are also seeking advice in how to support the student. Other supports include:

- Disability services (DIT and TCD)
- The Student Medical Centre (DIT and TCD)
- Counselling services (DIT and TCD)
- International Students Service
- Chaplaincy services (DIT and TCD)
- Sports, Social and Recreational Facilities
(See Appendix 4 for contact details).

12. Absence from Placement
There is a mandatory requirement for 1000 practice placement hours to be achieved by each trainee by the Dietitians Registration Board of CORU. The current placements split into three different placements meet the basic 1000 hours, with a contingency of 40 hours incorporated to accommodate any unscheduled or unanticipated absences. Any leave missed beyond this contingency of 40 hours (either annual leave or through illness) must however, be made up in agreement with the PC and PEC. Attendance logs (see Appendix 7a, 7b and 7c) must be maintained and verified by PC in each placement site and returned to the PEC after each placement. Note it is not possible to make up for time missed in one placement on another i.e. time missed in A/B cannot be made up in C or vice versa.

In exceptional circumstances, making up for missed time may be accommodated by the placement providers by e.g. extended hours of specific days on placement, additional days on the week post placement or at a later point in the year. Missed time cannot be repaid retrospectively. Students must also realise where a significant amount of time has been missed during the placement this may in turn impact the success of the placement as assessment is based on the block of pre-arranged time at the placement site. Additional time spent on site at a later time point does not generally add to the assessment of the placement but instead purely counts for the CORU mandatory hours. Where time is missed this should be recorded on the attendance log and communicated with the PEC and PC so that a decision can be made as how to the time can be made up.
12.1 Planned Leave
Where a student is aware they may need to take leave during any placement this can only be taken after agreement by both the PEC and PC once arrangements have been made to make up the time.

12.2 Holidays
Holidays may not be taken during any placement as this is a work-based placement with a commitment to the clinical sites and the team that the student will be working with.

12.3 Sick Leave
Where a student is sick she/he must:
   i) Telephone the relevant hospital training site as soon as possible and inform the relevant Practice Educator/ Practice Coordinator that she/he will be absent that day and
   ii) Inform the PEC as soon as possible.
Where a student has been absent for 3 or more consecutive days a medical certificate is required and a copy of this must be forwarded to college (scanned/copied). The number of sick days must also be noted on the attendance log and must be communicated with the PEC so arrangements can be explored regarding making up days if the student has not achieved the minimum standard of 1000 clinical hours.

12.4 Winter Vomiting Virus
Clinical environments often experience outbreaks of the winter vomiting virus. If the student becomes infected and has symptoms they must comply with local policy regarding attendance. This usually states that the individual must be 48 hours symptom free prior to returning to the clinical environment. These clinical hours will have to be completed at a later date if the student does not achieve the minimum standard of 1000 hours. Please refer to local site policy on returning to the clinical environment matter.

12.5 Medical Leave
Students who require time off placement for medical (hospital) appointment or emergency visits must provide an attendance note from the medical professional they attended to the PC and a copy of this must be forwarded to college (scanned/copied). Time out of clinical placement is not allowed for routine dental or GP appointments. These appointments should be made during non-clinical time. Where a student does take time off for appointments or emergency visits this must be made up at a later point.

12.6 Student absence without reason
If a student knowingly does not attend placement or leaves the placement site during the normal scheduled hours and does not contact and explain the absence to the clinical site in advance this may be treated a fitness to practice issue.

13. Dealing with Student Grievances on Placement

13.1 Who to link with
If a student has a grievance, he/she should reflect on the problem, consider possible solutions and then request a time to discuss the issue with their PPE (this should take place as early as possible). Following discussion the student and the PPE should identify and agree the problem and develop a plan for resolution of the problem together. This should be reviewed as appropriate until the problem is resolved. Alternatively a student may discuss the problem with PC or PEC to find a solution as early as possible in the placement if they do not feel comfortable or feel it is not appropriate to discuss with the PPE (i.e. issue relates to difficulty with the PPE or general issue on placement).

If a student has a grievance but is uncertain what action to take, or if the grievance involves personal or other sensitive issues which they consider inappropriate to raise directly with onsite trainers the student may seek advice directly from the PEC or where the PEC is unavailable/on leave the student should liaise with either the Programme Director or another nominated member of the academic dietetics staff.

The student may be accompanied by a named representative at any stage of the grievance when meetings are taking place. A family member is not an acceptable advocate.

13.2 Stages of Grievance Resolution

Stage 1: Grievance will be brought to the attention of the PPE and/or PC or other clinical staff involved in supervising the student to find an agreeable resolution. Local discussion to resolve the matter will take place informally. If the health or safety of a student is at risk the matter should immediately be brought to the attention of the Dept Manager and the PEC.

Stage 2: If the matter cannot be resolved at stage 1, the PEC will be informed of the grievance. The PPE/PC/PEC may inform the Manager as appropriate at this time. The grievance will be investigated by PC/PEC giving all parties involved separate discussion time to talk about the matter to find an agreeable resolution. All parties will be treated with sensitivity, dignity and respect. Following discussion with all parties an agreed resolution plan will be put in place. This should be reviewed as appropriate until the problem is resolved. A written record of all meetings should be kept.

Stage 3: If the matter cannot be resolved at stage 2, where the involved parties fail to agree, the grievance will be referred to the Dept Manager (if not already aware). A meeting will be arranged with all sides involved in the grievance to achieve a resolution.

Stage 4: If the student is unhappy with the conduct of the investigation or the outcome, he/she may refer the matter through the appropriate College Procedures via the PEC.

14. Managing Student Underperformance on Practice Placements

Practice Educators and college faculty have an academic and professional responsibility to teach, supervise, and evaluate students’ practice placement to ensure that each graduate of the programme is competent to practice.
Most students successfully achieve the appropriate level of competence during their practice placements. However, some students do not perform at the expected level and either (i) require additional support to help them to achieve competency, or (ii) fail to achieve competency during their placement despite additional support being provided.

The responsibility for assessing the student’s competence lies with the PPE and PC. Underperformance poses difficult challenges and implications for both the PPE and the student. For the student failure poses serious consequences. For the PPE identifying underperformance, ensuring the student is aware of the situation and supporting the student can be a challenge. Despite these challenges, the risks posed to patient safety and to the reputation of the professional body by deeming an underperforming student as competent are of utmost importance.

Below is a guideline for the management of a student that may be underperforming during practice placement and a protocol to instigate if a student is at risk of failing the placement. However is it essential to note that the specific needs of each student must be dealt with on an individual basis.

14.1 Identifying the underperforming student
It is important that the educator is able to recognise the behaviours of the underachieving student, identify them objectively, gain support from key colleagues (PC, line manager and PEC), and take steps to address concerns in an appropriate and timely manner. Students also need to take the lead in their own development on PP. Where you the student are unsure regarding your progress, performance or expectations on placement you should seek out feedback from the PPE and PC. Often you the student may be aware of an area in which you are struggling however are unsure how to improve. Communication with the PPE and PC allows for the issue to be addressed as early as possible to implement change.

Behaviours that are considered to relate to underperformance generally relate to:
(a) Knowledge application and skills
   • Lack of theory, knowledge or skill and provides little evidence to support their learning
   • Care incomplete, poor record of care given, not passing on relevant/important information
   • Unsafe practice or judgements
   • Failure to progress and develop skills through placement
   • Lack of insight into their competence level and lack of/poor response to feedback
   • Inconsistent performance

(b) Professionalism
   • Unenthusiastic attitude - not asking questions, lack of motivation or interest
   • Unreliable - poor punctuality or poor attendance
   • Displays high level of anxiety - lacks confidence or initiative
   • Dismissive of learning opportunities - “did that before, don’t want to repeat”
   • Poor interpersonal skills - insensitive in interaction with patient/client/family
   • Preoccupied with personal issues / continual health issues
   • Absence of professional boundaries and poor professional behaviour
   • Lack of insight into their behaviour and lack of response to feedback

Students should be aware that behaviours relating to professionalism are treated as seriously as those relating to knowledge application and skills.
14.2 Identification of problem
For the PPE the first step in managing a problem that may arise and to be best able to support the student is to carry out an assessment to identify the problem, this must be done in consultation with the PC. This can be done by:

- Allowing a period of settling in at the beginning of placement. This is of particular relevance to issues relating to knowledge application and skills. However, behaviour of an “unprofessional” nature should be addressed from the start.
- Seeking a second opinion from the PC, who may review the performance of the student from the assessment forms completed to date and observation of the student.
- Documenting observations and assessments made using specific examples.
- Familiarisation of expectations of the placement and the expected competencies of the student at that time in the placement. Refer to the “student assessment tool and progression guideline” for a guide to expected competencies at each stage in PPC.
- Discussing the issue with the student: Give the student the opportunity to discuss how they feel they are performing and explain why they may be underperforming. Explain, using clear specific examples what you believe the problem to be and give the student an opportunity to respond. If the student does not agree or cannot see the importance of the issue it may be useful for the PC to give examples of observed behaviours that show underperformance.

14.3 Management strategies
The management strategy must be tailored to be specific to the student’s needs and the problem encountered. Once the problem has been identified and documented the following actions can be taken by the PC and PPE:

- Learning outcomes can be devised but it may be more appropriate to identify expected behaviour specific to the area i.e. knowledge or poor skill performance or professionalism.
- Identify the actions and specific learning opportunities needed to achieve the learning outcomes/behaviour.
- List success criteria that will indicate how outcomes/behaviour will have been achieved.
- A change of educator may be appropriate if a personality clash is suspected.
- State a date for achievement of these goals.
- The discussion should be documented in the comments section of the assessment form outlining the discussion and action plan including time line for review. The PC will need to sign the assessment form for that week/rotation along with the PPE and student.
- Provide timely feedback using specific examples. Give the student the opportunity to provide evidence of their learning and the changes they have made. It is essential that the PPE/PC explain to the student their perception of the students’ progress. This ensures that all sides are clear on current performance and expectations. PPE/PCs should always relate observations back to learning outcomes using terminology such as ‘as evidenced by’. Be specific and use examples of practice or behaviour that needs to be highlighted with both improvements and areas requiring development.
- It is essential that all parties are clear on discussions; the PPE/PC should reiterate the key points that have been discussed and explore with the student how the PPE/PC can help facilitate the remainder of their practice placement. All feedback given and discussions undertaken must be documented.
- The professional opinions of colleagues can also be considered if they have been involved in the students training, however confidentiality is paramount in this process for the student.
- Discussions about students outside of confidential sessions with the PC will not be tolerated and communicated to the department manager as a formal grievance by the PEC on behalf of the student.
If after providing more opportunity to practice / show evidence of behaviour change and providing more feedback the student continues to underachieve or has not made appropriate progress or change in behaviour then alternative strategies are required. It is at this point that the “Risk of Failure Process” is instigated (see below).

15. The Risk of Failure Process
A student is at risk of failing the placement if, having taken the appropriate steps to address an identified problem and allowing adequate time to do so, the desired outcome has not been achieved.

15.1 Instigating Risk of Failure
If a student is at risk of failing the placement the following actions are taken;

- College staff are informed via the PEC, and the PEC reviews the situation.
- If the PEC agrees the student is informed of the situation and the risk of failure process by the PC.
- The “Risk of failure” form (See Appendix 8) is completed by the PEC, PC or PPE (in cases where the PC is absent) in discussion with the student.
- The performance indicators and indicators of risk are identified and documented.
- An agreed action plan is put in place.
- Set a date for achievement of goals and review the performance indicators at this time.
- If the student’s performance has achieved the agreed standard a revised action is put in place for the remainder of the placement. This plan is documented on the “risk of failure form” and the form can be closed.
- If the student’s performance has not improved in the agreed time to a standard sufficient then the performance indicators and action plan should be reviewed and an alternative action plan considered. The student should at this point be advised that without significant improvement in performance there is a high risk of failure.
- Note: if a student has shown improvement but still needs to develop identified skills they may proceed to consolidation however, where the PPE/PC believe that there hasn’t been a significant enough improvement as per the identified criteria documented on the risk of failure form they can be withheld from consolidation and are then deemed to have failed the placement and the placement is terminated. This is documented on the “risk of failure” form.

NOTE: A risk of failure process cannot be undertaken without the approval and involvement of the PEC or in their absence the Programme Director/other nominated college dietetics staff member.

15.2 Supportive Action Plans
Prior to instigation of the “risk of failure process” steps will have been taken to address the issue with the student such as increased supervision, increased practice and feedback. If it is agreed that this approach over a longer period of time will achieve the desired outcome then this should be continued. However if it is agreed that this approach is not likely to work then different actions will be required. These could include:

- Change of educator. A different approach by an experienced educator may be appropriate.
- Change of timetable – place the student in an area previously covered or reduce the number of patients to be seen.
- If the problem is related to a skill/knowledge deficit give the student opportunity to focus on this skill only for an agreed length of time.
- If the problem is behaviour related take a patient centred approach and provide training / education on patient safety.
- Increase frequency of reviews and feedback
16. **Failing Practice Placement**

The decision to fail a student is a challenging situation with serious implications for the student therefore needs to be handled with sensitivity. Skill and confidence is required to manage the situation effectively. The most important aspect to note is that nothing should come as a surprise to the student. For all concerned knowing that the process of identifying and supporting the failing student has been carried out objectively using the underperforming process and risk of failure process outlined above allows a decision to be made with confidence. This decision is made jointly between the PEC and PC in conjunction with relevant PPEs and may also involve The Department Manager.

The reasons for failure and the process that was undertaken to identify and support the student should be summarised in writing by the PC and provided to the student and PEC. This will assist in reflecting on the placement and planning for the repeat placement. It is important to remember that often issues outside of the direct control of placement may impact the student’s ability to progress i.e. emotional, physical or mental health issues. If these issues are addressed in the intervening period there is no reason why the student cannot succeed on the second attempt.

It is the role of the PEC to liaise with the student, reflect on the placement, direct the student to possible support systems where applicable and discuss the most appropriate repeat locations for that student the following year. In general, repeating a placement in the same location as the 1st failed attempt is not encouraged.

16.1 Implications of Failing Practice Placement on 1st attempt

- **Failed PPA:** Students cannot proceed to year 2 of the programme until PPA is passed. The student must repeat the placement the following year; therefore they are required to go off books/repeat the year until PPA is successfully completed.
- **Failed PPB:** A student who fails PPB has one opportunity to repeat the placement. This opportunity occurs at the same time point the following year. Students who fail PPB cannot proceed to year 3 therefore they are required to go off books/repeat the year until the PPB is successfully completed.
- **Failed PPC:** A student who fails PPC has one opportunity to repeat the placement. This opportunity occurs at the same time point the following year. Students who fail PPC cannot proceed to the year 4 module Advanced Nutrition and Dietetics as successful completion of PPC is a pre requisite for this module, however they can take the two research modules in year 4: Data Analysis and Interpretation, and the Research Project.

16.2 Implication of Failing Practice Placement on 2nd attempt

- A student who fails any practice placement on the second attempt is not eligible for consideration for the award of B.Sc. (Honours) Human Nutrition and Dietetics.
- A student who fails PPA or PPB on the second attempt must exit the programme at this point.
- A student who fails PPC on the second attempt but has the potential to accumulate 180 ECTS credits between stage 3 and 4 (10 from an alternative stage 4 module) will be eligible for consideration for an Ordinary Degree of B.A. jointly awarded by the DIT and TCD.

16.3 Appealing Practice Placement Failure
All appeals against the decisions of Progression and Award boards and requests for re-checks will be subject to the relevant policies and procedures of the institution in which a module is delivered. The composition of the Appeals Eligibility Sub-Group, Appeals Panel and Appeals Board shall include staff from both Institutions and all decisions of the Appeals Board are officially notified to the appropriate authorities in both Institutions. All decisions of the Appeals Board are officially notified to the appropriate authorities in both Institutions.
Section 2

Practice Placement A (PPA)
1. Overview of PPA

There is a requirement that undergraduate Human Nutrition and Dietetics students undertake a 4 week (37.5 hours/week; total 140 hours) unpaid catering placement in an institutional setting at the end of year 1. Students at this point should have foundation knowledge and basic skills in food preparation, catering administration, food science and communications.

The catering placement is invaluable as students learn to integrate knowledge acquired during year 1, while also providing an opportunity for students to apply this into practice around how a catering department works; how it engages with the department of Nutrition and Dietetics; general food safety in preparation; hygiene regulations; calorie counting; creating sample menus for patients with specific needs and/or food allergens etc. See Appendix 9 for General Guidelines on PPA.

1.1 Requirements of PPA

During PPA student should as a minimum undertake the following:

1. Observe food production methods.
2. Identify and be familiar with food safety policies and how they are locally implemented.
3. Evaluate menus (including special diet and allergens)
4. Observe food delivery systems to ward level.
5. Identify and describe the role of dietetic personnel in the context of the placement setting.

It is suggested that students would also undertake a small project while on PPA based around some aspect of menu analysis, special diet, allergens, etc.

There is no obligation for the student to spend time with the dietitian if there is one attached to your facility. However, if there is an opportunity for them to meet and be exposed to the collaborative working of the catering team including the dietitian this can only be beneficial.

1.2 On completion of the placement the student will be able to:

- Describe the processes of meal production, selection, service and delivery within the institutional setting.
- List the food portion sizes used within the institutional setting
- Outline how nutrition principles can be applied to food services within the institutional setting.
- Evaluate the impact of food service regulations, standards and guidelines on the nutritional quality, hygiene and temperature regulation of food service systems.
- Identify the role of food services personnel in the delivery of nutritional care.
- Recognise the limitations of institutional food services systems in the delivery of nutritional care.
- Critically analyse the food served in terms of population recommendations.
- Appreciate the importance of integrating nutrition and dietetics in the provision of food services in institutions.
- Recognise the actual or potential role of nutrition professionals in the Health Service Executive (HSE) and other institutional settings.

1.3 Responsibilities on PPA
It is the responsibility of the placement provider to:

- Provide a named lead supervisor to the student during the placement.
- Treat the student in a professional way and not take advantage of the unpaid work placement in terms of expectation to work overtime etc.
- Ensure the student is aware of the local health and safety, and infection control policies and requirements.
- Be aware from the assessment form what areas the student requires exposure to during the placement and aim to ensure the student receives as varied and wide an exposure as possible.
- Ensure the information input by the student into the assessment form is correct.
- Give clear feedback to the student in relation to their performance during the placement, documenting on the form any concerns relating to recurrent issues of poor performance i.e. continued lateness despite being reminded or unprofessional behaviour.
- Communicate directly with college (PEC) immediately if any concerns occur during the placement.
- Ensure you have personally signed the assessment form.

It is the responsibility of the student to:

- Present punctually on a daily basis
- Always act in a professional manner with other staff, service users and colleagues.
- Always dress professionally making sure you are neat, tidy and clean and wearing the uniform as advised by the placement site.
- Comply with local health and safety and infection control policies.
- Wear protective safety shoes in the kitchen area.
- If you are unable to attend on any day due to illness you must notify the catering supervisor and college authorities (PEC and cc Sheila Walsh preferably via email) immediately. Where students are ill for 3 days or more a sick cert will be required by college.
- Find your own accommodation if your placement location means you have to live away from home, you may be able to get local advice.
- Act within your scope of practice, taking direction and feedback on board from your placement supervisor and other catering personnel.
- Complete the placement assessment form, ensuring it is signed by both parties on completion of the placement.
- Any planned leave must be discussed and agreed by college (PEC) well in advance.

2. Assessment
The placement is assessed using a short form (Appendix 10) which is primarily filled out by the student, then reviewed and signed off by the catering supervisor at the end of the placement. The role of the catering supervisor in assessment is to verify the information provided by the student in part 1, comment on areas of
exposure during the placement and where warranted insert a comment on performance. Note Part 2 of the form gives guidance as to areas that the student should be exposed to during the placement. Part 2 of the form must be signed by the student and the catering manager at the end of placement and the signed original Part 1 and 2 returned to college either scanned/in post.

3. **Absence**
There is a strict requirement for 1000 practice placement hours to be achieved by each trainee by the Dietitians Registration Board of CORU. The current placement split into three practice module meets the basic 1000 hours with a contingency of 40 hours incorporated to accommodate any unscheduled or unanticipated absences. Any leave missed beyond this contingency of 40 hours however, must be made up in agreement with the PC and PEC. The PPA accounts for 140 of the 1000 hours. College must be informed of any missed days as soon as possible during the placement. See section 1.11 for further details on absence from practice placement. An attendance form (See Appendix 7a) must be signed by both the on-site coordinator (usually catering manager or diet chef) and the student at the end of the placement to confirm that the full 140 hours have been met. This signed form must be returned to college also.

4. **College based consolidation of PPA**
On return to college in year 2 students are required to present their experiences of PPA including any project work undertaken.
Section 3

Practice Placement B (PPB)
1. **Overview of PPB**

PPB is a ten week (375 hour) dietetics placement set in community and hospital cluster. The ten weeks are allocated to a specific cluster of placement blocks in different settings, generally a group of 2-4 sites spread across a geographical area. The students are allocated in pairs to work alongside specified practice placement educators who are dietitians working in either the community or hospital setting. The length of time in each setting may vary depending on the location.

The professional skills practiced in PPB will relate to the subjects which, have been taught in the first 2 years of the course: ‘Nutrition through the Lifecycle’, ‘Professional Practice Studies’, ‘Nutrition Science’, ‘Clinical Chemistry’ and ‘Biochemistry’. All students must constantly revise their College notes on these subjects to support their evidence based practice throughout the 10-week practice placement. The objective of PPB is to experience assessment, and care plan development in a real life context under the supervision and guidance of a PPE.

A paired placement model (see point 2 below) is used throughout the 10 weeks of placement. The PPEs and students work in collaboration with the PPE facilitating the practice of skills and feedback and the students working towards achieving the desired competency in each of the skills.

During PPB students should have the opportunity to:

- Prepare and deliver under guidance a minimum of one presentation to a patient/client group.
- Undertake a health promotion project/review/audit/update
- Give regular short informal case presentations to dietitians outlining a patient case and the dietetic management of a patient/client. Case presentations are recommended to help develop reflection, enhance learning and practice presentation of patient information. These do not have to be to the whole department, but even having the students present informally to a smaller audience is beneficial in terms of developing communication, care plan development and justification skills. The student should be capable of answering questions on the particular patient. This patient will come from the case load for that week/period of training. The student can use their dietetic record card (copy of HCR note) for this presentation so no written preparation is needed but the student should be encouraged to give thought to what they present and how they answer the questions asked.

Coordination between sites in a cluster is necessary to plan and map out the placement for each site in terms of learning outcomes focus and when and where project work is undertaken.

1.1 Responsibilities on PPB

For PPB to be successful both the student and PC/PPE have to accept certain responsibilities:

1.1.1 The Student Must:

- Sign the Code of Conduct for Trainee Dietitians
- Familiarise themselves with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.
- At a minimum of 2 weeks prior to undertaking your PPB or moving locations within PPB, contact the PC in that location within the cluster to arrange the exact meeting time and venue for meeting on the first day in that location.
- Find your own accommodation
- On the week prior to rotating PPEs contact the next PPE and clarify expectations i.e. start time, recommended reading, timetable changes.
- Review any recommended reading by the PPE prior to the training week.
- Always have a calculator, notebook, black pens, a memory stick, and a folder for your reflection logs and assessment forms.
- Never undertake any clinical work if the PPE is sick and as a student you are left unattended.
- Ask for feedback if not getting enough or unsure re expectations or performance.

1.1.2 The PC Must:
- Be familiar with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.
- Liaise with other sites within the cluster to set appropriate learning objectives for each sites and agree on the process of transfer of summative assessment forms in a timely manner.
- Transfer the signed summative form to the next sites and college.
- Provide regular feedback (both positive and constructive criticism) on performance, clarify any underperformance or concerns with the students as soon as possible, not waiting for the assessment form to be the sole vehicle for feedback.
- Review the assessment forms on a regular basis, keep up to date with the student’s progress and acts as a support and advice resource for the PPEs throughout the placement.
- Collaborate with the final PPE and student for the summative assessment.
- Liaise with college (PEC) as early as possible where there are concerns regarding the student.

1.1.3 The PPE Must:
- Give recommended topics for the student to review prior to each week/rotation i.e. college notes, hospital library or department standards of care.
- Be familiar with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.
- Meet the student on the first day to discuss the assessment form from the previous week and create Learning Outcomes (LOs) for the placement block ahead. The student may identify the LOs that they wish to work on at this time and the PPE advises on what LOs are best facilitated in the particular specialty/setting or what was agreed between cluster sites.
- Set clear expectations for the student at the beginning of the rotation i.e. start times, roles, date for form to be submitted etc
- Provide opportunity during the placement block for practice of the identified criteria that will achieve the LOs.
- Carry a copy of the assessment form from the beginning of the week to allow for ease of timely recording of practice and feedback and to keep a record of examples that can be used as evidence of progress. The examples recorded should reflect what the student has practiced and be suitable to explain how the student has or has not achieved a competency.
• Provide regular feedback (both positive and constructive criticism) on performance, clarify any underperformance or concerns with the students as soon as possible, not waiting for the assessment form to be the sole vehicle for feedback.

2. **Paired Training Model**
During Practice Placement B (PPB), all students will be paired as far as is possible. This means that 2 students will be allocated to an educator simultaneously. This encourages the student to develop competence using the core concepts of collaborative learning which includes peer observation, peer feedback, reflective practice and problem based learning. There is also some direct observation, teaching and feedback from the PPE but the focus is on collaborative learning and reflective practice.

2.1 Key Concepts of the Paired Placement Model
• Collaborative Learning: A form of indirect teaching in which the instructor (educator) states the problem and organises the students to work it out independently (Holland and Hurst, 2001)
• Peer Observation: One student observing the other student, and sharing those observations, e.g. scripting.
• Peer Feedback: Formative feedback from one student to another (not assessment).
• Reflective Practice: More than thoughtful practice, this involves problematising many situations of professional performance so that they can become potential learning situations and so the practitioners can continue to learn, grow and develop in and through practice (Jarvis, 1992, in The Development of Critical Reflection in Health Professions, by Sylvia Tate).
• Problem Based Learning: The learning that results from the process of working towards the understanding of a resolution of a problem. The problem is encountered first in the learning process (Barrows and Tamblyn 1980; in What is Problem Based Learning? by Terry Bates)

2.2 Implementation into Practice
There are a number of different scenarios of how paired learning can be implemented in the inpatient and outpatient environment. See below for examples and Appendix 11 for schematics.

2.2.1 Inpatient – Scenario 1
• Both students are given 45 minutes to see the same patient.
• Students A and B share the tasks of information gathering, nutritional assessment, nutritional care planning and advice giving. The students should be able to decide this amongst themselves; however, the supervising dietitian may give guidance, or check that they are rotating these tasks.
• Students A and B may review together the medical, nursing notes, observation and fluid balance sheets, and biochemistry results.
• Student A takes the lead with the patient and will take a 24 dietary recall and/or diet history. Student B will script what Student A says to the patient, while Student A documents what the patient says.
• Student B then writes up the dietetic record card.
• The educator then meets with the students (after the agreed 45 minutes) and Student A may present the case to the dietitian. The dietitian then facilitates feedback between the 2 students.
and gives her own feedback also. Student B may be asked to read the script of the words and phrases used by Student A in the consultation.

- If it is very early in the placement, the dietitian may take over at this point and may do some further information gathering, or ask the students to do so; and then allow the students to observe her advising the patient. It is important that this is ‘active observation’, i.e. the students know that when the dietitian has finished, she will ask one or both students question(s) about the consultation. This is important to ensure that the students focus on the consultation. The two students then draft a sample note for the medical chart.

- For the next patient, students rotate the roles of Student A and Student B.

- As the students’ progress in the placement, before they present the case to the educator, they devise a nutritional care plan. Student A (i.e. the student who undertook the 24 dietary recall) carries out the advice giving component of the consultation, with Student B and the educator in attendance. Before drawing the consultation to a close, the student will ask the educator whether they would like to add anything. For the next patient, the other student will give the dietary advice.

- Please note that only ONE student writes in the dietetic record card/medical notes or converses with any one patient. If there are two students writing parts of a dietetic/medical note or taking part in a consultation, it may result in confusion.

2.2.2 Inpatient - Scenario 2

- Students A and B may be asked to see a patient each, i.e. separately. Each student goes to their own patient separately. However, when the allotted time is up, both Students A and B meet the educator at Student A’s patient.

- Student A then presents their case, nutrition assessment and care plan. The educator then encourages Student A to reflect on their work and asks Student B to give feedback/constructive criticism. The educator may add in anything they feel has not been addressed. Both the educator and Student B then observe Student A advising the patient. Afterwards, Student A will reflect and discuss his/her management of the case with Student B and the educator to get feedback on the consultation. Student A will also draft the medical note and consult with the MDT.

- Students A and B and the educator then go to Student B’s patient and undergo the same process with Student B taking the lead.

- Each week, students should have at least three to four opportunities to work individually. But both students should always be present for the provision of dietary advice as this is the skill that students find most difficult to master. An exception to this is if the educator is trying to assess a student’s independence, or if there is a query that one student is struggling to attain competence on their own.

- As weeks progress, students may gather relevant information separately, but come together to present the case, and give the advice to the patient in front of the educator.

- If the two students are kept together for everything later in the training, some students may feel held back, and educators may feel that the students are not as independent as they should be, or that they are not being assessed separately. However, it is still very beneficial for students to continue to work in pairs and undertake peer observation and peer feedback even in later weeks of PPE, and particularly when rotated to new locations or clinical areas.
2.2.3 Outpatient – Scenario 3

- At the very beginning of PPE, the students may observe the educator undertaking consultations. At this time, as in the above scenario, try to ensure that it is ‘Active Observation’ rather than allowing them to passively sit during the consultation.

- The two students should progress to conducting the ‘Meet and Greet’ and information gathering parts of the consultation after observing an educator 1-2 times. The patients should be divided between the students, e.g. if there are 6 patients booked into a clinic, Student A should take patients 1,3,5 and Student B should take patients 2,4,6.

- As with a single student, if Student A is gathering the information, s/he will then ‘pass the patient back’ to the educator who may take over the consultation at that point.

- As the students’ progress, Student A may conduct the entire consultation and the educator need only intervene where necessary. Student A will invite the educator to add anything else at the end of the consultation. When the patient leaves the room, if there is time, there is a short reflection/discussion when Student A reflects on his/her consultation and Student B is invited to give feedback/constructive criticism. The educator’s role is to facilitate this peer feedback and to add anything that the students may have missed. Student B may have scripted Student’s A’s consultation, and may read out verbatim, the words and phrases that Student A used, to facilitate further reflection by Student A on their performance.

- In an outpatient consultation, in the same way as with inpatients, only ONE student communicates with the patient. The other student is there as an observer, to learn from their peer and to help facilitate (scripting) and give feedback after the consultation. If there are two students talking to the one patient this will cause confusion.

- It may be useful, during some of the consultations to ask Student B to script the conversation between Student A and the patient, so that when giving feedback this can be used to facilitate Student A’s insight into his/her performance.

2.3 Group Work/ Projects/ Presentations within a Paired Placement Education Model

- The Paired Placement (2:1) Model facilitate collaborative learning between students when working in group education settings, completing project work or planning presentations.

- Students can offer each other peer support and feedback which is very important as much of this work is centred on the concept of problem based learning.

- Students should be encouraged to rotate responsibility for different tasks when working in these areas, so that both have an opportunity to experience all tasks for example, do a presentation during a group education session.

3. Feedback

Regular feedback is essential in the clinical placement setting as it guides future performance. Without regular feedback mistakes go uncorrected, good performance is not reinforced and the learner has no idea how to achieve clinical competence. The learner then generates a system of self-validation largely based on indirect feedback and cues which may not actually reflect the educator’s true opinions. Therefore there should be an expectation by both the student and the PPE that regular feedback, at least on a daily basis occurs. Otherwise where feedback is left for the assessment form the student has no opportunity to learn from and improve their performance.
3.1 The Role of the PPE in Feedback
The role of the PPE is primarily being the facilitator of feedback rather than ‘giving feedback’. Whether it is with one student or a pair the PE guides the student to give feedback to each other and reflect on their own experiences so they can lead their own learning through reflection. However, it is essential that the PPE corrects misinformation and adds any learning points that may have been omitted or overlooked by the students. Also the PPE may have to guide the inclusion of either positive or negative feedback as depending on the student/pair they may overly focus on one particular element. Reinforcing positive behaviour by the PPE is also essential as a student may do something well, but may not fully understand what has worked well, or why what they have done has worked well. This is just as important as the constructive criticism in ensuring it is developed in future experiences.

3.2 Facilitating Feedback within a Paired Placement Education Model
In the paired model students are obliged to give each other both constructive criticism and positive feedback. Most educators will have attended a training session with the practice education coordinator on facilitating this feedback. The students have also learned about collaborative learning, peer observation and peer feedback, and have had practical sessions to practice these techniques as part of their Year 2 ‘Professional Practice Studies’ Module. It may take students and educators some time to become familiar with this process, but it is useful to be specific when facilitating feedback and to establish ground rules for giving feedback beforehand e.g. ‘Suggest 1 more piece of information that you might look for from this patient’ or ‘Student A, could you tell me two things that worked well for Student B during that consultation?’, or ‘Student B, could you tell me one thing that you would have done differently if devising this nutrition care plan?’. Appendix 12 provides some useful practical suggestions on questions that may aid you in facilitating feedback with students.

3.3 Responsibilities in Feedback
Feedback is a two way process, for it to work effectively both giver and receiver need to accept the importance of their roles.

<table>
<thead>
<tr>
<th>Giver of Feedback/Educator</th>
<th>Receiver of Feedback/Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always be prepared to give feedback</td>
<td>Always be ready to receive feedback</td>
</tr>
<tr>
<td>Take the initiative in giving feedback.</td>
<td>Take the initiative to ask for feedback if not offered.</td>
</tr>
<tr>
<td>Provide both positive feedback and constructive criticism.</td>
<td>Expect both positive feedback and constructive criticism.</td>
</tr>
<tr>
<td>Constructive Criticism must be specific and objective, and accompanied by advice/recommendations as to how to improve performance.</td>
<td>Listen carefully to all feedback, asking for constructive practical advice to remedy errors.</td>
</tr>
<tr>
<td>Consider setting in which feedback is given.</td>
<td>Reflect on feedback after the event.</td>
</tr>
</tbody>
</table>

4. Reflection Logs
Reflecting on our actions allows us to learn from our experiences both positive and negative and guide optimal future performance. This process encourages the student to identify the areas of their practice that went well and to plan their actions for the next stage of their placement. Students are required to complete reflective logs (See Appendix 13) for significant learning events throughout the placement both observed and undertaken e.g. first time seeing a patient in OPD, challenging client, novel skill observed.
The number of reflective logs completed will vary with each student but they should complete at least 2 logs for each rotation with a particular PPE (minimum 1 log per week). Completion of the reflective log is the student’s responsibility. The student must inform the PPE when they are undertaking a reflection log and initiate use unprompted. The logs should be shown to and discussed with the educator within 1-2 days of the learning experience occurring. Reflection logs must be brought to the meeting at the end of the rotation with each PPE.

While logs are not corrected by the PPE as right or wrong the content should stimulate further discussion on the experience between the PPE and the student. It also can be used to assess the students insight into their performance and areas of required development. The areas/competencies discussed should be worked on in the current placement and in placement blocks ahead. If there is a discrepancy between the student and the supervising dietitian this is discussed and not resolved a note is made on the reflection log, and this would also be noted on the assessment form. A copy is kept by the student and in the PC student folder can be shared with the next PPE.

5. **Absence**

There is a mandatory requirement for 1000 practice placement hours to be achieved by each trainee by the Dietitians Registration Board of CORU. The current placement split into three practice module meets the basic 1000 hours therefore any leave missed must be made up in agreement with the PC and PEC. The PPB accounts for 375 of the 1000 hours. College must be informed of any missed days as soon as possible during the placement. See section 1.11 for further details on absence from practice placement. An attendance form (See Appendix 7b) must be signed by both the PC and the student at the end of the placement to confirm that the full 375 hours have been met. This signed form must be returned to college also.

6. **Clinical Reflection and Study Time**

It is useful for students to have time assigned for reflection, specific reading or preparation for working in a specific clinical area etc. It is also a very useful time for dietitians to complete assessment forms and perhaps catch up with their own caseloads.

It is recommended that students are timetable a minimum of 2 hours per rotation which is agreed in consultation with the student coordinator and may be at different times each week, but students should be given advanced notice. The day may change from week to week. This usually translates into a morning or more usually, afternoon unsupervised.

However, if a PPE feels that the priority needs to be on advancing learning outcomes not achieved white time may not be given. This decision is made by the PPE in conjunction with the PC and the student. While every effort should be made to accommodate white time there may be times when considering the progress of the student focusing on developing clinical skills and learning outcomes may be the priority.

7. **Tutorials**

On PPB (undertaken in year 2 of a 4 year programme) students will often be faced with scenarios where they have not covered the theoretical learning prior to placement. This needs to be recognised and emphasis put on the experiential learning of PPB. While tutorials and reading materials can be provided to students by the
PPE/PC the students should read these themselves during white time. They should then be encouraged to ask any questions that they may have, and then be able to discuss the contents with the educator. Reflection on new learning that occurred in PPB is undertaken on return to college in year 3 when students can use the experiences of PPB to contextualise the area.

8. Assessment of PPB

PPB is assessed formatively on at least a 2 weekly basis with summative assessment at specified stages during the placement i.e. before the students move onto a new location within the PPB cluster and at the end of the 10 week period.

Students now lead the completion of their own assessment. While students may not always deem themselves with the correct level of competence, especially at the beginning of the placement the use of the student led method has been shown to have a number of advantages:

- Promote student-directed learning.
- Aid student reflection and allow student to demonstrate insight of progress.
- Encourage collaborative approach between educator and student when discussing/signing off on forms.
- Give the PPE insight into the students perception of their progress/areas of skill and areas of challenge

8.1 Assessment Forms

Assessment is a collaborative process between the students and the PPEs. Assessment is primarily undertaking using the PPB assessment form (See Appendix 14) however all forms of evidence of learning should be considered when completing the assessment form i.e. reflection logs, feedback, observations. The same assessment form is used for formative and summative assessment. Using the same assessment method provides guidance to students on what is required and a forum for regular written feedback to the student on their practice. Summative forms should be passed onto the student coordinator in the next location and a copy will be kept by the student in the student’s practice placement folder. A copy is also retained at each training site. The original signed copies of all the summary assessment forms must be returned to the college immediately after the student completes the placement (scanned or original via post).

Below is a guide on how frequently new assessment forms should be completed in PPB depending on the number of weeks students are allocated to a particular training site.

<table>
<thead>
<tr>
<th>Number of weeks on each PPB site</th>
<th>Frequency of New Form Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 form for 1 week, where this form is the summative form for that location</td>
</tr>
<tr>
<td>2</td>
<td>1 form covering 2 weeks, where this form is the summative form for that location</td>
</tr>
<tr>
<td>3</td>
<td>1 form covering 3 weeks, where this form is the summative form for that location, however form may be initially completed at 2 weeks and that same form updated at the end of week 3</td>
</tr>
<tr>
<td>4</td>
<td>2 forms each covering 2 week blocks, where the 2nd form is the summative form for that location</td>
</tr>
</tbody>
</table>
33

8.2 Assessing Competence

Competence at the end of PPB is assessed in accordance with the ‘Learning Outcomes and Core Competences’ document, which uses the divisions of Weeks 1-6, Weeks 7-12 and Weeks 13+ (See Appendix 15). This breakdown provides time-specific guidance to students and PPEs to facilitate assessment of the student’s progress through their practice placement education. Only the competences described in Weeks 1-6 and Weeks 7-12 will be used during PPB (10-week placement). Some students may achieve competence earlier and some later. They do not have to achieve competence in any of the criteria until the end of the placement but if they are not achieving competence in even some area mid placement this may signify an issue and warrants discussion with the students and the PC, and even the PEC. Identifying learning outcomes on a regular basis and assessing in set timelines will aid the process of monitoring progress. Appendix 16 provides a short guidance on how to approach devising learning outcomes. The PPB Mapping Document (Appendix 17) can also help in devising learning outcomes as it has mapped the competencies from week 1-6 and 7-12 on to the PPB assessment form together with describing what the student must and should be undertaking by the end of the 10 week placement.

8.3 Assessment within a Paired Placement Education Model

Students should be assessed while working together, particularly at the beginning of placement when the model is very useful to facilitate a shorter ‘settling-in’ period for the students.

In order to assess students individually, it is necessary to send them to individual patients on a number of occasions, depending on the area of work, where the student will present the case and advise the patient, where appropriate, in front of the educator, without conferring with the other student. This is of particular importance when students’ progress beyond the initial weeks in a new location. It will also give the students a good opportunity to demonstrate their independence.

As it is easier to confuse examples when there are two students, rather than one, it is advisable for educators to have a hard copy of an assessment form for each student with them so that they can add comments/evidence as they occur, and so they don’t confuse which student did what.

8.4 Completion of Student Led Assessment Forms

While completion of assessment forms is student led its agreement and finalization is a collaborative process between the student and the PPE. Note there are sample completed assessment forms that the student and PPE should be familiar with to ensure they are completing the form to the required standard (See Appendix 18: Sample Week 3 Form and Appendix 19: Sample Summative Form). The process is as follows:

1. Student and PPE meet at the beginning of the rotation to agree (i) the learning objectives for that rotation considering the previous rotations (the student should bring the learning outcomes set at the beginning and the end of the last rotation), (ii) the date on which student self-assessment to be submitted considering need for PPE to review, and (iii) the format to be submitted (written or typed, preferably typed). The learning objectives set should be based on what was achieved and
documented in the previous placement as well as reviewing stage of training. A set of 5-6 leaning outcomes is feasible for a 2 week rotation. Appendix 16 provides a short guidance on how to approach devising learning outcomes.

II. The student commences the recording of evidence of meeting competency criteria from the beginning of the week. This is done by recording examples of practice and reflection on this practice which indicates learning achieved (including patient initials and a short elaboration on the evidence for that case). It is advisable that the student makes entries daily or more frequently on the assessment form so as to capture good examples for evidence. All the examples gathered do not have to be used in the final completion of the form. Where a student is with multiple educators the initial of the PPE with whom the example was experienced must be put in brackets after the example for ease of reviewing the form at the end of the rotation.

III. The PPE keeps a record of evidence of practice and learning and documents feedback given to the students during the rotation. This will be compared with the student’s self-assessment at the end of period meeting.

IV. The PPE facilitates completion of the identified learning outcomes and discusses suitable examples of evidence with the student throughout the placement period.

V. After reflection on their evidence gathered at the end of the rotation, students then provisionally deem themselves to be competent or not for each criteria by completing the ‘Yes/No/Not Assessed’ column.

VI. It is likely that while focusing on some criteria others will also be incidentally practiced. All criteria and performance indicators do not have to be assessed during each rotation but it is the responsibility of the student to make sure that they have had sufficient practice in all of the criteria to achieve competence in all before the end of placement. The preferred format is that a few criteria are assessed in the initial weeks and the number assessed on each separate form increases as the weeks pass.

VII. An electronic copy of the form is to be emailed to the PPE on the date previously agreed. This is a mandatory component of the assessment and is the responsibility of the student. All of the PPEs involved should review the assessment form and provide comments if appropriate.

VIII. If a student wishes they may attach a reflection log to the form to illustrate an example of meeting or not meeting a competence, but this is not mandatory.

IX. Student will meet with PPE after they have had time to review the form to discuss and agree the assessment of each criterion on the form. The PPE adds in their own comments and observations and then in conjunction with the student agree whether competency has been achieved or not. Learning objectives recommended to be focused on for the following week are discussed and documented.

X. Student will type up the final version of the assessment form, including any additional evidence and making any changes as agreed in conjunction with the PPE. Changes to the determination of competence or PPE comments should be recorded in a different font to show differentiation.

XI. Student will return the final form to the educator within an agreed timeframe (usually later that day or the next day) and both sign this copy. The PE must ensure that the student has made agreed changes/additions and signed the assessment form before signing the form themselves.

8.4.1 Where there is a discrepancy between the PPE and the student
To change the competence that a student has assigned the PPE must have specific patient examples to outline the criteria. Both should discuss the examples and try to achieve a resolution. Where the student and the PPE
still do not agree the determination of the PPE is ultimately what is used as they are the practicing professional with a responsibility to deem the student competent or not, with implications for patient care. Where this occurs the PC is informed and the lack of agreement is documented in the specific section of the assessment form.

8.4.2 Level of Evidence Required

There are sample completed assessment forms that the student and PPE should be familiar with to ensure they are completing the form to the required standard (See Appendix 18 Sample Week 3 Form and Appendix 19 Sample Summative Form). Below is some specific guidance with regard to level of detail and evidence required in the form.

- Specific clinical examples are required which are related to a specific patient experience. Examples should contain the patient initials and a short description of the activity that provides evidence relating to the criteria along with some reflection on the learning that has taken place (see sample forms Appendix 18 and 19).
- The number of examples required will vary depending on the criteria/PI. Between one and four examples should be sufficient in most cases but more may be necessary depending on the ability of the student.
- The examples used should be discussed with the PPE during the period of placement. The PPE will be able to advise on the best examples to use.
- When the PPE is reviewing the form it is preferable to always add a comment on the student’s progress. Where it says “always provide evidence” this must be adhered to.
- If assigning a “No” always give evidence why and provide comments of how a “Yes” can be achieved. If the PPE is awarding a “no” where the student thought it should be a “yes” then examples must be given to document this.
- Awarding a “Yes” indicates competence. If the “Yes” has conditions (Yes but...) this should be a “No” with conditions (No, but...) describing how a “Yes” can be achieved.
- “Yes” should only be given if repeated evidence is shown. If there is lack of ability initially but then improves by end of placement block and shows consistent ability, a “Yes” can be given. Otherwise a “No” with explanation should be given.
- If “Not Assessed” is recorded for a particular criteria/PI this should be explained.
- It is important to remember that we are not expecting students to be independently able to undertake all tasks on PPB. Awarding a Yes refers to the student showing a consistent ability to be able to undertake a task with little or no prompting from the PPE. However, it is acknowledged that the student due to their level of experience would not be able to undertake all tasks without supervision or some guidance however with further exposure on PPC shows the potential to be able to develop their skills to an independent level.
- Student must have met the ‘Learning Outcomes and Core Competences’ as described in Weeks 1-6 and should have met the essential competencies from Weeks 7-12 on completion of PPB. These are clearly outlined on the PPB Mapping Document (Appendix 17).

9. College based consolidation

On return to college post PPB there is a 1-2 week period of consolidation of learning and reflection on experiences. During this time students need to undertake two activities that account for 50% of the marks for PPB. The first is a presentation outlining some learning experience where there was application of theory to
practice and the second is the submission of a lay article. Students are also required to undertake 4.5 hours of interprofessional learning with physiotherapy, occupational therapy, medical, speech and language therapy, nursing and pharmacy students on return to college as part of this module.

Section 4

Practice Placement C (PPC)
1  **Overview of PPC**

PPC is a thirteen week dietetics placement set in an acute hospital setting. Students are generally allocated in pairs to work alongside PPEs for specified rotations (generally 2 week periods).

The focus of PPC is on advancing skills developed in PPB, and professional classes in year 3 and knowledge developed in dietetics in year 3. Prior to and during PPC students must constantly revise their college notes on dietetics, medicine, clinical chemistry and other relevant subject to support their evidence based practice throughout the 13-week placement. The objective of PPB is to develop skills to a point where the student can be deemed independent in practice.

1.1  **Responsibilities**

For PPC to be successful both the student and PC/PPE have to accept certain responsibilities:

1.1.1  **The Student Must:**
- Sign the Code of Conduct for Trainee Dietitians prior to commencement.
- Familiarise themselves with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.
- Contact the PPC site prior to commencement to arrange the exact meeting time and venue for meeting on the first day in that location.
- Send on the completed pre placement form.
- Complete any recommended reading/revision by the PC prior to commencing placement.
- Attend the orientation day.
- On the week prior to rotating PPEs contact the next PPE to clarify expectations i.e. start time, recommended reading, uniform, timetable changes.
- Review any recommended reading by the PPE prior to the training week.
- Always have a calculator, notebook, black pens, a memory stick, and a folder for your reflection logs and assessment forms.
- Never undertake any clinical work if the PPE is sick and the student is left unattended.
- Ask for feedback if not getting enough or unsure re expectations or performance.
- Identifies the LOs that they wish to work on for each rotation and agree (not all LO’s may be appropriate to all rotations) these with the PPE at the meeting at the beginning of the rotation.
- Review defined LO’s at the assessment and feedback meeting at the end of the rotation.
- Initiate setting of learning outcomes for each rotation.

1.1.2  **The PC Must:**
- Be familiar with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.
Send out the student a pre placement letter outlining: required reading/revision, dress code, timetable, arrangements for orientation.

Arrange the orientation day.

Provide regular feedback (both positive and constructive criticism) on performance, clarify any underperformance or concerns with the students as soon as possible, not waiting for the assessment form to be the sole vehicle for feedback.

Review the assessment forms on a regular basis, keep up to date with the student’s progress and acts as a support and advice resource for the PPEs and student throughout the placement.

Collaborate with the final PPE and student for the summative assessment.

Liaise with college (PEC) as early as possible where there are concerns regarding the student.

Transfer the signed summative form college on completion of PPC.

1.1.3 The PPE Must:

Give recommended topics for the student to review prior to their training block i.e. college notes, department standards of care, key articles/guidelines.

Be familiar with the assessment forms, the assessment process, reflection logs, sample completed assessment forms, code of conduct and handbook prior to placement.

Meet the student on the first day of the block to discuss the assessment form from the previous week and create learning Outcomes (LOs) for the placement block ahead. The student may identify the LOs that they wish to work on at this time and the PPE advises on what LOs are best facilitated in the particular specialty/setting or what was agreed between cluster sites.

Set clear expectations for the student at the beginning of the rotation i.e. start times, roles, date for form to be submitted etc.

Provide opportunity during the placement block for practice of the identified criteria that will achieve the LOs.

Carry a copy of the assessment form from the beginning of the week to allow for ease of timely recording of practice and feedback and to keep a record of examples that can be used as evidence of progress. The examples recorded should reflect what the student has practiced and be suitable to explain how the student has or has not achieved a competency.

Provide regular feedback (both positive and constructive criticism) on performance, clarify any underperformance or concerns with the students as soon as possible, not waiting for the assessment form to be the sole vehicle for feedback.

1.2 Orientation to PPC

1-2 days onsite orientation which is mandatory for the students to attend occurs at the PPC location BEFORE placement commences. It generally occurs on the week prior to formal PPC commencement however it is arranged directly between students and the relevant PC, not through college. During this time students are orientated to the hospital and department setting including hospital and local department policies and procedures.

1.3 Requirements for PPC

While on PPC students should have the opportunity to:

- Undertake OPD consultations
- Undertake Inpatient consultations
- Undertake a presentation to patients
• Give regular short informal case presentations to dietitians outlining a patient case and the dietetic management of a patient/client. Case presentations are recommended to help develop reflection, enhance learning and practice presentation of patient information. These do not have to be to the whole department, but even having the students present informally to a smaller audience is beneficial in term of developing communication, care plan development and justification skills. The student should be capable of answering questions on the particular patient. This patient will come from the case load for that week/period of training. The student can use their dietetic record card (copy of HCR note) for this presentation so no written preparation is needed but the student should be encouraged to give thought to what they present and how they answer the questions asked. The recommended number during the 12 weeks is 4-6 as a minimum.

1.4 Important Time Points in PPC
PPC is divided into one or two week blocks, where the student is allocated to a particular dietitian or specialty for the duration of the block. Two week blocks have been identified as preferable for allowing a settling in period and continuity of practice. However providing two week blocks for the whole of the placement may not be possible in all departments and will be dependent on staffing levels.

1.4.1 Review
Review should generally occur during week 4/5. It is a series of 2-3 days where the PC assesses the student’s ability separately at that point in training. This can be done by (a) observing the student conducting a patient consult to the level they have achieved so far, (b) observing them managing the feedback process with their partner and (c) review of the assessment forms to date. There is no separate assessment documentation for this review. It is considered a formative assessment but the co-ordinator can put comments in the assessment form for the end of that placement block. It is also an opportunity for the student to formally meet with the PC and discuss any issues of concerns they may have. Depending on the location additional review days may be scheduled at intervals throughout the placement. These are a useful timepoints for the PC to review and monitor the students’ progress, give the student the opportunity to formally discuss issues or concerns with the PC and receive feedback from the PC.

1.4.2 Semi-consolidation
This generally occurs at week 6. The idea is to prepare students to work on their own mini caseload with supervision providing practice of managing a case load and allowing some increased level of independence, depending on the student. The caseload ideally comes from the ward that they worked on during week 5. Semi consolidation at week 6 also provides an ideal opportunity for the PC to assess the students’ progress and provide feedback. Some placement sites have opted not to have semi-consolidation at week 6 but to use week 10 as a pre consolidation period. During week 10 the students are supervised with a mini-case load on the same wards as they will work on for consolidation.

1.4.3 Consolidation
The final two weeks of placement are consolidation, where the student is expected to manage a caseload of 10 to 12 patients independently (this depends on the complexity of patients, turnover or cases and student ability). As mentioned previously some centres use the week prior to consolidation as supervised pre consolidation, preparing and introducing the student in the area in which they will consolidate. The purpose of the consolidation period is to allow the student to demonstrate how they cope with the responsibility of having their own patient caseload. It should facilitate and promote increased independence.

Guidelines for Consolidation:
• The PPE has ultimate responsibility for the care of the patient. For new patients, the PPE should make contact with the patient on the same day as the student’s first contact with the patient. For existing patients, this contact should be maintained at appropriate intervals, even if the student is seeing the patient on a regular basis.

• The student should have a working caseload of 10-12 patients at all times, depending on patient type and student’s ability. If possible, this should include a minimum of 2 enteral feeds. Ideally, the student will have a mixture of new and review cases on their caseload over the consolidation period.

• The PC will directly observe at least one of the student’s consultations for assessment purposes.

• The PPE should accompany the student to the ward on the first morning and introduce the student to the ward staff/patients where possible. A detailed discussion should take place for each patient being allocated to the student.

• The student should report to the PPE at least once a day to review the patients under her/his care.

• The PPE should be contactable throughout the day should the student need assistance. If the PPE is not available the student should be assigned another dietitian with whom contact can be made.

• The student should order snacks/extras for the patient as appropriate, ensure stock levels of ONS, enteral feeds and request order of same as appropriate (in consultation with PPE).

• The student should record statistics for the week.

• The student should independently check blood results.

• Written information should be provided by the student for the patient/ward staff as appropriate.

• Enteral feeding regimens may be reviewed by the PPE before communication to and implementation by nursing/medical staff (as per prior agreement).

• Parenteral nutrition may/may not be deemed appropriate by the PPE/PC.

• All patient record card entries made by the student must be co-signed by the PPE.

• Medical notes may/may not be entered by the student depending on department policy or at the discretion of the PPE. They should be drafted by the student and reviewed by the dietitian before entry into the medical chart, or as per prior agreement. They should also be co-signed by the PPE on the day of entry.

• The student should prepare a hand-over of the caseload to the PPE at the end of the week.

• The student should conduct an outpatient clinic during these weeks with full supervision by a PPE/the PC.

• Students may not get white time/study time during this period.

• Students are expected to recognise their limitations and seek guidance and clarification from the PPE as necessary.

• Students should introduce themselves to the CNM or other ward staff and explain your role for the week.

• Students should liaise with other multidisciplinary team members/ward staff as appropriate in your assessment/care plan implementation for a patient.

• You should record statistics for the week.

In summary, students are expected to be independent in their assessment of patients, in formulation and implementation of nutrition care plans for patients while being aware of their limitations. The basics are that the student can complete the assessment, nutrition care plan (including sample tailored diet sheets or enteral feeding regimens) and compose a sample medical note without prompting from the PPE. Most importantly, patient safety is a priority; students should always seek advice if they are unsure or feel they are working outside their limitations.
It is important for students to note that they can still discuss and seek advice on cases during consolidation. Some cases may be more complex than previously experienced and the student may need to discuss and justify their plans to the PPE to ensure safety. Once the student is independently initiating discussions and plans, and justifying their actions this is not considered inappropriate for consolidation. Where a PPE needs to repeatedly step in and prompt or guide a student in assessment or care planning this is deemed as not competent for consolidation.

2. Paired Training Model
Similar to PPB a paired placement model is used in PPC; see section 3 point 2 for more guidance on the paired training model. However, unlike PPB students don’t remain paired for the entire placement. The general guidance is to pair students at the beginning of PPC for the first 6 weeks, and then separate students for the remainder of the placement. This should allow for the students and educators to reap the many benefits of the Paired Placement Model at the beginning, but not compromise the students’ opportunity to work independently, in preparation for having their own caseload for consolidation (final two weeks). However, it is important to note that exceptions regarding the timing of splitting occur and depending on a number of different factors. Where this occurs it should be discussed with college.

Within the first 6 paired weeks, the students should be split up regularly (with the same educator) to see a patient independently so that educators are satisfied that they are able to assess the students independently, and to prepare students for independent work. For the unpaired time, the students should be scheduled to be with separate dietitians, if this is most convenient, but they may also be scheduled with the same dietitian.

*Now refer to section 3 point 2.1: Key concepts of the Paired Placement Model; and point 2.2: Implementation into Practice.

3. Feedback
Regular feedback is essential in the clinical placement setting as it guides future performance. Without regular feedback mistakes go uncorrected, good performance is not reinforced and the learner has no idea how to achieve clinical competence. The learner then generates a system of self-validation largely based on indirect feedback and cues which may not actually reflect the educator’s true opinions. Therefore there should be an expectation by both the student and the PPE that regular feedback occurs, at least on a daily basis. Otherwise where feedback is left for the assessment form the student has no opportunity to learn from and improve their performance during that rotation.

*Now refer to:
- Section 3 point 3.1: The Role of the PPE in Feedback; point 3.2: Facilitating Feedback within a Paired Placement Education Model; and point 3.3: Responsibilities in Feedback.
- Appendix 12 which provides some useful practical suggestions on questions that may aid you in facilitating feedback with students.

4. Reflection Logs
As with PPB there is a requirement for students to undertake reflection logs on PPC. Reflecting on our actions allows us to learn from our experiences both positive and negative and guide optimal future performance. This process encourages the student to identify the areas of their practice that went well
and to plan their actions for the next stage of their placement. Students are required to complete reflective logs (See Appendix 13) for significant learning events throughout the placement both observed and undertaken e.g. first time seeing a patient in OPD, challenging client, novel skill observed.

The number of reflective logs completed will vary with each student but they should complete at least 2 logs per rotation. Completion of the reflective log is the student’s responsibility. The student must inform the PPE when they are undertaking a reflection log and initiate use unprompted. The logs should be shown to and discussed with the educator within 1-2 days of the learning experience occurring. Reflection logs must be brought to the meeting at the end of the rotation with each PPE.

While logs are not corrected by the PPE as right or wrong the content should stimulate further discussion on the experience between the PPE and the student. It also can be used to assess the students insight into their performance and areas of required development. The areas/competencies discussed should be worked on during the current rotation and in the placement blocks ahead. If there is a discrepancy between the student and the supervising dietitian this is discussed and not resolved a note is made on the reflection log, and this would also be noted on the assessment form. A copy is kept by the student and in the PC student folder can be shared with the next PPE.

5. **Absence**

There is a mandatory requirement for 1000 practice placement hours to be achieved by each trainee by the Dietitians Registration Board of CORU. The current placement split into three practice module meets the basic 1000 hours with a contingency of 40 hours incorporated to accommodate any unscheduled or unanticipated absences. Any leave missed beyond this contingency of 40 hours however, must be made up in agreement with the PC and PEC. The PPC accounts for 525 of the 1000 hours. College must be informed of any missed days as soon as possible during the placement so accommodations can be made. See section 1.11 for further details on absence from practice placement. An attendance form (See Appendix 7c) must be signed by both the PC and the student at the end of the placement to confirm that the full 525 hours have been met. This signed form must be returned to college on completion of PPC.

6. **Clinical Reflection and Study Time**

It is useful for students to have time assigned for reflection, specific reading or preparation for working in a specific clinical area etc. It is also a very useful time for dietitians to complete assessment forms and perhaps catch up with their own caseloads.

It is recommended that students are timetable a minimum of 2 hours per rotation as white time agreed in consultation with the student coordinator. This may be at different times in each rotation, but students should be given advanced notice. This usually translates into a morning or more usually, afternoon unsupervised. However, if a PPE feels that the priority needs to be on advancing learning outcomes not achieved white time may not be given. This decision is made by the PPE in conjunction with the PC and the student. While every effort should be made to accommodate white time there may be times when considering the progress of the student focusing on developing clinical skills and learning outcomes may be the priority. Students may not get white time during the consolidation period.

7. **Tutorials**
Knowledge deficits may become apparent during PPC. Students should first be directed to review college notes on the topic, remembering that for adult scenarios there is unlikely to be a situation where the student has not covered the theory in college prior to PPC. Due to the time and effort required to compile and deliver tutorials, locally developed tutorials can be made available to the students, but the students should read these themselves in white time or personal time. They should then be encouraged to ask any questions that they may have, and then be able to discuss the contents with the educator. Where despite these efforts to improve knowledge significant gaps remains the PC should liaise with the PEC to discuss and develop a plan for the student and consider if the knowledge deficit is severe enough to warrant a risk of failure form.

*Now refer to section 1.13: Managing Student Underperformance on Practice Placements; and point 14: The Risk of Failure Process.

8 Assessment

PPC is assessed both formatively at the end of each rotation and summative assessment at the end of the placement.

As with PPB, students lead the completion of their own assessment. While students may not always deem themselves with the correct level of competence, especially at the beginning of the placement the use of the student led method has been shown to have a number of advantages:

- Promote student-directed learning.
- Aid student reflection and allow student to demonstrate insight of progress.
- Encourage collaborative approach between educator and student when discussing/signing off on forms.
- Give the PE insight into the students perception of their progress/areas of skill and areas of challenge

8.1 Assessment Forms

Assessment is a collaborative process between the students and the PPEs. Assessment is primarily undertaking using the PPC assessment form (see Appendix 20) however all forms of evidence of learning should be considered when completing the assessment form i.e. reflection logs, feedback, observations, presentations. The same assessment form is used for formative and summative assessment. Using the same assessment method provides guidance to students on what is required and a forum for regular formal feedback to the student on their practice. The signed (student, PPEs involved in consolidation and PC) final summative form must be returned to the college immediately after the student completes the placement (scanned or original via post), with the student also retaining a copy. The final summative form is the assessment for the consolidation period but examples from previous weeks that indicate competence may need to be used as all criteria/Performance indicators may not be assessed during consolidation. It is important however that as many criteria as possible are assessed during consolidation. Exceptions could include; “Demonstrates an independent ability to prepare and deliver appropriately targeted group advice” and Anthropometry such as waist circumference measurement.

8.2 Assessing Competence

Competence at the end of PPC is assessed in accordance with the ‘Learning Outcomes and Core Competences’ document, which uses the divisions of Weeks 1-6, Weeks 7-12 and Weeks 13+ (see Appendix 15). This breakdown provides time-specific guidance to students and PPEs to facilitate assessment of the student’s progress through their practice placement education, outlining essential and desirable competencies. The competencies in ‘Weeks 7-12’ are used for the first two weeks of PPC, progressing to ‘Weeks 13+’ Competency Criteria for assessment of week three onwards. This reflects the high levels of supervision students will require
with their nutritional assessments and nutritional care plans during the initial weeks. As the weeks progress the student will be more independent with certain activities.

It is important to remember that some students may achieve competence earlier and some later. Students do not have to achieve competence in any of the criteria until the end of the placement; however The Guidelines for Assessment of Progression PPC (See Appendix 21) are useful in monitoring the progress of a student along time lines. Where there are a number of essential areas where they student is not meeting the competence as per the guidelines, especially in the basic skills by week 5 this may signify an issue and warrants discussion with the student, the PC, and the PEC. The earlier an issue regarding underperformance is identified and action plans set in motion the better the outcome. While it is not routine to show The Guidelines for Assessment of Progression PPC to students as it only forms a general guide on progress, it can be used with the student to highlight progress/lack of or create learning outcomes in cases where students are struggling or have poor insight into their progress. This should only be undertaken with the PC involvement.

*Where concerns regarding progress are evident refer to section 1 point 13: Managing Student Underperformance on Practice Placements; and point 14: The Risk of Failure Process.

8.3 Assessment within a Paired Placement Education Model
Paired students should be assessed while working together, particularly at the beginning of placement when the model is very useful to facilitate a shorter ‘settling-in’ period for the students. However, in order to assess each student, it is necessary to allow them the opportunity to see patients individually during the rotation where they undertake the consult, where appropriate, in front of the educator, without conferring with the other student. This is of particular importance when students’ progress beyond the initial weeks in a new location. It will also give the students a good opportunity to demonstrate their independence.

As it is easier to confuse examples when there are two students, rather than one, it is advisable for educators to have a hard copy of an assessment form for each student with them so that they can add comments/evidence as they occur, and so they don’t confuse which student did what.

8.4 Completion of Student Led Assessment Forms
While completion of assessment forms is student led the final versions is agreed in a collaborative process between the student and the PPE. Note there are sample completed assessment forms that the student and PPE should be familiar with to ensure they are completing the form to the required standard (See Appendix 22: Sample PPC Completed Weekly Form and 23: Sample PPC Summative Final Assessment Form). The process is as follows:

I. Student and PPE meet at the beginning of the rotation to agree (i) the learning objectives for that rotation considering the previous rotations (the student should bring the learning outcomes set at the beginning and the end of the last rotation), (ii) the date on which student self-assessment to be submitted considering need for PPE to review, and (iii) the format to be submitted (written or typed, preferably typed). The learning objectives set should be based on what was achieved and documented in the previous placement as well as reviewing stage of training. A set of 5 -6 leaning outcomes is feasible for a 2 week rotation. Appendix 16 provides a short guidance on how to approach devising learning outcomes.

II. The student commences the recording of evidence of meeting competency criteria from the beginning of the week. This is done by recording examples of practice and reflection on this practice which indicates learning achieved (including patient initials and a short elaboration on the evidence
for that case). It is advisable that the student makes entries daily or more frequently on the assessment form so as to capture good examples for evidence. All the examples gathered do not have to be used in the final completion of the form. Where a student is with multiple educators the initial of the PPE with whom the example was experienced must be put in brackets after the example for ease of reviewing the form at the end of the rotation.

III. The PPE keeps a record of evidence of practice and learning and documents feedback given to the students during the rotation. This will be compared with the student’s self-assessment at the end of period meeting.

IV. The PPE facilitates completion of the identified learning outcomes and discusses suitable examples of evidence with the student throughout the placement period.

V. After reflection on their evidence gathered at the end of the rotation, students then provisionally deem themselves to be competent or not for each criteria by completing the ‘Yes/No/Not Assessed’ column.

VI. It is likely that while focusing on some criteria others will also be incidentally practiced. All criteria and performance indicators do not have to be assessed during each rotation but it is the responsibility of the student to make sure that they have had sufficient practice in all of the criteria to achieve competence in all before the end of placement. The preferred format is that a few criteria are assessed in the initial weeks and the number assessed on each separate form increases as the weeks pass.

VII. An electronic copy of the form is to be emailed to the PPE on the date previously agreed. This is a mandatory component of the assessment and is the responsibility of the student. All of the PPEs involved should review the assessment form and provide comments if appropriate.

VIII. If a student wishes they may attach a reflection log to the form to illustrate an example of meeting or not meeting a competence, but this is not mandatory.

IX. Student will meet with PPE after they have had time to review the form to discuss and agree the assessment of each criterion on the form. The PPE adds in their own comments and observations and then in conjunction with the student agree whether competency has been achieved or not. Learning objectives recommended to be focused on for the following week are discussed and documented.

X. Student will type up the final version of the assessment form, including any additional evidence and making any changes as agreed in conjunction with the PPE. Changes to the determination of competence or PPE comments should be recorded in a different font to show differentiation.

XI. Student will return the final form to the educator within an agreed timeframe (usually later that day or the next day) and both sign this copy. The PE must ensure that the student has made agreed changes/additions and signed the assessment form before signing the form themselves.

8.4.1 Where there is a discrepancy between the PPE and the student
To change the competence that a student has assigned the PPE must have specific patient examples to outline the criteria. Both should discuss the examples and try to achieve a resolution. Often the discrepancy relates to the consistency of independence of the student or where the PPE feels they are overly prompting the student therefore cannot be deemed as independent. Where the student and the PPE still do not agree the determination of competence the PPE decision is what is ultimately used as they are the practicing professional with a responsibility to deem the student competent or not, with implications for patient care. Where this occurs the PC is informed and the lack of agreement is documented in the specific section of the form.
8.4.2 Level of Evidence Required

There are sample completed assessment forms that the student and PPE should be familiar with to ensure they are completing the form to the required standard (See Appendix 22: Sample PPC Completed Weekly Form and 23: Sample PPC Summative Final Assessment Form). Below is some specific guidance with regard to level of detail and evidence required in the forms.

- Specific clinical examples are required which are related to a specific patient experience. Examples should contain the patient initials and a short description of the activity that provides evidence relating to the criteria along with some reflection on the learning that has taken place (see Sample Forms Appendix 22 and 23).
- The number of examples required will vary depending on the criteria/PI. Between one and four examples should be sufficient in most cases but more may be necessary depending on the ability of the student.
- The examples used should be discussed with the PPE during the period of placement. The PPE will be able to advise on the best examples to use.
- When the PPE is reviewing the form it is preferable to always add a comment on the student’s progress. Where it says “always provide evidence” this must be adhered to.
- “Yes” can be achieved. If the PPE is awarding a “no” where the student thought it should be a “yes” then examples must be given to document this.
- Awarding a “Yes” indicates competence. If the “Yes” has conditions (Yes but…) this should be a “No” with conditions (No, but…) describing how a “Yes” can be achieved.
- “Yes” should only be given if repeated evidence is shown. If there is lack of ability initially but then improves by end of placement block and shows consistent ability, a “Yes” can be given. Otherwise a “No” with explanation should be given.
- If “Not Assessed” is recorded for a particular criteria/PI this should be explained.
- For the criteria that state “independently” the student must be consistently independent, not requiring repeated prompting to receive a “Yes”.
  - Prompting is different from questioning. If a student comes up with an answer after being asked a non-leading question, that can be considered independent. However if the student has to be told or lead to the answer, that is prompting and shows lack of independence.
  - Question: Do you need any further information?
  - Prompt: How about checking their FBC?

9. College Based Consolidation of PPC

On return to college post PPC there is a period of consolidation of learning and reflection on experiences of PPC. During this time students will be requested for feedback on the PPC experience which can be used to inform future placements.