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 at dietetics@tcd.ie.

1.0   Professional Autonomy and Accountability

1.1   Independently 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 Interpersonal and Professional Relationships

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

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

3.0 Knowledge, Understanding, and Skills

3.1 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

3.2 Records and interprets biochemical tests relevant to rotation

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

3.3 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

3.4 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

3.5 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

3.6 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

3.7   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

3.8   Assesses the qualitative content of a food summary

- Qualitatively assesses macronutrient content, e.g. high in refined sugars, excess alcohol
- Qualitatively assesses micronutrient content, e.g. few sources of vitamin D and iron

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

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

3.10   Knows the calorie and protein contents of ONS relevant to rotation

- Aware of reference guides to determine the calorie and protein content of ONS
- Accurately calculates the calorie and protein content of the ONS consumed

3.11   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

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

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

3.13   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 inpatient or community setting
- Follows up all elements of a plan to optimise its implementation

3.14   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

3.15   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

4.0 Communication and Collaborative Practice

4.1 Obtaining consent from a service user with capacity to consent

- 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

4.2 Obtaining consent when a service user has no capacity to consent

- Contacts the next-of-kin or other suitable individual to discuss a proposed intervention
- Applies relevant legislation and guidelines to the decision on how to proceed

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

- Adapts their communication to meet service user needs, e.g. those with deafness, confusion
- Uses tools to support participation, e.g. gives pen/paper to those who need them to engage
- 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

4.4 Evaluates readiness to change before advising a service user (or proxy)

- Asks questions of a service user to determine their openness to making health-related goals
- Considers all information provided to determine the suitability of goal-setting at a given time
- Recognises situations where goal-setting is not appropriate

4.5 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
- Offers the service user the opportunity to ask questions

4.6 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

4.7 Delivers an accurate presentation suitable for service users and/or carers

- Creates and/or familiarises themselves with the presentation to be delivered
- Delivers the presentation clearly and in an appropriate tone
- Provides accurate information while presenting
- Answers questions clearly using the evidence-base

5.0 Provision of Quality Services

5.1 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

5.2 Contributes to the development and/or delivery of a dietetic initiative

- 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

5.3 Completes tasks within the timeframe specified by a Practice Educator

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

6.0 Professional Development

6.1 Completes at least one reflection log per week

- Completes one reflection log per week as standard
- Completes additional reflection logs on request

6.2 Submits placement documentation to educators at agreed times

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

6.3 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 their counsel of service users, e.g. taste preferences of ONS
- Own dietary beliefs do not influence care, e.g. veganism and reluctance to recommend dairy

6.4 Provides evidence of incorporating feedback into their practice

- Promptly applies any feedback received to the relevant area of practice
- Verbally conveys to practice educators the impact of their feedback on practice
- Proactively seeks feedback and requests clarification on feedback received if needed

6.5 Identifies appropriate actions to advance their progress

- Uses feedback to plan actions that support the achievement of learning outcomes
- Reflects on their own practice and formulates goals that align with learning outcomes