

Jessica Pearse and Sophie Kendall

Non-clinical practice-based learning case study

Introduction

We are Jessica Pearse and Sophie Kendall, and we are currently studying MSc Dietetics at Teesside University in our first year of a two-year course.

About Sophie

I previously studied for an undergraduate degree in Sports and Exercise Science at Leeds Beckett University. This is where my interest in nutrition began and my passion for nutrition, physical activity and wellbeing grew from there.

About Jessica

I studied Psychology and Nutrition at Newcastle University after always having an interest in sport, nutrition and health from a young age. My degree introduced me to the role of a Dietitian and I felt this was what I wanted to do, from there my passion for nutrition and patient support continues to grow.

Where did you undertake your Practice-based Learning?

We undertook our Practice-based Learning (placement) at a residential village for people with learning disabilities and other needs. The supported living village is part of a national charity and not-for-profit organisation, Camphill Village Trust. This was our Placement B which was over 13 weeks from the end of May to August. As it was far to travel, we moved down to the Yorkshire moors for the duration of our Practice-based Learning.

The residential village and wider organisation have a strong focus on co-production and supporting community members to be as independent as possible. During our time on placement, we felt like we integrated well with community members and support staff as they were very welcoming and open to recommendations.

What skills and curriculum outcomes did this enable you to meet?

During our time on Practice-based Learning, we completed four projects which would allow us to meet our Placement B 'competencies'. Our four main projects were focused on service improvement within the village, but during our time on placement, we had many opportunities to do other smaller scale initiatives such as social media content for the BDA Mental Health Specialist Group, creating easy read menus, undertaking individual dietetic assessment and interventions and planning, and delivering presentations to both the Trust and Dietitians within the BDA Mental Health Specialist Group.

The activities undertaken in order to meet Practicebased Learning competencies were different to those of a hospital or traditional clinical setting. We felt some competencies were easier to evidence than others due to the nature of the placement. The four competency domains were Healthcare Professionalism, Communication, the Process for Nutrition and Dietetic Practice and Quality.

We found Healthcare Professionalism and Communication were easier to meet as we practiced these every day throughout the duration of placement. We communicated with a range of people on a daily basis including care staff, management, and those with mild to moderate learning disabilities and autistic

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people. We were required to adapt our communication styles to meet the needs of the audience. Devising written reports to be shared across the trust required professional language whilst constructing social media posts required us to translate complex information into concise and accessible summaries. Communicating with service users required us to create and utilise easy-read formats as well as using verbal and nonverbal communication to build rapport. We also had to navigate the professional and business side of the care environment due to our focus on service improvement. This was a challenge at times, but it helped us to gain an appreciation of systematic barriers that can exist when supporting organisational change.

We met Process and Quality competencies through completion and evaluation of service improvement projects. These included staff and community member education, devising a new nutritionally analysed café menu and resource provision, easy-read recipe cards and a recipe booklet. For each project, we used an evidence-based approach to complete a needs analysis and utilised the BDA Nutrition and Dietetic Model and Process to guide our interventions. Throughout our placement, reflective practice was key to providing evidence of our learning and development, and we used tools provided by the University to develop our reflective practice. Finally, we also had 'observation tools' completed. These tools allowed an outside opinion of our progress and capabilities, these were completed by our onsite supervisor, other staff members and we completed them for each other. These proved useful to identify areas of strength and weakness and to get feedback on our progress. Observation tools were used for presentations or dropin sessions for example.

What did you like and what were the benefits of the Practice-based Learning setting?

We have learnt a lot about ourselves within this practice setting. We have a lot of time to reflect on our strengths, weaknesses, and areas for progression, which will support us within our final placement and when we are qualified dietitians.

The change of pace was quite different compared to an acute clinical setting. It felt more relaxed, and you had the time to get to know the community members. There were less time constraints. This meant we could really take the time to talk to the community and staff members and get to know them which may be different in a hospital setting. We believe this gave us an advantage especially within learning disabilities. We had the time to build trust so once we had built that rapport, we found that community members would engage with us more readily and became more confident in asking questions or seeking advice. This also helped with engagement in group education sessions.

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We also enjoyed the sense of autonomy. We had a lot of freedom in managing our own timetable and projects. The placement site had one predetermined service improvement project and so for other projects we were required to undertake needs assessment and then develop our own projects. This meant that from concept to evaluation it was all our own work which was very rewarding.

Whilst it was challenging, we have really enjoyed working with management to understand organisational values and priorities and how we can incorporate these into our projects. Management very supportive, offering great feedback and support with our ideas and decisions making. Particularly in the later stages of our projects, recognising how pleased management were with our results was very rewarding. Working alongside support workers and other staff to develop and implement our projects has also been valuable and has given us the opportunity to work effectively in a team. The Practice-based Learning setting

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Dietetic Workforce Development Programme allowed us to develop holistically as dietitians. The skills and confidence we have both developed in our communication have been valuable and we are both very aware of how transferable these skills are.

What did you find challenging about the Practice-based Learning?

As with any placement, we faced challenges. One challenge we initially found was not having an on-site Dietitian. It did mean that any work we completed had to be approved by our university supervisor which slowed some processes down. However, we came to use this to our advantage, as it helped us to prioritise our work and plan the following weeks which provided structure and stopped us from overloading on work.

When we started, we felt like we couldn't say 'I don't know' when someone asked a specific question. However, it was important for us to realize that we are in the early stages of our dietetic journey and we won't know everything. Knowing our own limits of knowledge became beneficial as we could use these as learning opportunities and we always had the support of our long arm supervisor for advice. It was particularly important for us to consider our knowledge limits and scope of practice when working without a registered dietitian on site.

Another challenge we faced was that a lot of the community members and staff did not know what a dietitian was or what they do. This meant that we got a lot of comments including 'we shouldn't be having a takeaway ever or eating chocolate', and assumptions that we were there to be the 'food police'. We found that the more we communicated and supported staff and community members, the more open to our projects they were, and they saw that we were there to support them, not to cut everything out of their diet! Whilst difficult, challenging misconceptions about dietetics enabled us to contribute to improving public knowledge and perception of the profession.

At first, we felt as though other students were getting more experience in a variety of areas, as we were only working with people with learning disabilities and autistic people. We were concerned that our knowledge would be behind other students when we went back to university. We understand this is a common worry for students within non-clinical practice placements. However, we couldn't have been more wrong! By the end of our placement, we saw how valuable and transferable the skills we developed actually are. We were also encouraged by our university supervisor to consider how our written work, reports, project management and various other skills are all very practical and useful in our future as we become Registered Dietitians.

Any advice you would offer other learners entering a non-clinical Practice-based Learning setting?

Our placement was a very different experience to what we had both been expecting. We both thought we wanted to work in a more clinical or acute hospital setting, which led us to question this non-clinical placement. However, we both quickly realised how worthwhile and valuable our placement was and we would definitely encourage students to take part in non-traditional Practice-based Learning. Through this placement, the number of opportunities were amazing and provided a foundation for our dietetic career. These included networking, working and learning from leading Dietitians and presenting our work to Camphill's Trustees and staff across the country.

We would advise that effective planning such as keeping a diary and weekly to do lists is essential to stay on top of projects loads and to avoid feeling overwhelmed. We have also found that sharing these with our supervisors has helped us both monitor progress. As this type of placement can be more self-managed than a standard traditional placement, maintaining an open communication line with supervisors is essential in getting feedback and working within your scope of practice.

In summary, we really enjoyed our non-clinical Practicebased Learning. We found it very informative and have developed new skills that we will use in our career. This setting has provided us with the building blocks to be holistic, compassionate, person-centered Dietitians who are committed to evaluating and enhancing practice to improve patient care.

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