### Assessment Form
#### Practice Placement C

<table>
<thead>
<tr>
<th>Student name</th>
<th>Beth Bloggs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Educator name(s)</td>
<td>John Jones (JJ) and Sally Smith (SS)</td>
</tr>
<tr>
<td>Name of placement setting</td>
<td>Imaginary University Hospital</td>
</tr>
<tr>
<td>Week of form completion</td>
<td>1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☒ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐</td>
</tr>
<tr>
<td>Week 14 form only</td>
<td>Has ‘Yes’ been achieved in all essential PPC proficiencies?</td>
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<tr>
<td></td>
<td>Note: all proficiencies are essential except 3.17 and 4.7</td>
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<tr>
<td></td>
<td>Yes – PPC has been passed ☐ No ☐</td>
</tr>
</tbody>
</table>

### What does ‘yes’ mean?

Yes, no, or n/a should mainly be based on practice in the 5 days before this form is completed. Examples of practice prior to this are less representative. Assign ‘yes’ to a proficiency when all 4 questions are answered no.

1. **Safe**
   - Did practice pose a risk to the physical or emotional wellbeing of a service user?

2. **Competent**
   - Was practice consistently more ineffective than effective? *E.g. not evidenced, impractical*

3. **Professional**
   - Did behaviour consistently lower the perception of the dietetic service?

4. **Independent**
   - Was notable guidance required to achieve safe, competent, and professional practice?

### Occasional errors

If a notable error occurs with a proficiency that is otherwise at a ‘yes’, a student may remain at a ‘yes’ if these 3 questions are answered yes and the PE feels it is the best reflection of overall performance. **Did the student:**

- **Safe**
  - Work with a PE to manage the consequences of the error as promptly as possible?

- **Competent**
  - Clearly articulate how their actions contributed to the error?

- **Professional**
  - Proactively take action to mitigate the error in future? *E.g. reflection, tutor session*

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

- I have assessed this student against the standard required at Week 14.
- I understand that the standard required is the independent provision of safe, competent, and professional practice.
- I accept that any proficiency consistently performed below the required standard warrants contact with the College.

**Signature** ...........................................................  ____/____/____

**Print name** .........................................................

**DRB [CORU] number** ...........................................

**Student [S]**

**Signature** ...........................................................  ____/____/____
1.0 Professional Autonomy and Accountability

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

Arrived 10 minutes late on 01 Jan. Rang ahead and managed lateness in a professional manner. [JJ]

Beth has not bleeped to let me know that she has been delayed on the ward on a number of occasions. If running late, you must bleep to let the PE know, so that the PE is not waiting unnecessarily. One instance of non-work-related mobile phone use on the ward, on 01 Jan. [SS]

2.0 Interpersonal and Professional Relationships

* Assess using the standard of independently safe, competent, and professional – see page 1
2.1 Independently introduces themselves as a Student Dietitian

Yes – consistently demonstrated to the specified standard* ☒ ☒
No – not yet consistently demonstrated to the specified standard ☐ ☐

2.2 Is independently professional towards others in all circumstances (incl. circumstances of opposing views or disagreement) to encompass their:
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
Did not introduce PE to new patients (JO’K and IO) as part of introducing yourself at bedside. [SS]
Relaxed posture and direction of gaze (away from camera) on MDT Webex call on 01 Jan did not indicate attentiveness to the discussion – be aware of these optics on video calls. [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. Independently consulting 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 ☒ ☒

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

Example 1: I showed an understanding of the role of a Speech and Language Therapist (SLT). I liaised with an SLT on 01 Jan to confirm whether there had been any changes to the safety of Patient MB’s swallow, when I saw a question about this in nursing notes. [PE = SS]

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 Jan. 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 = SS]

Example 3: I liaised with Pharmacy and Nursing when ordering EN feed on 01 Jan for Patient AB. I completed a pharmacy order form, called the pharmacy to confirm details, and let the ward nurse know that the feed would be available to recommence feeding in the afternoon. [PE = JJ]

Practice Educator suggestions of actions to support progress with 2.3

Liaise with MDT as part of information collection and assessment, rather than waiting to be prompted by PE. [JJ]

If clarity is needed on an aspect of care, liaise with the relevant person before meeting PE, so that a more comprehensive picture of patient status is available. [SS]

Prepare key points on each patient’s file in advance of MDT meetings. [SS]
# Knowledge, Understanding, and Skills

## 3.0 Knowledge, Understanding, and Skills

### 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

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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### 3.2 Independently records and interprets biochemical tests relevant to rotation

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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### 3.3 Independently demonstrates knowledge of medications relevant to a dietetic assessment

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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</table>

### 3.4 Independently records and analyses nutrition-focused physical findings

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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### 3.5 Independently and appropriately takes and/or interprets anthropometric measures

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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### 3.6 Independently calculates nutritional requirements using equations relevant to rotation

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<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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</table>

### 3.7 Independently records suitably detailed summaries of food intake, appropriate to condition

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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### 3.8 Independently assesses the qualitative content of a food summary (*e.g. few sources of iron* )

<table>
<thead>
<tr>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
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* Assess using the standard of independently safe, competent, and professional – see page 1
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Yes – consistently demonstrated to the specified standard*</th>
<th>No – not yet consistently demonstrated to the specified standard</th>
<th>Not applicable – was not required</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.9</td>
<td>Independently and accurately estimates calories and protein from a record of food intake</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>3.10</td>
<td>Independently knows calorie and protein contents of ONS and EN feeds relevant to rotation</td>
<td>☐</td>
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<td>3.11</td>
<td>Independently recognises and manages gaps in information available (e.g. no new weight)</td>
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<tr>
<td>3.12</td>
<td>Independently summarises and prioritises nutritional issues to be addressed in a care plan</td>
<td>☒</td>
<td>☐</td>
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<tr>
<td>3.13</td>
<td>Independently 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</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3.14</td>
<td>Independently uses relevant evidence, best practice, and local practice to justify the need to alter or maintain an existing dietetic care plan</td>
<td>☒</td>
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<td>3.15</td>
<td>Independently devises standard enteral feeding regimens</td>
<td>☒</td>
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<tr>
<td>3.16</td>
<td>Independently manages administration related to duties (e.g. transfer of care, write to GP)</td>
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* Assess using the standard of independently safe, competent, and professional – see page 1
### 3.17 [Non-essential] With guidance: devises parenteral feeding regimens

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**Student comments on their progress within domain 3.0 during this block**

<table>
<thead>
<tr>
<th>What went well during this block?</th>
<th>I am comfortable gathering information from various sources on the ward, e.g. medical, nursing, and end-of-bed notes. I am confident in my interpretation of biochemistry and my ability to obtain anthropometric measures. My knowledge of ONS products is very good.</th>
</tr>
</thead>
</table>

| What skills need more attention? | • Summarising and prioritising key nutritional issues  
• I am taking anthropometric measurements to a consistently safe and competent standard overall. I made an error with a patient with oedema, where I took the weight and forgot to account for the fluid on-board. I overestimated their requirements and underestimated their refeeding risk. Once my PE highlighted this, I acknowledged the error and re-calculated requirements and re-feeding risk. I have requested a tutor session on weight shifts and RFS to help prevent this happening again. |
|---|---|

**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? | Beth is doing well with gathering information from written sources on the ward. Knowledge of biochemistry is good. Good rapport with patients has been consistently observed. [JJ]  
NCPM structure and collection of relevant information is going very well. Handled the error in made in identifying refeeding risk professionally and constructively. [SS] |
|---|---|

| Highlight skills that need attention, using examples of student practice. | More attention needed on identifying and recording nutrition-focused physical findings in the next rotation. Patient LM reported challenges feeding herself as a result of her swollen fingers and decreased dexterity, but this was not documented. Patient NO had several small skin tears, possibly indicative of symptomatic itch due to a high serum phosphate (likely precipitated by high dairy intake), but this was not observed. [JJ]  
More attention needed when devising enteral feeding regimens. There were two opportunities to devise new regimens in this rotation, and a lot of PE assistance was required with both, particularly in terms of managing fluid requirements. With Patient OP, who was on thickened fluids and modified diet as well as a PEG, fluid requirements were overlooked and considerably underestimated. With Patient JK, the role of fibre was overlooked, and Beth was not aware of the rationale for a fibre versus non-fibre feed for this patient type. Think beyond calorie and protein requirements when calculating regimens and ensure that you are aware of the rationale for charting different types of feeds. [SS] |
|---|---|

*Assess using the standard of independently 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:
   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 has no or limited 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 Independently 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 To explain a dietetic intervention or concept, the student independently:
   a. Provides accurate information to a service user (or proxy), free from medical jargon;
   b. Identifies and modifies evidence-based resources to support the explanation; 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  □ □

* Assess using the standard of independently safe, competent, and professional – see page 1
4.6 When advising a service user (or proxy), the student independently:
   a. Applies core evidence-based behaviour change skills; and,
   b. Negotiates relevant evidence-based goals in partnership with the service user

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

   4.7 [Non-essential] Delivers a clear and accurate presentation(s) to 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 domain 4.0 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. [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

1) When educating a patient, I will make a clearer plan of what I am going to discuss and will go through one point properly before moving to the next one. I will also summarise to ensure that patients take home the key messages.

2) I will continue working towards setting SMART goals for patients and in my care plan. This will make the key goals and messages clear for the service user and make it easier for another dietitian to interpret the previously set goals.

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]

   When advising Patient XY, the explanations on managing diet when treatment for pancreatic cancer is ongoing, were rushed/unclear. The patient’s wife reported separately to the PE afterward that they were not clear on the take-home messages. You took my feedback on-board, and your approach with Patient BN was much improved. Practise lay explanations of concepts like diabetes, insulin resistance, HPHC, ONS, etc. to help you on your next rotation. [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. Try saying something to the effect of, “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 standard of independently safe, competent, and professional – see page 1
5.0 Provision of Quality Services

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 When presenting a case or practice update to the department, the student independently:
   a. Provides clear, accurate, and relevant information on the case/topic; and,
   b. Answers questions in an accurate and evidence-based fashion
   Yes – 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

5.4 [Consolidation only] Independently and appropriately manages their assigned caseload
   Yes – consistently demonstrated to the specified standard*
   No – not yet consistently demonstrated to the specified standard
   Not applicable – was not required

6.0 Professional development

6.1 Independently submits placement documentation, including reflection logs, on time
   Yes – consistently demonstrated to the specified standard*
   No – not yet consistently demonstrated to the specified standard

6.2 Independently manages the potential impact of personal values on professional practice
   Yes – consistently demonstrated to the specified standard*
   No – not yet consistently demonstrated to the specified standard

6.3 Independently seeks and incorporates feedback into their practice
   Yes – consistently demonstrated to the specified standard*
   No – not yet consistently demonstrated to the specified standard

6.4 Independently identifies appropriate actions to advance their progress
   Yes – consistently demonstrated to the specified standard*
   No – not yet consistently demonstrated to the specified standard

* Assess using the standard of independently safe, competent, and professional – see page 1
Practice Educator(s) to document any additional comments on performance, with 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]

1. Proactively and independently liaise with members of the MDT

2. Record food summaries that are tailored to condition

3. Apply appropriate techniques to accurately record nutrition-focused physical findings

Form retention by placement team

Do not retain. Shred and/or delete within 4 weeks of placement ending.