

## **Assessment Form**

## **Practice Placement C**

Student name		Beth Bl	oggs					
Practice Educator	r name(s)	John Jo	nes (JJ) a	nd Sally Sr	mith (SS)			
Name of placeme	ent setting	Imagina	ary Unive	rsity Hosp	ital			
Week of form co	mpletion	1 🗆 8 🗆	2 □ 9 □	3 🗆 10 🗆	4 🗆 11 🗆	5 🗆 12 🗆	6 ⊠ 13 □	7 🗆 14 🗆
Week 14 form on	nly	Note: al	l proficien	chieved in cies are ess een passec	ential exce		d 4.7	s?
	nean? Id mainly be based on page of the second of the seco	•	•			•	•	•
1. Safe	Did practice pose a	risk to the	physical o	or emotion	al wellbei	ng of a ser	vice user?	
2. Competent	Was practice consist	tently mor	e ineffect	ive than e	ffective? <i>E</i>	.g. not evi	denced, im	practical
3. Professional	Did behaviour consi	stently lov	ver the pe	erception o	of the diet	etic service	e?	
4. Independent	Was notable guidan	ce require	d to achie	eve safe, co	ompetent	, and profe	essional pra	actice?
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 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				udent: e?				
<ul><li>I have assessed</li><li>I understand that</li></ul>	an [PE] who led the d this student against the at the standard required proficiency consistently	standard i	required a	t Week 14. provision of	f safe, com	•	•	•
Signature							/	/
Print name								
DRB [CORU] numb	er							
Student [S]								

Signature

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## 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

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

	[S]	[PE]
Independently introduces themselves as a Student Dietitian	[0]	
Yes – consistently demonstrated to the specified standard*	$\boxtimes$	
No – not yet consistently demonstrated to the specified standard		
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*	$\boxtimes$	
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	J	
Relaxed posture and direction of gaze (away from camera) on MDT Webex call on 01 Jan did no indicate attentiveness to the discussion – be aware of these optics on video calls. [JJ]	t	
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*		lп
No – not yet consistently demonstrated to the specified standard		⊠
Student evidence (≥3 examples) to support progress with 2.3		
<b>Example 1:</b> I showed an understanding of the role of a Speech and Language Therapist (SLT). liaised with an SLT on 01 Jan to confirm whether there had been any changes to the safety or Patient MB's swallow, when I saw a question about this in nursing notes. <b>[PE = SS]</b>		

**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]

<sup>\*</sup> Assess using the standard of independently safe, competent, and professional – see page 1

# 3.0 Knowledge, Understanding, and Skills

2.1		[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	Independently records and interprets biochemical tests relevant to rotation		
	Yes – consistently demonstrated to the specified standard*  No – not yet consistently demonstrated to the specified standard		
3.3	Independently demonstrates knowledge of medications relevant to a dietetic assessment		
	Yes – consistently demonstrated to the specified standard*	$\boxtimes$	
	No – not yet consistently demonstrated to the specified standard		
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/or 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*	$\boxtimes$	
	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*	$\boxtimes$	
	No – not yet consistently demonstrated to the specified standard		
	Not applicable – was not required		

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•		[S]	[PE]
3.9	Independently and accurately estimates calories and protein from a record of food intake  Yes – consistently demonstrated to the specified standard*  No – not yet consistently demonstrated to the specified standard		
3.10	Independently knows calorie and protein contents of ONS and EN feeds 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	Independently 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	Independently 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	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		
	Yes – consistently demonstrated to the specified standard*  No – not yet consistently demonstrated to the specified standard  Not applicable – was not required		
3.14	Independently 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	Independently devises standard enteral feeding regimens		
	Yes – consistently demonstrated to the specified standard*  No – not yet consistently demonstrated to the specified standard  Not applicable – was not required		
3.16	Independently manages administration related to duties (e.g. transfer of care, write to GP)		
	Yes – consistently demonstrated to the specified standard*  No – not yet consistently demonstrated to the specified standard  Not applicable – was not required		

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3.17	[Non-essent	al] With guidance: devises parenteral feeding regimens	[S]	[PE]
J.17	Yes – consist No – not yet	ently demonstrated to the specified standard with assistance consistently demonstrated to the specified standard, despite assistance le – was not required		
Stude	nt comments o	n their progress within domain 3.0 during this block		
	it went welling this block?	I am comfortable gathering information from various sources on the ward, e.g. m nursing, and end-of-bed notes. I am confident in my interpretation of biochemist ability to obtain anthropometric measures. My knowledge of ONS products is ver	ry and m	у
	t skills need e attention?	<ul> <li>Summarising and prioritising key nutritional issues</li> <li>I am taking anthropometric measurements to a consistently safe and compete standard overall. I made an error with a patient with oedema, where I took to and forgot to account for the fluid on-board. I overestimated their requirement underestimated their refeeding risk. Once my PE highlighted this, I acknowled error and re-calculated requirements and re-feeding risk. I have requested a session on weight shifts and RFS to help prevent this happening again.</li> </ul>	he weigh ents and dged the	
Practi	ce Educator cor	nments on progress within domain 3.0 during this block (extra space on page 10, if	needed)	<u> </u>
Wha	t went well	Beth is doing well with gathering information from written sources on the ward of biochemistry is good. Good rapport with patients has been consistently observ		dge
durii	ng this block?	NCPM structure and collection of relevant information is going very well. Handled in made in identifying refeeding risk professionally and constructively. [SS]	d the erro	or
11:-1	light obillativa	More attention needed on identifying and recording nutrition-focused physical fir next rotation. Patient LM reported challenges feeding herself as a result of her sw and decreased dexterity, but this was not documented. Patient NO had severatears, possibly indicative of symptomatic itch due to a high serum phosp precipitated by high dairy intake), but this was not observed. [JJ]	ollen fing al small s	gers skin
need using	light skills that diattention, gexamples of ent practice.	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 with both, particularly in terms of managing fluid requirements. With Patient OP, on thickened fluids and modified diet as well as a PEG, fluid requirements were of and considerably underestimated. With Patient JK, the role of fibre was overlooked Beth was not aware of the rationale for a fibre <i>versus</i> non-fibre feed for this patient Think beyond calorie and protein requirements when calculating regimens and environments when calculating regimens and environments was of the rationale for charting different types of feeds. <b>[SS]</b>	who was verlooke ed, and ent type.	s d

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## 4.0 Communication and Collaborative Practice

4.1	To obtain consent from a service user (or proxy), the student independently:	[S]	[PE]
	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		

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		[2]	[PE]
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		$\boxtimes$
	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]

<sup>\*</sup> Assess using the standard of independently safe, competent, and professional – see page 1

# **5.0** Provision of Quality Services

		[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	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		
		[S]	[PE]
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		

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## 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.