BDA The Association of UK Dietitians

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Developing capabilities through practice-based learning

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Practice Based Learning

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Definitions and acronyms

Acronym	Definition
AHP	Allied Health Professional/ Profession
BAPEN	British Association for Parenteral and Enteral Nutrition
BDA	British Dietetic Association
BMI	Body Mass Index
CWBC	Community Wellbeing Champions
DSN	Diabetes Specialist Nurse
GP	General Practitioner
HbA1c	Glycated haemoglobin
High support supervision level	Direct and indirect supervision
HEI	Higher Education Institution or university
IBS	Irritable Bowel Syndrome
ICS	Integrated Care System

Acronym	Definition
Learner	Undergraduate and postgraduate students and apprentices
Low support supervision level	Remote supervision including long-arm supervision and peer learning
MUST	Malnutrition Universal Screening Tool
NHS	National Health Service
NBM	Nil By Mouth
PBL	Practice-Based Learning or placement
PEG	Percutaneous Endoscopic Gastrostomy
RD	Registered Dietitian
Service user	Patient, client and stakeholder
UG	Undergraduate
VLE	Virtual Learning Environment
VR	Virtual Reality

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Calendar

		Monday		Tuesday		Wednesday		Thursday		Friday
Morning	1)	Ward, Northern Ireland (350 hours)	3)	Public health, North East (450 hours)	5)	Home visit, North East (400 hours)	7)	Online leadership, Yorkshire (700 hours)	9)	Simulated ward, West Midlands (200 hours)
Afternoon	2)	Food pantry, North East (150 hours)	4)	Service user group education, Yorkshire (350 hours)	6)	Creative media company, East of England (75 hours)	8)	Care home, West of England (600 hours)	10)	Research, North East (600 hours)

		Monday		Tuesday		Wednesday		Thursday		Friday
Morning	11)	Virtual reality, Scotland (60 hours)	13)	Primary care clinic, Yorkshire (300 hours)	15)	Industry, London (450 hours)	17)	Bariatric clinic, London (525 hours)	19)	Schools programme, Wales (225 hours)
Afternoon	12)	Ward, Northern Ireland (550 hours)	14)	Public health, London (525 hours)	16)	Virtual clinic, Scotland (650 hours)	18)	Higher education institution, East of England (700 hours)	20)	Higher education institution, South West (375 hours)

Case 1: Ward, Northern Ireland

Here the learner spends the session on a ward in a large teaching hospital with many different specialities. The learner has been based at this practice-based learning (PBL) site for the majority of their PBL to date. They have completed around 350 hours. The learner is familiar with the hospital and dietetics service but this is their first time working on this acute medical admissions ward. This week the learner was working on requiring fewer prompts from the supervising RD practice educator.

The learner was tasked with seeing a new service user admitted with an infection of unknown origin, and gathered the relevant information from the service user's records independently. After an agreed timeframe, the learner was able to effectively discuss this information with their RD practice educator. They had omitted chemotherapy details (e.g. cycle number) as they were unfamiliar with this. After a discussion around the likely nutritional problem, the learner met with the service user. They greeted them, introduced themself and the RD, obtained consent, and explained the reason for the referral. The learner initially struggled to hear the service user but realised that moving position and speaking louder facilitated the discussion better. The learner was able to appropriately complete the consultation, involving the service user in goal setting. Effectively handed over to named nurse on ward.

On reflection, the learner felt they could have moved position sooner to account for the softly spoken service user. However, on the whole, they were pleased with how the consultation went and came away feeling more confident. The RD practice educator agreed no changes to consultation process or written record were needed.

Pillars of Practice



Practice 3
Communication 3
Service user focus 3

Evidence-based practice 3
Strategy and outcomes 3

Self-development 3

Advocacy 3

Case 2: Food pantry, North East of England

The setting for this case is a community food pantry. The manager of the pantry, a volunteer and two customers are present. The learner has undertaken approximately 150 hours of PBL at this point.

During this session, the learner changes the environment by putting up signs which they hope will influence customer behaviour and discourage food waste. The learner decided on this strategy and developed the signs after taking time to study local policies, previous research on customer behaviour, and through observing customer behaviour in this food pantry setting. The learner also spoke to the manager and volunteers during their visits to the pantry and developed a good professional working relationship with them. Prior to undertaking this intervention, the learner met with their supervising RD (indirect) and agreed the strategy. The messaging on the signs was also approved by both the manager and the RD prior to use. Messages included 'Freeze me' and 'Chop me.'

The learner arrives at the setting in the morning, says hello to the manager and volunteer, and erects the signs beside the corresponding produce. They then remain on site to observe customer behaviour and notes the discussions prompted by the signage. The learner has not been given permission to directly communicate with the customers in the interest of privacy. The learner understands that approaching customers in this setting would be inappropriate, given the sensitivity of their circumstances. The manager continues to observe the effectiveness of the intervention in the afternoon and feeds this back to the learner.

The learner was pleased to see that this small intervention was making a positive impact. The learner laminated the signs and encouraged their continued use within the pantry.

Pillars of Practice



Practice 3
Communication 2
Service user focus 2

Evidence-based practice 2
Strategy and outcomes 2
Quality improvement 2

Information and resource development 2

Strategy and vision 2
Advocacy 2

Case 3: Public health, North East of England

The setting for this case is an educational event hosted by a local business. Representatives from local businesses who had volunteered to be Community Wellbeing Champions (CWBC) attended the event. Members of the Public Health Team from the local county council were present. The learner undertakes this activity during their second PBL placement around 450 hours.

The learner is involved in this training event for CWBC and has prepared a presentation on oral health and nutrition. The learner drew on public health policies and relevant dietetic guidance to develop this teaching material. The content of the presentation has been pre-approved by the RD (indirect supervision). The learner plans to use a range of media in their session including audio, visuals and handouts. The learner feels confident about the material. The learner has not correctly embedded a video within the slide deck, and it cannot be played. The learner remains calm and addresses the mistake by talking through the slide and what would have been the video clip. The learner demonstrates good facilitation skills by delivering an engaging session and by encouraging participation and feedback from the participants. The group is encouraging and supportive of the learner after their mistake. The session is well received and the atmosphere relaxed and inclusive.

The learner evaluates if knowledge has been improved by asking questions pre- and post-session, and is pleased to see a clear gain in participant knowledge. The learner reflects that their knowledge, social skills and their ability to build rapport with group members have improved. They noted the benefits of providing handouts to supplement the slides, and recognised that this supports a wider range of learning styles. The learner felt that their mistake made them vulnerable within the group session. At the time although challenged, they now see that this made them more personable and likeable. By talking through this session with the RD, they were able to accept that IT issues are the norm and that they coped well.

Pillars of Practice



Practice 2
Self-care 2
Communication 3

Evidence-based practice 3
Strategy and outcomes 3

Information and resource development 2
Self-development 3

Advocacy 2

Case 4: Service user education, Yorkshire

The learner in this case is delivering the first part of a diabetes structure education programme for people with type 2 diabetes. The session takes place in a community venue. The registered dietitian (RD) and diabetes specialist nurse (DSN) are present. The learner has completed approximately 350 hours of PBL. Eight service users and two carers attend the session.

This programme runs weekly for six weeks. The learner observed the first session. During today's session, the learner will lead the 'what is diabetes?' section. On arrival, the learner helps the facilitators (RD and DSN) with set up by filling the flasks for tea/ coffee during the break. The **learner clarified their role** within today's session.

The learner **welcomed the service users/ carers as they arrived, and chatted informally** about their week and the weather. They **introduced themselves** and others and started the session. They ran an interaction activity which involved **getting the service users to help the learner to populate the whiteboard** using the magnets to illustrate glucose metabolism. One of the service users was very keen to demonstrate their knowledge. The learner **tried to steer their questions to others** in the room with some success.

Following this section, the learner **joined the service users (without prompting) at their table and supported them as they participated** in the other activities. The learner was **attentive to their needs** and ensured everyone had access to refreshments during the break. Also that they knew where the toilets were.

The learner reflected that they felt relatively at ease within this group setting particularly having met the service users during week 1. Also that it was a great way to refresh and build on type 2 diabetes knowledge and skills. The learner **asked if they might continue to attend the education sessions and contribute more** going forward. The learner identified a need for more practise in dealing with group dynamics.

Pillars of Practice



Practice 3
Communication 3
Service user focus 2

Information and resource development 2
Self-development 3

Strategy and vision 3
Advocacy 2

Case 5: Home visit, East of England

Here, the learner **prepares for a home visit the day before by reading through** the electronic record. The **learner alerts the community Home Enteral Feeding RD to the capabilities they are keen to develop**. Having completed nearly 400 hours of PBL, the learner feels reasonably **confident with tube feeds in an acute setting** but has not seen these service users in their own home. The **RD suggests that the learner leads on service users that are Nil by Mouth (NBM) with Percutaneous Endoscopic Gastrostomy (PEG) feeds** introducing themselves and the RD, gaining consent to conduct the consultation and gathering the assessment information prior to discussing options for a plan with the RD and service user.

On arrival, the **learner introduces them both, gains consent and gathers the relevant information** to inform today's HEF review. They **correctly navigate the electronic record** to obtain the previous feed plan in the record which they share with the service user **checking for differences between this and the service user's usual feed practice**, using their checklist to ensure that they don't forget anything. They **ask the service user how they and the RD can help today**. The service user explains that they are concerned that they are gaining too much weight on the feed. The service user is weighed using hoist scales, so **the learner observes the RD doing this, as they are not trained to use them**. They have gained weight, Body Mass Index (BMI) now 25, and would like to lose around ½ stone. The learner **advises that is an achievable goal**. **The RD, the learner and the service user discuss options** to prevent further weight gain, promote gradual weight loss, and agree a slight reduction to current feed plan. The **RD reminds the learner** to ensure that the feed will still provide all macro and micronutrients for the service user; it does. The learner writes **directly onto the electronic record capturing appropriate details** and, **guided by the RD, arranges for a reduction in supply** of the feed. The **learner and RD agree a timescale** for the service user to be reviewed and the RD books the next visit to suit the service user.

The learner coped well with this consultation, **reflecting** that even for people who are NBM their nutritional needs can change over time leading to weight gain/ loss.

Pillars of Practice



Practice 2
Communication 3
Service user focus 3

Evidence-based practice 3
Strategy and outcomes 2

Self-development 3

Case 6: Creative media company, North East of England

Here, the learner embarks on a non-service user facing PBL activity with a creative media company as part of their first PBL placement having completed around 75 hours of PBL. This learner was working remotely with long-arm support from RDs within the company.

During this particular session, the learner was working on creating social media posts which would be shared across the company's social media accounts. The topic under investigation today was nutrition and the menopause which was a new area of dietetic practice for the learner. The learner was able to access relevant evidence-based resources using the internet with signposting by the dietetic team.

Later that afternoon, the learner chatted via MS Teams to a specialist RD working privately in this field. This call was set up by a supervising RD. The learner prepared for this call by creating a list of questions they would like to ask which they discussed with their supervising RD in advance. The specialist RD on the call offered some immediate feedback on the learner's professionalism and communication skills when prompted by the learner at the end of the call. They liked that the learner came across as well prepared and interested. They reminded the learner to mask their background when working remotely.

A final reflection from this learner was around the need to take regular screen breaks, use a good chair with back support, and engage in regular check-ins with supporting RDs to feel part of the dietetic team.

Pillars of Practice



Practice 2
Self-care 3
Communication 2

Evidence-based practice 2

Information and resource development 2
Self-development 3

Case 7: Online leadership, Yorkshire

The learner in this case is leading on a project focused on the AHPs Deliver strategy, specifically the Greener AHP agenda. The learner has been tasked with scoping Greener AHP activities and awareness across an Integrated Care System (ICS). The learner has been asked to produce the following outcomes: a report detailing their findings, organising and facilitating a webinar, and making recommendations for next steps. The learner is supported by an AHP system leader, with supervision from a RD. The learner has the opportunity to network with other AHP learners who are completing a similar project at a nearby ICS. The project runs weekly throughout the final placement. In the first couple of weeks, the learner had the opportunity to shadow AHP leaders in various meetings, access resources and information on Greener AHP and engage in leadership and quality improvement training opportunities.

During today's session (having completed around 700 hours of PBL), the learner will be presenting their project plan to a group of AHP leads across the ICS. The learner logged into the online meeting via MS Teams, introduced themselves, coped with change to agenda, and provided a brief 10-minute overview of their project and their plans on how they will scope Greener AHP activities. The learner shares their initial thoughts on the project via a PowerPoint presentation, used a online word cloud and quiz to gain insight into the attendees understanding of Greener AHP and allowed time for questions and discussion with those in the meeting. Their practice educator chairs the meeting and is there to support the learner as and when needed and in supporting questions and answers. The learner referred to their supervisor when a question is asked about funding for Greener AHP. Within the meeting discussion following the presentation and online activities, several ideas were shared and contact details. Following the meeting, the learner created an email to reach out to key stakeholders, requesting the opportunity to meet with them and discuss Greener AHP. The learner shared the draft email with their supervisor for feedback before wider sharing. Finally, the learner reflected on the experience of sharing their project within the meeting. The learner identified the challenges of presenting online and areas they would develop to support delivering the webinar session towards the end of their placement. The learner has taken time to reflect on the dietetic process and transferability into leadership and quality improvement work.

Pillars of Practice



Practice 4
Communication 4
Service user focus 4

Evidence-based practice 4
Quality improvement 3

Information and resource development 4
Self-development 4

Strategy and vision 3
Managing change 4
Advocacy 3

Case 8: Care home, West of England

The dietetic learner in this case is working without direct RD supervision within a social care setting, having completed approximately 600 PBL hours. They meet with their RD practice educator from the Higher Education Institution (HEI) on a daily basis via MS Teams to discuss the day's activities and agree any resident care-plans. During this PBL, the learner identified a gap in awareness and education around residents within the care home at cardiovascular risk.

By reviewing weight charts, the dietetic learner was able to identify a pattern. During this session, the dietetic learner discussed their observations with the care home staff. A number of new residents were gaining significant amounts of weight within a few months of arrival due to the standard menu being heavily fortified. The learner learnt that the 'healthy' options on an alternate menu were not popular with the residents.

Working together with the care home staff and the residents, the learner was able to create a standard menu including fortified and unfortified options. The learner added a 'healthy heart' logo to assist staff and residents in making meal choices, enabling them to make informed decisions around their health, encouraging autonomy and reflecting service user-centred care.

The learner, on reflection was surprised and frustrated by the lack of awareness of healthy eating among staff, but realised this was an opportunity to share knowledge. The learner overcame their fear of staff not being supportive and was able to approach the staff to discuss their ideas. Following the session and a positive response to their proposals, the learner was more confident. During this case, the learner further developed their leadership, project management and time management skills.

Pillars of Practice



Practice 3
Self-care 3
Communication 3
Service user focus 4

Evidence based practice 4
Strategy and outcomes 3
Quality improvement 3

Information and resource development 3
Self-development 3

Strategy and vision 3
Managing change 3
Advocacy 3

Case 9: Simulated ward, West Midlands

Here the dietetic learner has the opportunity to join other pre-registration nurses, pharmacists and AHPs in a simulated ward environment in a National Health Service (NHS) hospital during their first substantive PBL (around 200 hours). This is a very new experience for the dietetic learner and their peers. The session started with a registered practice educator briefing the group for this activity, using a coaching model. The ward was set up with four bays with actors playing the role of elderly service users. The aims of the session were for the dietetic learners to become familiar with how an acute ward works and to work alongside their pre-registration colleagues from other professions. Prior to this learning event, the dietetic learners had completed a communication skills workshop, and dementia awareness training. The principles of dignity in care and the 'eat, drink, dress, move' were also reviewed in a group setting.

Today this dietetic learner has been asked to pick up two referrals for nutritional support. This required the learner to familiarise themselves with the records including scrutinising Malnutrition Universal Screening Tool (MUST.) The learner correctly ascertained the need for assessment and focus for intervention in discussion with their dietetic peers. In reviewing other service users with peers, these dietetic learners were able to raise awareness of the need for MUST screening.

As the service user was asleep and the food record charts looked incomplete, the learner was able to gather relevant information from their pre-registration colleagues even though they were busy with their own tasks. For the second service user, a recent weight was not recorded offering valuable learning around scope of learner's practice and manual handling. In discussion with the practice educator, the learner realised that they could not rely on the service user's report of ability to safely walk to scales, and in turn was able to seek the support of their AHP pre-registration colleagues to mobilise the service user.

In the debriefing at the end of this simulation, the learners collectively reported greater awareness of multi-disciplinary team working, how a ward runs and how the ward environment might affect dietetic plans.

Pillars of Practice



Practice 2
Communication 3
Service user focus 2

Evidence-based practice 2

Self-development 2

Strategy and vision 2
Managing change 2
Advocacy 2

Case 10: Research support service, North East of England

This case sees the dietetic learner working in a research environment (having completed around 600 hours of PBL), alongside an associate professor (for knowledge exchange), a research associate and an administrator. They have indirect supervision from an academic RD. This session is based in a Research Support Service. This service has been approached by the Head of Dietetics and a Senior Nurse for nutrition and hydration at a local NHS hospital trust. They are looking for help to discover what evidence exists about the impact of hospital-located fruit and vegetable stalls on staff, service users and the community food choices and healthy eating.

The dietetic learner was based in the research office located within a HEI. The day started with the dietetic learner attending a staff meeting to discuss their role in this workstream. The learner having completed a research proposal module as part of their dietetic course felt reasonably comfortable to work up a search strategy for this review using the PICO framework. An initial search using Google Scholar suggested there was little relevant primary research in this field. This initially threw the learner so approached the research associate. As no one was available to meet with the learner immediately, the learner reflected on the situation and concluded that broadening the search strategy to capture food-based stalls in public venues would offer valuable background insights. The learner was able to present their proposal to the associate professor later that morning and learnt that this type of review would be termed a scoping review. Having finished the search strategy, the research associate prompted the learner to email a specialist librarian asking them if they would mind checking the strategy for completeness and for advice on tailoring to the various databases. The remainder of the session was spent exploring how issues in practice can initiate research and evaluation (termed translational research).

Pillars of Practice



Practice 3
Self-care 3
Communication 3

Evidence-based practice 3
Quality improvement 3

Information and resource development 3
Self-development 3

Strategy and vision 2
Advocacy 3

Case 11: Virtual Reality, Scotland

The setting for this case is within the HEI and Virtual Reality (VR) setting. The learner undertakes this activity during their first PBL placement having completed around 60 hours of PBL.

The learner undertakes this VR session, alongside their peers, facilitated by a lecturer and RD. Within the virtual world, there is the opportunity to gain knowledge and simulated awareness of the spatial and sensory aspects of a service user living with ageing and dementia.

Prior to this session, the learner accessed the materials on the Virtual Learning Environment (VLE) and familiarised themselves with some of the equipment available to assist those living with dementia at mealtimes. During the briefing, the learner was provided with some context and background to the sensory aspects and challenges associated with living with dementia. The learner then explored these challenges in a virtual home care environment using a VR headset.

After the VR experience, the learners were tasked with sharing their reflections on what they can learnt about the barriers and challenges for those living with dementia. As a group, the learners were asked to come up with strategies to improve the home environment for someone living with dementia in terms of their ability to eat or prepare food.

The learner contributed by sharing the significant impact experiencing such limitations had on them, and how it would make them think about differently about care planning for someone living with dementia. They also reflected that reading up on available resources, equipment and spatial design considerations made much more sense when experienced in the VR world. Another take away for this learner was realising that issues go beyond mental capacity and may include hearing and sight loss; valuable insights to take forward into future PBL/ practice.

Pillars of Practice



Self-care 2
Communication
Service user focus 1

Evidence-based practice 2
Strategy and outcomes 2

Self-development 2

Advocacy 1

Case 12: Ward, Northern Ireland

In this case, the learner has completed 550 hours of PBL. They are working in a busy acute hospital and are conscious that they are not progressing as expected following feedback in their weekly review. During this session, the learner and RD practice educator visit a surgical ward. The learner is tasked with reviewing a service user who had undergone bowel surgery recently. The service user was on a supplementary nasogastric tube feed due to inadequate oral intake. The learner's goal was to gather all relevant information to inform decision making for this service user.

The learner gathered information independently to inform their assessment from multiple sources including the service user's records, other healthcare staff, and the service user themself. The RD practice educator had to prompt the learner to look at the bedside charts (food, fluid balance and medication). The learner discussed the information gathered and proposed a change to the feeding regimen. From this discussion, it was evident that the learner did not have a clear understanding of the nutritional problem. The RD practice educator through prompts and further questioning was able to guide the learner to a more suitable nutritional focus and a more appropriate care plan. Significant gaps in understanding the clinical information were identified. The learner recorded the assessment in the service user notes with support from the RD practice educator.

On reflection, the learner recognised the importance of understanding all the information and not ignoring information or making assumptions. The learner found it difficult to come up with ways to address this. Strategies and support put in place up to this point had not been particularly helpful. A meeting was arranged with the learner, lead practice educator and academic link to revisit the action plan. The RD practice educator was mindful of doing a weekly wellbeing check-in.

Pillars of Practice



Practice 2
Communication 2

Evidence-based practice 2
Strategy and outcomes 2

Self-development 2

Advocacy 2

Case 13: Primary care clinic, Yorkshire

During this activity, the learner attends a primary care specialist diabetes clinic having completed 300 hours of PBL. This clinic is staffed by secondary care staff [consultant, diabetes specialist nurse (DSN) and specialist RD] and primary care staff [General Practitioner (GP), practice nurse, healthcare assistant].

The learner prepares for this clinic the day before by reading through the electronic record. The learner alerts the RD to the capabilities they are keen to develop this week. The learner feels reasonably confident with type 2 diabetes but feels daunted by other types of diabetes. The RD suggests that the learner leads on service users with type 2 diabetes calling the service users in, introducing them to those in the consultation room, and gathering the assessment information prior to handing back to the RD or DSN to continue. The GP practice is used to having medical students and is happy to let the service users know, and to offer them the opportunity to opt out of having the learner involved.

On the day, the learner gets lost and arrives feeling stressed. The learner takes a few moments to settle themselves (on advice of DSN). The service user sees the healthcare assistant first. The learner then brings the first service user in. The service user arrives angry and frustrated due to lack of parking on site. The learner manages to de-escalate the situation and proceeds to gather relevant information to inform today's diabetes care. They correctly navigate the electronic record to obtain the latest weight and glycated haemoglobin (HbA1c) which they share with the service user offering comparison with previous results. They ask the service user how the diabetes team can help today. The service user explains that their GP wants them to start insulin but they do not want to do this. The DSN reviews the home blood glucose tests while the learner takes a thorough diet history. The learner writes directly onto the electronic record capturing appropriate details. The RD steps in to ascertain size of carbohydrate portions and continues the consultation. The learner coped well with this service user. The learner realised that it is okay not to ask for everything on the diet history checklist but to begin to tailor it to the practice area and the service user. The learner was mindful of promoting the dietetic profession and worked professionally with the staff.

Pillars of Practice



Practice 3
Self-care 2
Communication 3
Service user focus 2

Evidence-based practice 2
Strategy and outcomes 1

Self-development 2

Strategy and vision 3

Case 14: Public health, London

In this example, the learner is working with the British Association for Parenteral and Enteral Nutrition (BAPEN) for three weeks. BAPEN is a charitable organisation that raises awareness of malnutrition and works to advance the nutritional care of service users and those at risk of malnutrition.

This session occurs at the start of the final substantive PBL stage (525 hours). The learner is working from home with long-arm RD practice educator supervision and support from the BAPEN lead via MS Teams.

The learner is tasked with creating social media engagement material (using CANVA, Tik Tok or Instagram), alongside a peer, to promote awareness of malnutrition among multi-professional healthcare learners. The learner initially struggled internally to make sense of how to be creative but remain professional and evidence-based. The BAPEN lead found themself needing to offer guidance on initial development ideas to ensure that they did in fact stay on the right side of professional requirements around confidentiality. During this session, the learner met with a group of senior leaders within the organisation to understand their vision. Feedback received by the BAPEN lead was positive, praising the learner for their enthusiasm and drive to produce useful material.

Working with a peer presented a challenge as creative ideas differed at the start but the learner demonstrated the ability to collaborate and negotiate effectively to provide the output required.

The learner reflected that striking the balance between professionally competent and perfect was a valuable lesson, given the tight time management deadlines within dietetic practice. Additionally, the learner recognised the transferability of skills developed as they confidently went on the support the renal RD team to develop a resource for service users in their next PBL.

Pillars of Practice



Practice 3
Communication 3
Service user focus 3

Evidence-based 3
Strategy and outcomes 3

Information and resource development 3
Self-development 3

Strategy and vision 3
Advocacy 3

Case 15: Industry, London

The setting for this case is the food industry. The learner has completed 450 hours of PBL. Here the learner is tasked with creating a resource on pre- and probiotics for use by healthcare professionals. RD practice educators were on site. Both learners in this PBL settings supported one another by breaking to eat lunch together twice weekly.

The learner established a structured timeline for this work, including deadlines for different project phases. The learner conducted thorough research by reviewing existing literature and guidelines related to the topic with signposting by the RD.

Healthcare professionals included doctors, nurses, RDs and other allied health professionals. The RD practice educators scheduled weekly meetings with the learner and stakeholders from the stakeholder reference group within the organisation, allowing the learner to share progress reports and to discuss challenges.

During this session, the learner shared their first draft at the weekly review meeting where they received comprehensive feedback and suggestions for improvement. The key message coming out of this meeting was the need to simplify the language used. This surprised the learner but together with the RD practice educator they were able to appreciate the needs of healthcare professionals not working in this field. Tips and resources on successful science communication were provided by the RD practice educator.

The learner was able to re-draft a more accessible resource and reflected on the role of language in fostering trust and credibility.

Pillars of Practice



Practice 2
Self-care 2
Communication 2
Service user focus 2

Evidence-based practice 2
Strategy and outcomes 2

Information and resource development 2
Self-development 2

Advocacy 2

Case 16: Virtual clinic, Scotland

The setting for this case is a confidential space with access to a work laptop. The session involves the learner facilitating a one hour group education talk. The participants are within the tier three weight management service. The learner is on their final PBL having successfully completed approximately 650 hours. To prepare for this learning event, the learner spends the first two hours of this session familiarising themselves with the slide deck and the virtual platform (Near Me). During this time, the learner discusses the talk with their supervising practice educator, clarifying where uncertain and adding notes to make the slides their own and to aid the flow of the talk.

The learner accesses the group link in good time, taking a few deep breaths to settle nerves. The practice educator introduces the learner to the group as they have not met them before. The practice educator remains in the background and the learner leads the talk. The learner has no issues sharing their screen with the slides, and the practice educator is pleased with how the learner manages the group, answering questions from the participants either live or in the chat function box. On a few occasions where the learner was unsure of processes, the learner correctly asked the practice educator to step in.

Reflecting afterwards, the learner explained that they found it hard to deliver something they had not created and felt that they stumbled at times due to the unfamiliar content and new practice area. The practice educator asked the learner to reflect on feedback from the participants. The learner responded that the participants had been very understanding and shown good engagement during the talk. The learner took away from this session that it is okay not to be perfect and polished and that being able to step in and cover an activity without previous involvement happens in practice.

Pillars of Practice



Practice 3
Self-care 3
Communication 3

Information and resource development 4
Self-development 3

Advocacy 3

Case 17: Bariatric clinic, London

The setting for this case is a hospital Bariatrics clinic. The learner undertakes this activity during their final PBL placement, having completed approximately 525 hours of PBL.

Bariatrics is a new dietetic practice area for this learner, not having covered this topic in much detail during HEI lectures.

The learner is unable to access the service user hospital records prior to attending the clinic with the RD as the system is down. To feel prepared the learner focuses on reading around the topic.

On the morning of the Bariatric clinic, the learner arrives in good time. The RD asks the learner to take the lead in this new referral consultation. The RD remains in the consultation room and a peer learner is present as an observer. The learner starts with the meet and greet, including introductions. The learner is given the freedom to take the consultation as far as they feel able. This actually led the learner to run all of the consultation unexpectedly. The RD stepped in at the very end to confirm review arrangements which were beyond the scope of the learner (as expected) for this PBL stage.

Both RD and learner realised that using a crib sheet to support the consultation structure and following it blindly would have been insensitive in this specific consultation. A simplistic crib sheet cannot cover all factors that the learner needs to respond to and may include aspects which would be considered inappropriate in the context. The learner recognised in this Bariatric clinic consultation that asking the service user about their biochemistry results was not appropriate, as they are tests they would likely be unfamiliar with.

This consultation brought with it insights into the huge range of social issues some service users face, making it emotionally intense for those in the room. Recognising the size of the step that a service users is taking toward improving their health, through first attendance at a Bariatric clinic, was a powerful learning experience. The learner was able to show sensitivity in their consultation approach and to 'reflect in action.'

Confidence levels for the learner were high following this consultation due to being able to manage the full consultation while remaining within a safe boundary of practice. The learner reflected that they felt psychologically safe as they had a positive relationship with this RD. Trust was evident. Additionally, the learner enjoyed having a peer learner present as they were able to reflect together after the consultation.

Pillars of Practice



Practice 4
Self-care 4
Communication 4
Service user focus 3

Evidence based practice 3
Strategy and outcomes 3

Self-development 4

Managing change 3

Case 18: Higher Education Institution, East of England

The setting for this case is a HEI. The learner is undertaking this PBL virtually with supervision from a freelance RD practice educator with background in dietetic education. The learner has already completed 700 hours of PBL. This task sees the learner working with a peer to recreate educational teaching materials for first year MSc pre-registration dietetic learners. Prior to this session, they spent time considering the principles underpinning learning and teaching using resources provided by the course team. The learners selected a module topic from year 1 which they recalled personally struggling to learn at the time.

During this session, the learner worked with their peer to refresh the lecture and seminar. This required the learner to quickly establish a positive and professional working relationship with their peer via Microsoft Teams (video chat). The learner led on redesigning how the seminar would support learning using a variety of tools to maintain future dietetic learner engagement, while their peer focused on ensure the lecture content was up-to-date. At the end of this learning activity, the learner presented their lesson plan for the seminar to the supervising practice education, their peer and members of the dietetic course team, via Microsoft Teams.

The learner coped well during this presentation offering well concerned plans and responses to challenging questions from the academic staff. The learner welcomed the feedback given and was open to making suggested revisions to the lesson plan. Reflecting on this non-service user facing PBL, the learner appreciated gaining exposure to what RDs working in academia do, appreciated having the flexibility to work from home and time to complete an authentic task which is of value to the dietetic course team. Despite working virtually, the learner managed their time well and sought appropriate support as needed.

Pillars of Practice



Practice 4
Self-care 4
Communication 4
Service user focus 3

Strategy and outcomes 3
Quality improvement 3

Information and resource development 3
Self-development 4

Managing change 4
Advocacy 4

Case 19: Schools programme, Wales

Here the learner is placed in a primary school as part of a local government funded Food and Fun programme. This multi-agency programme aims to address health, social and educational inequalities by providing good quality meals, nutrition skills, sports education and enrichment activities to children living in areas of need during school holidays. The learner encounters this learning opportunity having completed six weeks of PBL (225 hours). Initial preparatory Food and Fun facilitator training is undertaken by the learner.

At this particular session, the learner leads a practical food and nutrition education session for primary school aged children and their parents/ carers. The learner prepares for this session by familiarising themselves with the pre-planned resources and shadowing others delivering a similar session. On the day, the learner arrived in good time to help set up the room and chat informally with the children and families as they arrived. Nerves initially hampered delivery but the learner quickly relaxed and was able to talk through the activities, ask thoughtful questions to encourage discussion, offer clarification as needed, and work with the group to summarise learning that took place. The learner noticed a child was reluctant to take part and was able to reassure them resulting in them feeling able to get involved. The session ran to time. The learner encouraged group members to informally evaluate the session using smiley faces and post-it notes to rate the activities.

This learning event was a new experience for the learner. The learner left the session feeling more confident, part of the public health team, and with a real sense of purpose after seeing how excited the children were about food and healthy eating. Reflecting afterwards with the team, the learner was able to suggest ways to improve activity messaging for the sugar game. They found their feedback was welcomed and valued. The learner recognised they had demonstrated both leadership and team working skills during this session.

Pillars of Practice



Practice 3
Communication 3
Service user focus 2

Strategy and outcomes 2
Quality improvement 2

Information and resource development 2
Self-development 3

Advocacy 2

Case 20: Higher Education Institution, South West of England

In this case, the undergraduate (UG) learner is undertaking an online nutrition clinic within a HEI setting. The clinic runs once weekly during the second and third PBL stages. This UG learner has completed about 375 hours of PBL. On a clinic day, the UG learner sees up to four service users and uses the remaining time for preparation and administrative tasks. Dietetic master's learners provide on-site supervision. The RD practice educator (member of the academic team) is available during clinic hours to join the online consultations. UG learner understand their role in this service.

During this session, the UG learner met with their supervising master's learner and RD practice educator to discuss their plans for the service users they were due to see. The UG learner had appropriately prepared tailored resources and potential recommendations based on the preliminary information provided by the service user. The UG learner completed two consultations, one for a service user living with irritable bowel syndrome (IBS), the other for a service user following a vegan diet, in the time allowed.

During the first consultation, the supervising master's learner called the RD into the virtual consultation. The service user's disclosure of further medical history had thrown the UG learner and left them hesitant about giving first line advice on IBS management. During the second consultation, the service user struggled to understand why the UG learner was advising them to include a wider variety of foods in their diet. The supervising master's learner was able to prompt the UG learner in such a way as to enable them to explain their rationale more effectively to the service user. Following the clinic, the UG learner completed their clinic notes and care plan. They sent the clinic summary email to their RD practice educator for checking and minor changes prior to the clinic summary being sent to the service user with supporting materials, e.g. British Dietetic Association (BDA) fact sheet.

The learner came away from this session thankful for a supportive and safe environment in which to practise their consultation skills.

Pillars of Practice



Practice 2
Communication 2
Service user focus 2

Evidence-based practice 3
Strategy and outcomes 2

Self-development 3

Strategy and vision 2

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