Dear All,

Welcome to the Spring Edition of the Dietetic Practice Education Update. I hope you are beginning to recover from the long and miserable winter we have had, and are able to enjoy some spring sunshine.

In this issue, the (very loose) theme is ‘the student experience’, and a thoughtful contribution from a student on the role of the practice placement in preparing a student for their first dietetic post feeds into this. She reflects in this piece on many of the same topics that crop up in the student evaluations, and you will find a summary of evaluations for 2011-12 at the end of the newsletter. Students generally are very appreciative of the support they receive on placement and, in addition, the majority state they had brilliant placements, with great opportunities, variety and friendly approachable staff.

You will also find information relating to the organisational aspects of practice placements, which I hope you will find useful and which helps to provide an overview of the cluster and how it operates.

Finally, we'd love to hear from you! The response to the survey distributed with our last newsletter was low and only completed by people who don’t habitually receive the newsletter. Likewise, please use the feedback form on the SCDP website to let us know your thoughts. Or if you’d like to contribute, and give us a practitioner perspective on student training, or ideas for innovative ways of teaching students, please do! You can contact any of us in the Operational group to discuss your ideas, and your input would be very welcome.

www.rgu.ac.uk/scdp
Clinical Placements:
Their role in preparing students for their first dietetic post

Clinical experience gained on placement is undoubtedly an essential element of dietetic training. I am very fortunate that placements were overwhelmingly positive experiences that affirmed my decision to become a dietitian.

I did not realise quite how fortunate until I heard about the placement experiences of some of my peers. The quality of the placements was inextricably linked to the dietitians I worked with and their ability, willingness, and commitment to undertake student training. Some of the factors that contributed to my positive experience were a welcoming, friendly department that treated students as part of the team, the use of a clear, well-structured timetable, and allocation of a mentor who had a good understanding of the learning outcomes and ways to achieve them. In all placements I was well supported, particularly during C when, due to personal circumstances, I required greater support. Were it not for the understanding shown to me by the entire department and the way in which they accommodated, encouraged, and supported me I may well have been unable to continue and successfully complete my degree at that time.

Placements provided me with experience in both hospital and community dietetics. Placement C was structured so that I spent short blocks of time in different clinical areas, including community, acute, mental health, and diabetes. As a result, I gained a breadth of experience, developing knowledge and skills in a number of areas of dietetic practice. What it did not allow was the opportunity to become thoroughly competent, i.e. to “specialise” in one area and, indeed, this is not the purpose of clinical placements. However, I believe that it resulted in a more rounded student experience and allowed me to consider applying for jobs in a wide range of clinical areas.

Two months after finishing my degree I started my first post. This was a temporary contract in the dietetic department of a large, busy acute teaching hospital. During placement C, I spent four weeks in the acute setting, including the consolidation period. I believed therefore that I had suitable experience to undertake the post. However, I realised very quickly that the hospitals differed greatly in terms of the volume of referrals and the rapidity of patient turnover. The number of wards for which I had responsibility and the caseload I inherited was considerably greater than that of my consolidation period and I found this overwhelming to say the least. The pace of work required to deal with this was also very different! The learning curve was steep and the transition from student to newly qualified practitioner hugely challenging. I quickly had to identify systems of working that would enable me to fulfill the job description and be an effective, efficient, competent, and safe practitioner.

The nature of this post was different to any that I had experienced but I feel that placements prepared me for it in as much as I possessed the necessary knowledge and skills in dietetic practice and could transfer these to the environment and client group I was now working with.

Another aspect that was hugely different was the level of mentorship, supervision, and support. Throughout placement, I had allocated mentors, Practice Educators with close supervision and a high degree of support. Whilst I worked autonomously, I maintained very close contact with supervisors, meeting with them on a daily basis to discuss my caseload and ensure that my dietetic management was safe and appropriate. In my first post the level of supervision and mentorship differed dramatically. Whilst mentorship and supervision will inevitably change as a natural and necessary consequence of being a qualified practitioner capable of practicing independently and autonomously, it was no less of a shock. On reflection, I realise that I adapted to this, becoming “used” to working independently and trusting my own clinical judgement. I had been doing this on placement and was therefore in possession of the necessary skills. Developing confidence in my abilities is taking longer to develop.

Continued overleaf…
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On reflection I feel that systems need to be in place that enable newly qualified practitioners to make the transition from student in a safe and supportive environment, where there is awareness of the challenges that may be encountered. I personally would have benefitted from closer mentorship and supervision in the early stages, with regular (e.g. weekly) meetings to discuss aspects of my work. Doing so would have built confidence in my decision-making and consequently reduced the need for such intensive supervision. It would have facilitated my development, for example, by discussing the dietetic management of patients and comparing this with how more experienced colleagues would do so. It would also have enabled me to refine my systems of work and learn, from those with more experience, effective ways of working and managing a busy caseload. Managing clinical work, academic commitments and other work related commitments was challenging throughout placement. I can clearly see the pivotal nature of learning to do this, as skillful time management is vital in all jobs to fulfill clinical and non-clinical elements.

Despite the challenges, I successfully completed the contract and in doing so have developed personally and professionally. I have acquired a wealth of knowledge, experience, and skills, grown in confidence, encountered new conditions and client groups and started on my journey as a registered dietitian. I remain certain that dietetics is the career I wish to pursue and am motivated and excited about the prospect of doing so.

I am extremely grateful to the dietitians that I worked with as a student. Despite the undoubted pressures they faced I never felt like a burden, my learning was seen as a priority and efforts were made to ensure implementation of the student programme. They consistently strove to deliver excellent, client-centred, evidence based care and remained committed to doing so, interested and enthusiastic about their jobs, the profession, and student training despite the rigours of working in the NHS. The legacy of my placement experiences is that I have some fabulous dietetic role models, as practitioners, Practice Educators and mentors. I look forward to being involved in student training in my new post in England and emulating them by being a knowledgeable, competent, motivated, enthusiastic, empathetic, and caring Practice Educator. As such, I would hope to encourage students to complete their training and become qualified practitioners who will carry on the legacy of effective and supportive practice education who have a role in inspiring the next generation of student dietitians.

Survey Results

Thank you to those of you who completed our online survey to explore the readership of our newsletter and your thoughts on the current and future content. Sadly, we only had 13 respondents, which might indicate that the newsletter is not being circulated wide enough. This is very much down to you… if you have received a copy, please do highlight it or pass it on to your dietetic colleagues. However, 77% of respondents find the information in the newsletter useful, and the remainder find it moderately useful. Indeed, one respondent commented “This is [a] well presented newsletter and provides a very good link between practitioners, lecturers and students.” A PDF file circulated via e-mail was by far the most preferred format, and everyone agreed that two editions per year was appropriate, so we will continue with these, however please note that the newsletter (and past issues) are always available on the website. The Operational Group have reviewed the future topics that were suggested by respondents to ensure that they fall within the remit of the group and, as a result, plan to cover more on supporting the failing student and the standardisation of learning outcomes in future issues.

If you would like to be added to the direct mailing list, please e-mail s.lennie@rgu.ac.uk
Student Progression 2012

The universities now collect data on student progression through practice placements. Data below relates to the 2012 placement cycle.

Placement A
71 students proceed to and completed placement A.

Placement B
Of the 82 students who proceeded to placement B, only 1 failed to successfully complete this within the 12 weeks allocation (compared to 4 in the 2011 cycle) and this student transferred to a related course.

Placement C
Of the 78 students who proceeded to placement C, 8 students failed to successfully complete within the 12 weeks allocation (compared to 4 in the 2011 cycle). Of these students:
- 1 student successfully completed their placement after an additional 2 weeks
- 1 student failed to complete after a further 6 weeks and is awaiting further practice placement weeks
- 1 student withdrew after 10 additional weeks
- 1 student failed after a 12 week repeat placement
- 2 students are awaiting repeat placements
- 2 student chose to graduate with alternative exit awards

In addition to the information above, data is also collected regarding location of placement, location of additional weeks or repeat placement, number of additional weeks required by the student and outcome of those additional weeks, length of time between placements, and location of previous placements. Each Health Board area can access data relevant to their health board area. If you wish this information please contact either your link HEI or Jacklyn Jones (Lead for approval and monitoring) on j.jones@qmu.ac.uk.

Placement Approval Visits

The approval of practice placement provision for dietetic practice placements is on-going. In the past year 3 NHS Boards have been reapproved for a further 5 years for the provision of dietetic practice placements (NHS Dumfries and Galloway, NHS Borders and NHS Highland). A further 2 NHS Boards have visits scheduled in the next few weeks and a further 3 NHS Boards are expected to be visited during 2013.

Update on BDA Curriculum Review

As many of you will have already noted, the revised draft BDA Pre registration Curriculum Framework has been out for consultation (25th March 2013 until the 19th April 2013) with the final version expected in June 2013. The three HEI’s in Scotland welcome and are looking forward to the publication of the final curriculum guidance. They will in due course review and further develop the academic components of the curriculum where relevant. These processes, as always, will involve partnership working with representatives from the key stakeholder bodies e.g. NES, service users, students, and members of the dietetic profession.

It is also anticipated that following the final publication that the HEI’s will work in partnership with representatives from the key stakeholder bodies, but in particular Lead Practice Educators, to review the current practice placement configuration, along with the purpose, aims, and learning outcomes of the individual practice placements. Following this it is then hoped that the development of national assessment tools can be revisited.
Post-placement Paperwork

New A, B and C post-placement paperwork is now ready to be piloted starting with the April B cohort. It is hoped the amended paperwork is more aligned to the pre-placement paperwork. The paperwork will capture the students' strengths and areas for improvement and aims to be a more accurate reflection of the students' performance in relation to the learning outcomes.

Copies of the new post-placement paperwork will be emailed by the Placement Administrator, Pamela Knox, and will go to the Lead Practice Educators in each NHS Health Board for dissemination.

Comments on the paperwork should be emailed to Christine Monaghan at C.Monaghan@gcu.ac.uk

Confidentiality Agreement

Following discussion with some practice educators a decision was made to strengthen the current confidentiality agreement students are asked to sign. Until recently students signed a confidentiality agreement at university as part of their A placement paperwork but this had not been included as part of the B and C placement paperwork. It seemed sensible to change this to include this as part of the B and C placement preparation as a means of re-enforcing the need for confidentiality in the practice setting. The confidentiality agreement has also been extended to include not just confidentiality of patient information but also to include staff and other students in the practice setting. In addition specific mention has been made to the use of social media.

Students now sign a confidentiality agreement as part of the pre-placement paperwork prior to each placement. It is important to note that these agreements do not replace those currently used by practice educators but are considered to be in addition to those currently in place in the practice setting. They also ensure that in boards where they do not ask students to sign one, students have still signed something.

Placement Demand 2014

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<thead>
<tr>
<th></th>
<th>Weeks</th>
<th>Comments</th>
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<tbody>
<tr>
<td>A placement</td>
<td>168</td>
<td>Includes 6 weeks for one student not progressing as expected &amp; for 2 students who previously deferred studies.</td>
</tr>
<tr>
<td>B placement</td>
<td>936</td>
<td>Includes 144 weeks for 10 students not progressing as expected &amp; for 2 students who previously deferred studies.</td>
</tr>
<tr>
<td>C placement</td>
<td>804</td>
<td>Includes 108 weeks for 6 students not progressing as expected, for 2 students who previously deferred studies and for 1 student requiring a repeat placement.</td>
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<tr>
<td>TOTAL</td>
<td>1908</td>
<td>480 weeks less than this time last year</td>
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Practice Placement supply requests will again be sent to Lead Practice Educators at the beginning of June 2013 with a request that supply offers be returned to Pamela Knox, Scottish Dietetic Placement Administrator, by the end of August 2013.

Please note that for 2014 the SDA has again agreed that Health Boards should be given a steer on the number and type of placements required, but in addition, they should also be given a steer on the timing the placements are required (Previous historical timings of Health Board offers will be used to inform this). It is hoped that by doing this, fewer requests to Health Boards to change the timing of their offers will occur.

Lead Practice Educators will then be informed of all 2014 allocations by the end of October 2013 at the latest.

Did you know…

The Health and Care Professions Council (HCPC) published new Standards of Proficiency for Dietitians on 1st March 2013. You can find these at:

www.hcpc-uk.org/publications/standards/
That troublesome ‘F’ word… and others!

We've been collating student placement evaluations from 2011 and 2012 from the three HEI's and have been trying to theme the results. One recurring theme is that of feedback, and this has been the case for some years. There are two issues students have with feedback; that of consistency, and that of feeling unnecessarily or harshly criticised. Taking the latter first, I think that sometimes, in our desire to give the student as much help and support as possible, we may forget that they are sometimes facing criticism every day, and even for the most robust student, this can have a detrimental effect. One student stated that she “didn't get a feedback 'sandwich', it was just the 'meat'!”

It can also mean that students become unwilling to communicate openly with staff members. They are, however, very appreciative of the time you spend in giving regular feedback, and recognise the importance of this in their professional development. Consistency is a more difficult nut to crack, given that in our profession, we will all have different ways of doing things. Perhaps the message is simply that we need to be mindful and respectful of this.

Some of the more positive comments from students have emphasised that they felt supported, and loved the opportunity to practice independently, particularly on consolidation periods. One practice placement provider allocates wards to students from week one, and students commented that this helps to build confidence, and it will also help to build relationships within the MDT. The students also commented that in the early weeks, it helped to stop them “feeling like a spare part”.

The role of the mentor was also brought up by students, and many reported that they weren't allocated a mentor during their placement. Students value the opportunity to discuss any issues they may be having with someone who is out with the assessment process, so consideration could perhaps be given to encouraging dietetic support workers or administrative staff to fill these important roles.

Many students commented that they find travelling to different locations disruptive, and sometimes they feel as if they are starting again in each new location. Perhaps this sends a message that we need to see the placement as whole entity, rather than a series of different ‘mini placements’. On the same subject, students sometimes find travelling within different locations challenging, and some made suggestions about perhaps including information on bus routes etc. in the welcome packs given to students at the start of placement. One student suggested that students going to Greater Glasgow and Clyde (community) should buy an SPT travel pass, which gives unlimited travel on trains, subways and buses at a discounted price… a useful tip!

There were also issues with things we can't necessarily fix (or indeed have any control over) such as office accommodation, or lack of IT facilities. Where students identified these as an issue, they were also understanding of the fact that dietetic staff accommodation was also cramped and often reliant on hot-desking. One student made the pragmatic comment that allocating a desk to a student would mean that for considerable periods, there wouldn't be anyone using it, and that therefore would be a waste of resources. Perhaps hot-desking also reflects real life in the NHS and is therefore something students just need to get used to!

The feeling from the evaluations is that students appreciate the time and effort that goes in to supporting them while they are on Practice Placement, and generally they felt that they were listened to and that open communication was the norm. They also value being challenged or operating slightly outside their comfort zone, as this student comments: “it was surprisingly helpful to be in daunting settings, and find you can cope [with] and even enjoy, things you were anxious about.”

Overall, the evaluations were positive, but they do give us all some food for thought.
University Operational Group: Who are we?

Many of you will be familiar with some of the dietetic staff at the Universities. Below you will find out about who sits on the University Operational Group and what roles we undertake within this committee.

Susan Lennie is the Programme Leader at Robert Gordon University. She is the current Lead for the Operational Group.

Jacklyn Jones is the Postgraduate Programme Leader at Queen Margaret University. She takes the lead role for Approval and Monitoring of placements.

Sara Smith is the Undergraduate Programme Leader at Queen Margaret University. She liaises with the allocation officer and links with the BDA on issues such as the new Curriculum.

Heather Donald is a lecturer at Robert Gordon University. She is responsible for the website and keeping it up-to-date.

Emma Kinrade is the Postgraduate Programme Organiser and lecturer at Glasgow Caledonian University.

Pamela Knox is the Scottish Dietetic Placements Allocation Officer, based at Queen Margaret University.

Myra Mackenzie-Fraser is a lecturer at Robert Gordon University. She takes the lead for monitoring student placement evaluations.

Christine Monaghan is a Clinical Placement tutor at Glasgow Caledonian University. She has been leading on developing the pre- and post-placement paperwork.

Sara Smith is the Undergraduate Programme Leader at Queen Margaret University. She liaises with the allocation officer and links with the BDA on issues such as the new Curriculum.

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