

Assessment Form

Practice Placement B

Student name	Jane Bloggs
Practice Educator name(s)	John Jones (JJ) and Sally Smith (SS)
Name of placement setting	Imaginary General Hospital
Week of form completion	1 🗆 2 🗆 3 🗆 4 🗆 5 🖂 6 🗆 7 🗆 8 🗆 9 🗆 10 🗆
Week 10 form only	Has 'Yes' been achieved in all <u>essential</u> PPB proficiencies? <i>Note: all proficiencies are essential except 3.15</i> Yes – PPB has been passed No
Form retention	Do not retain. Shred and/or delete within 4 weeks of placement ending.

Yes, no, or n/a should mainly be based on practice in the **5 days** before this form is completed.

Independent proficiencies: Assign 'yes' when you agree with <u>all 4</u> statements.

The student's practice of this proficiency...

- **1.** Safe Did not pose a risk to the physical or emotional wellbeing of a service user.
- 2. Competent Was consistently more effective than ineffective. E.g. evidence-based, practical
- **3. Professional** Did not lower the perception of the dietetic service.
- **4. Independent** Reached a safe, competent, and professional standard with only minimal guidance.

Proficiencies with guidance: Assign 'yes' when you agree with all 3 statements.

Mild-moderate guidance was provided to a student and their resulting practice with this proficiency...

- **1.** Safe Did not pose a risk to the physical or emotional wellbeing of a service user.
- **2. Competent** Was consistently more effective than ineffective.
- **3. Professional** Did not lower the perception of the dietetic service.

Registered Dietitian [PE] who led the discussion of this form

- I have assessed this student against the standard required at Week 10.
- I accept that any proficiency consistently performed below the required standard warrants contact with the College.

1. Signature	 //
2. Print name	
3. DRB [CORU] number	
Student [S]	
1. Signature	 //

1.0 Professional Autonomy and Accountability

		[S]	[PE]
1.1	Is independently accountable for their behaviour		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
1.2	Is independently punctual throughout the day		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		⊠
1.3	Independently organised for their duties (e.g. notes revised, diet sheets to hand)		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
1.4	Independently adheres to the dress code, to include:		
	Hair tied back No facial piercings Clean nails Laundered clothes Flat black shoes		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
1.5	Independently complies with infection prevention practices, incl. bare below the elbow		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
1.6	Independently handles health and other sensitive data within the limits of confidentiality		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
1.7	Independently uses technology appropriately (e.g. personal phone or internet on work PC)		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
1.8	Independently recognises the limits of their practice and seeks help appropriately		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		

Practice Educator must clarify any concerns - major and minor, once-off and repeated - within domain 1.0

[1.2] Was 10-15 minutes late for mid-morning 'check-in' with PE on two occasions, which left the PE waiting. If running late on the wards, you must bleep and let PE know, so that they are not waiting around. [JJ]

[1.7] One instance of using a mobile phone on the ward, on 01/01/25. Also sent a text to PE on 10/01/25 when a phone call would have been more appropriate. **[SS]**

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2.0 Interpersonal and Professional Relationships

		[S]	[PE]
2.1	Independently introduces themselves as a Student Dietitian		
	Yes – consistently demonstrated to the specified standard*		\boxtimes
	No – not yet consistently demonstrated to the specified standard		
2.2	Is independently professional toward all persons encountered, encompassing:		
	Language Tone of voice Mannerisms Facial expressions Composure Use of titles		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		

Practice Educator observations on performance within 2.2

Introduce your PE to patients, especially new patients that the PE alone will review later. **[SS]** Have observed Beth being consistently courteous toward other staff. **[JJ]**

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

a. Independently showing an understanding of the roles of other health professionals; and,

b. With guidance: consults with relevant staff to manage and advocate for safe healthcare

Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard Not applicable – was not required

Student evidence (≥3 examples) to support progress with 2.3

Example 1: I clearly showed an understanding of the role of a Speech and Language Therapist (SLT). I liaised with an SLT to confirm whether there had been any changes to the safety of Patient MB's swallow for step 1 of NCPM, when I saw a question about this in nursing notes. **[PE = JJ]**

Example 2: I clearly showed an understanding of the role of nursing staff in assisting with the acquisition of dietary intake data when I left a food record for Patient NI on 01/01/2025. I included the food record in the bed-end, discussed its completion with the nurse on-duty on that ward, thanked her, and documented my plan in the medical notes for the medical team. **[PE = JJ]**

Example 3: With step-by-step instruction from my PE in Week 5, I transferred Patient CN to the Community Dietitian in line with proper procedure. **[PE = SS]**

Example 4: On 01/01/2025, I helped a nurse carrying out MUST screening to calculate BMI and % weight loss, as she wanted to ensure that she was doing this correctly. **[PE = SS]**

Practice Educator suggestions of actions to support progress with 2.3

You are doing well liaising with on-site staff with minimal prompting. Keep the ISBAR in mind to help reduce nervousness when speaking with the medical team. [JJ]

To achieve a 'yes', build on this practice by familiarising yourself with the procedure on liaising with external professionals to ensure continuity of care, so that you can do this with only mild to moderate prompting. **[SS]**

3.0 Knowledge, Understanding, and Skills

		[S]	[PE]
3.1	Independently records accurate information, and omits irrelevant information, on:		
	a. Medical conditions;		
	b. Investigative tests and procedures;		
	c. Nutrition screening tools; and,		
	d. Psychosocial and family background		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
3.2	With guidance: records and interprets biochemical tests relevant to rotation		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard Not applicable – was not required		
3.3	With guidance: demonstrates knowledge of medications relevant to a dietetic assessment		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard Not applicable – was not required		
3.4	Independently records and analyses nutrition-focused physical findings		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
3.5	Independently and appropriately takes and interprets anthropometric measures		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
3.6	Independently calculates nutritional requirements using equations relevant to rotation		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
3.7	Independently records suitably detailed summaries of food intake, appropriate to condition		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
3.8	Independently assesses the qualitative content of a food summary (e.g. few sources of iron)		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		

		[S]	[PE]
3.9	Independently and accurately estimates calories and protein from a record of food intake	1	
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
3.10	Independently knows calorie and protein contents of ONS relevant to rotation		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
3.11	With guidance: recognises and manages gaps in information available (e.g. no new weight)		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
3.12	With guidance: summarises and prioritises nutritional issues to be addressed in a care plan		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		⊠
	Not applicable – was not required		
3.13	With guidance: devises and justifies new care plans that balance best and local practices		
	with the preferences, resources, beliefs, culture, and psychosocial status of a service user		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
2.44	Mitch muideness up a subscript quideness has transition and local providences to institute the second		
3.14	With guidance: uses relevant evidence, best practice, and local practice to justify the need to alter or maintain an existing dietetic care plan		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
3.15	[Non-essential] With guidance: devises standard enteral feeding regimens		
0.10	Yes – consistently demonstrated to the specified standard*	п	
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		

Student comments on their progress within domain 3.0 during this block

What went well during this block?	I'm consistently and correctly collecting information on PMHx, PSurgHx, and SHx. Over the past week, I've consistently and correctly recorded nutrition-focused physical findings, <i>as evidenced by comments on my Week 5 Patient Case</i> . I've taken and recorded anthropometry independently since Week 4, <i>as evidenced by my patient cases in Weeks 4 and 5</i> .
What skills need more attention?	I'm correctly documenting current medical issues, but I need to be more aware of the recommendations of the MDT to achieve proficiency. I'm making progress with calculations, but I need to consider stress factors more carefully. My diet history taking has improved considerably, <i>as evidenced by comments on my Week 5 reflection log</i> , and if I continue with the improved technique I'm using now, consistency will emerge with time.

Practice Educator comments on progress within domain 3.0 during this block (extra space on page 10, if needed)

	What went well during this block?	It is clear from your portfolio that you are taking feedback on-board and improving your documentation skills. Agree that your proficiency with background information and Step 4 of NCPM is now consistent. [JJ] Agree that collection of nutrition-focused physical findings and anthropometry is going well. Proficiency of correctly totting protein and calories also emerged this week. [SS]
 Highlight skills that need attention, using examples of student practice. Keep up the good work with Step 4. Remember to check the fluid balance against the dru kardex for relevant fluids given IV – missed this for patient OP but consistently comprehensive otherwise. Nurses can clarify some queries on the fluid balance. [JJ] Step 5 is becoming more consistent. Remember to use ranges as a quality assurance check or calculations, e.g. simple caloric 25-30kcal/kg. Also remember to try more than one equation there are multiple co-morbidities present, so that you can compare. For Patient UH, calculation 	need attention, using examples of	Keep up the good work with Step 4. Remember to check the fluid balance against the drug kardex for relevant fluids given IV – missed this for patient OP but consistently comprehensive otherwise. Nurses can clarify some queries on the fluid balance. [JJ] Step 5 is becoming more consistent. Remember to use ranges as a quality assurance check on calculations, e.g. simple caloric 25-30kcal/kg. Also remember to try more than one equation if there are multiple co-morbidities present, so that you can compare. For Patient UH, calculating requirements when obesity and CKD were present would have been useful for comparison, but was not done. [SS] With the help of Steps 1-5, jot down a short checklist for the information you need to get

^{*} Assess using the Week 10 standard of safe, competent, and professional – see page 1

4.0 Communication and Collaborative Practice

4.1	To obtain consent from a service user (or proxy), the student independently:	[S]	[PE]
4.1	a. Explains the purpose of the consultation clearly; and,		
	b. Confirms consent, as appropriate, prior to initiating the consultation		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
4.2	Where a service user does not have capacity to consent, the student independently:		
	a. Considers the need to consult any persons appointed to consent on their behalf; and,		
	b. Acts in the best interests of the service user at all times		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
4.3	To acquire information from a service user (or proxy), the student independently:		
	a. Adapts their communication style (incl. using translators) to reflect service user needs;		
	b. Actively listens to obtain an understanding of what is reported; and,		
	c. Maintains a non-judgemental, culturally sensitive, and non-discriminatory attitude		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
4.4	With guidance: evaluates readiness to change before advising a service user (or proxy)		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		
4.5	With guidance: to explain a dietetic intervention or concept, the student:		
	a. Provides accurate information to a service user (or proxy), free from medical jargon;		
	b. Identifies and modifies evidence-based resources to support discussion; and,		
	c. Checks that a service user (or proxy) or group understands the explanation given		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		

		[S]	[PE]
4.6	With guidance: when advising a service user (or proxy), the student:		
	a. Applies basic evidence-based behaviour change skills; and,		
	b. Collaboratively negotiates relevant evidence-based goals		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		\boxtimes
	Not applicable – was not required		
4.7	Independently delivers an accurate presentation(s) suitable for service users and/or carers		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		

Student evidence (≥3 examples) to illustrate progress with 4.1 to 4.7 in the inpatient and/or outpatient setting

With patient WF, I introduced myself and my PE. I asked him how I should address him and explained the purpose of our visit. I asked how he was feeling today and what led up to him coming into hospital. I explained why he had been referred and briefly ran through what I was going to cover with him. I showed that I was actively listening by using minimal encouragers, paraphrasing him, and summarising what he was reporting to me. I showed empathy when he expressed disappointment at being readmitted to hospital so quickly after his discharge only 2 weeks ago, by acknowledging how difficult this time has been for him. [PE = SS]

When speaking with patient AE about his pressure sores, I explained the need to meet nutritional requirements when a patient has an open wound, and emphasised the importance of hydration and protein. I gave him examples of high-protein foods available on the hospital menu, and encouraged him to have them. AE was not keen on taking Cubitan, but with prompting from my PE, I mentioned that they were especially designed for wound healing and asked how he is coping with the pressure sore. He outlined the challenges and we agreed on the importance of taking steps to encourage healing. He was more receptive to taking Cubitan after this discussion. **[PE = JJ]**

I was empathic toward patient IH, who was distressed at the restrictions of his renal diet, on top of his poor appetite. I emphasised the foods that he can have, and we made goals for his meals and snacks until my next review. [PE = JJ]

Student suggestions of actions that will advance progress within domain 4.0

- To bring a consultation back on track without sounding abrupt, I will say, "Thanks for telling me that, it's good to know. I see we have 5 minutes left, and there are a few more things I'd like us to discuss, if that's okay with you?"
- 2. I will use part of my white time in the next week to write down easily understood lay explanations of diabetes, NG tubes, PEG tubes, and the role of ONS in the diet. I will include these in my index book.

Practice Educator comments on progress in domain 4.0, supported by examples of student practice

Even if patients need to make further changes, it's important to always acknowledge the changes they have made to date, before moving to discuss additional changes. This puts your advice-giving in a more positive light. [JJ]

Keeping on-track and to time with Patient MK and Patient IP was challenging, with the consultations running over by 20 min and 35 min respectively. To bring a consultation back on track without sounding abrupt, try saying something to the effect of, "Thanks for taking me through that. I see that we have just over 5 minutes left, and there are a few more things I'd like us to discuss about your care, if that's okay with you?" [SS]

^{*} Assess using the Week 10 standard of safe, competent, and professional – see page 1

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5.0 Provision of Quality Services

- 4		[S]	[PE]
5.1	To record information accurately and completely, the student independently:		
	a. Documents information in an appropriate (e.g. NCPM) and legible format; and,		
	b. Uses accepted terminology and abbreviations		
	Yes – consistently demonstrated to the specified standard* No – not yet consistently demonstrated to the specified standard		
5.2	Independently contributes to the development and/or delivery of a dietetic initiative		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard Not applicable – was not required		
5.3	Independently completes tasks within the timeframe specified by a Practice Educator		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		⊠
6.0	Professional development		
		[S]	[PE]
6.1	Independently completes at least one reflection log per week		,
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
6.2	Independently submits placement documentation to educators at agreed times		
	Yes – consistently demonstrated to the specified standard*		
	No – not yet consistently demonstrated to the specified standard		
6.3	Independently manages the impact of personal values on professional practice		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		
6.4	Independently provides evidence of incorporating feedback into their practice		
	Yes – consistently demonstrated to the specified standard*		⊠
	No – not yet consistently demonstrated to the specified standard		

6.5	With guidance: identifies appropriate actions to advance their progress
	Yes – consistently demonstrated to the specified standard*
	No – not yet consistently demonstrated to the specified standard

Practice Educator(s) to document additional comments on performance, with further examples of practice as needed

Over the next rotation, focus on maintaining 'yes' with the proficiencies already achieved in Domain 3.0. Use your patient cases and reflection logs, and as many learning opportunities as possible, to make progress with taking diet histories and calculating protein and calories correctly. [JJ]

Made good progress with your learning objectives in this rotation. Work to attain all 'yes' for Domain 1 in the next rotation. Be more proactive with independently contacting members of the MDT as part of your data collection. **[SS]**

The time Beth is taking to collect background information from medical and nursing notes, etc. is acceptable for this point in training. However, the time required to speak with patients needs improvement – use checklists and be clear on what information you need to acquire before going in to see a patient. This should help you keep to topic and reduce digressions. **[SS]**

Overall, Beth is progressing well. She has a pleasant and professional manner, and she is proactively demonstrating that she takes feedback on-board. No concerns with current progress. **[JJ, SS]**

Areas requiring particular attention in the next block [PE and student complete together]

Estimating requirements for different patient types, e.g. patients with obesity_

2. Taking alternative anthropometric measurements, e.g. MUAC, ulna length

3. Consistently recording food summaries that are condition-specific

When should assessment forms be completed?

The timing varies by placement structure.

Placement structure	Timing of forms	Formative	Summative
10 weeks	Week 3, 5, 7 and 10	Weeks 3, 5, 7	Week 10
5 weeks + 5 weeks	Week 3, 5, 7 and 10	Weeks 3, 5, 7	Week 10
4 weeks + 6 weeks	Week 2, 4, 7 and 10	Weeks 2, 4, 7	Week 10
6 weeks + 4 weeks	Week 3, 6, 8 and 10	Weeks 3, 6, 8	Week 10

What is the difference between a Formative and Summative Assessment Form?

The same form is used for Formative and Summative assessment, but the evidence documented in each is different.

- Formative Only contains evidence from the weeks of PPB to which it relates, e.g. a Week 5 form only contains evidence from weeks 4 and 5 of PPB
- Summative Contains evidence from any week of PPB, *i.e.* reviews all progress

Where should the assessment form be sent?

FormativeStudent uploads to their placement portfolio on Trinity BlackboardSummativeStudent Coordinator posts or emails a signed completed form to Trinity

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