



Indicators of proficiency for Practice Placement B

Indicators to support the assessment of each proficiency in the PPB assessment form are outlined below.

This list is not exhaustive and if uncertainty over a proficiency remains, the College should be contacted.

1.0 Professional Autonomy and Accountability

1.1 Accountable for their behaviour

- Uses policies, procedures, and the evidence base to support their practice and behaviour
- Does not imply that another individual is responsible for their practice and behaviour
- Manages their health and wellbeing in a manner that promotes their fitness to practice

1.2 Punctual throughout the day

- Arrives on time at the start of the day and throughout the day
- Respects the time of others and facilitates their punctuality and anticipated finish time

1.3 Organised for their duties

- Has revised any recommended reading and relevant documents to support practice
- Possesses appropriate forms, guides, and other resources to support their duties

1.4 Adheres to the dress code

- Follows the dress code outlined in the Placement Handbook
- Observes good personal hygiene

1.5 Complies with infection prevention practices

- Complies with local and national practices and policies on infection prevention
- Supports others to comply with practices and policies, e.g., offers sanitiser to service users

1.6 Handles health and other sensitive data within the limits of confidentiality

- Complies with relevant policies on the correct handling of confidential and sensitive data
- Takes reasonable efforts to discuss sensitive data where they are unlikely to be overheard

1.7 Uses technology appropriately

- Complies with local and national policies on appropriate use of technology in a workplace
- Uses personal technology in a way that does not breach ethical and professional standards

1.8 Recognises the limits of their practice and seeks help appropriately

- Follows guidance from qualified practitioners on the scope of their practice at a given time
- Does not practise skills without appropriate supervision or experience to support same

2.0 Communication, Collaborative Practice, and Teamworking

2.1 Introduces themselves as a Student Dietitian

- Always wears a name badge and other appropriate identification
- Introduces themselves as a Student Dietitian to service users, carers, and other staff

2.2 Professional toward all persons encountered

- Speaks in an appropriately calm tone and using professional language
- Non-verbal behaviours are professional, e.g., attentive posture, neutral facial expressions
- Remains appropriately engaged in circumstances of disagreement and helps identify solutions
- Informs a supervising dietitian if a disagreement arises with a person outside the department

2.3 Demonstrates the capacity to engage in, and contribute to, interdisciplinary work

- Asks questions of other staff that indicate the student understands their role
- Utilises the expertise of other staff to provide safe and competent dietetic care
- Advocates for evidence-based service user care at interdisciplinary meetings

2.4 Obtains consent from a service user

- Clearly explains the proposed dietetic input and checks service user understanding of same
- Makes the service user aware of their 'student status' to inform the decision to consent
- Documents the decision on consent using clear and accurate terminology
- Facilitates a service user's participation in the consent process
- Applies relevant legislation and guidelines to the decision on how to proceed

2.5 Acquires information from a service user (or proxy) appropriately

- Adapts their communication to meet service user needs, e.g., those with deafness, confusion
- Identifies when a translator is needed to support effective communication
- Actively listens to a service user
- Always maintains a diplomatic and non-discriminatory attitude
- Does not express judgement or discriminatory views on disclosures made by a service user

2.6 Explains a dietetic intervention or concept accurately and using appropriate resources

- Provides explanations to service users that are clear and in lay terms
- Is aware of evidence-based resources that will add clarity to the discussion
- Adapts resources to tailor information to service user needs
- Asks the service user appropriate questions to check their understanding

2.7 Applies behaviour change skills and negotiates goals with the service user

- Utilises a range of behaviour change techniques to engage a service user
- Applies appropriate behaviour change techniques to manage resistance
- Applies appropriate behaviour change techniques to develop SMART goals for a service user
- Clarifies the feasibility of goals set with a service user

3.0 Safety and Quality

3.1 Records information in line with local and/or national policy

- Adheres to local or national policy to inform the layout of recorded information, e.g., NCPM
- Handwriting is always legible
- Uses only accepted terminology and abbreviations
- Proactively corrects spelling and formatting errors

3.2 Contributes to the development and/or delivery of a dietetic initiative/programme/project/etc.

- Contributes to the delivery of an existing service initiative, e.g. DESMOND
- Conducts an evaluation or audit of an existing initiative
- Conducts a new initiative to support service delivery

3.3 Completes tasks within the timeframe specified by a Practice Educator

- Clarifies the time available to them to complete tasks
- Completes tasks to an appropriate standard within the timeframe specified
- Proactively seeks additional time to complete a task where this is needed

4.0 Professional Knowledge and Skills

4.1 Records accurate information and omits irrelevant information

- Documents accurate information from a range of sources relevant to the dietetic assessment
- Purposefully excludes information not relevant to the dietetic assessment

4.2 Records and interprets biochemical tests relevant to rotation

- Documents relevant biochemical data accurately
- Identifies relevant relationships between biochemical data and other aspects of assessment

4.3 Demonstrates knowledge of medications relevant to a dietetic assessment

- Documents relevant medications accurately and with an appropriate level of detail
- Identifies relevant relationships between medications and other aspects of assessment

4.4 Records and analyses nutrition-focused physical findings (NFPF)

- Seeks information from a range of sources to record relevant and condition-specific NFPF
- Records NFPF using an appropriate level of detail
- Identifies relevant relationships between NFPF and other aspects of assessment

4.5 Appropriately takes and interprets anthropometric measures

- Uses appropriate equipment and techniques to obtain relevant anthropometric measures
- Records a range of anthropometric measures using an appropriate level of detail
- Records anthropometric data accurately and logically

4.6 Calculates nutritional requirements using equations relevant to rotation

- Identifies evidence-based relevant equations to inform the calculation of requirements
- Uses more than one equation to create a range to work within, where indicated
- Provides a clinical justification for using part of a range, e.g., aim for lower end of a range

4.7 Records suitably detailed summaries of food intake, appropriate to condition

- Provides a clinical justification for selecting a particular method of recording food intake
- Uses all appropriate sources of information to ensure summaries are suitably detailed
- Summaries of intake are condition-specific

4.8 Accurately estimates calories and protein from a record of food intake

- Calculates calories and protein using accepted reference guides
- Calculations of intake are accurate

4.9 Knows the calorie and protein contents of ONS relevant to service users seen

- Aware of reference guides to determine the calorie and protein content of ONS
- Accurately calculates the calorie and protein content of ONS
- Aware of the range of ONS feeds that may be appropriate to a condition

4.10 Recognises and manages gaps in information available

- Identifies areas across steps 1-6 of NCPM where information is missing or lacking
- Identifies and takes appropriate action to address missing or lacking information

4.11 Summarises and prioritises nutritional issues to be addressed in a care plan

- Identifies the nutritional issues evident from data collected across steps 1-6 of NCPM
- Prioritises the issues identified to reflect the most pressing areas for intervention
- Provides a clinical and evidence-based justification to support the prioritised list

4.12 Devises and justifies new care plans

- Devises a new care plan informed by the evidence base and relevant policies
- Accounts for service user preferences, resources, beliefs, culture, and psychosocial status
- Accounts for the practicalities of implementing a plan in an in/outpatient or community setting
- Follows up all elements of a plan to optimise its implementation

4.13 Justifies the need to alter or maintain an existing dietetic care plan

- Clinically justifies the need to alter or maintain a plan in response to updated information
- Alters or maintains a plan in line with the evidence base and relevant policies
- Accounts for service user preferences, resources, beliefs, culture, and psychosocial status
- Accounts for the practicalities of implementing a plan in an inpatient or community setting
- Follows up all elements of a plan to optimise its implementation

4.14 Devises standard enteral feeding regimens

- Devises a condition-specific and safe enteral feeding regimen to optimise health outcomes
- Consults with appropriate persons to ensure the regimen is safely implemented
- Considers the ethical implications of advocating for the provision of enteral nutrition

5.0 Professional Development

5.1 Submits placement documentation to educators at agreed times

- Submits placement documentation, including reflection logs, in line with agreed deadlines
- Is professional when submitting, e.g., clarifies what the form is, specifies timeline for return

5.2 Manages the impact of personal values on professional practice

- Does not divulge personal habits or behaviours to service users, e.g., “I like to cook this...”
- Personal preferences do not affect advice provided, e.g., “I’m not a fan of the taste of [ONS]...”
- Own dietary beliefs do not influence care, e.g., veganism and reluctance to recommend dairy

5.3 Provides evidence of incorporating feedback into their practice

- Demonstrates they have implemented feedback through verbal reflection
- Demonstrates they have implemented feedback through written documentation
- Proactively seeks feedback
- Requests clarification on feedback received if needed

5.4 Identifies appropriate actions to advance their progress

- Uses feedback to develop goals that support the achievement of learning outcomes
- Reflects on their own practice and formulates goals that align with learning outcomes
- Documents planned actions, e.g., on patient cases, reflection logs, feedback forms, etc.