Section 1: Innovative Placement Sectors

1a. Plymouth University:
   Specialist Community Placement 3
1b. London Metropolitan University:
   Diabetes UK Placement 9
1c. Robert Gordon University:
   Urray House Care Home 12
1d. University of Nottingham:
   St Andrews Healthcare Partnership 16
1e. East London Food Access (Kings College)

Section 2: Use of Simulated Practice

2a. Leeds Beckett University 21
2b. Kings College London 24
2c. University of Nottingham 28

Section 3: Peer Assisted Learning

3a. Kings College London 30
3b. University of Nottingham 33

Section 4: Other

4a. Plymouth University:  Specialist Paediatric Placement 36
4b. Nestle Nutrition (to date, using Nutrition Students) 41
Section 1: Innovative Placement Sectors

1a. Plymouth University: Specialist Community Placement

Specialist Community Student Placements
January (C placement) and June (B Placements)

Plymouth University
University lead staff member: Dr Tracey Parkin

Placement sector: Community
Placement name / location: Somerset Community Dietetics
Lead practice educator: Jane Puzey/Jen Thoms
No. students involved: 6 (2xA, 2xB, 2xC)
Format of placement: can be a: Three week A placement, Full 12 week B placement or Full 12 week C placement

Summary of Placement Opportunity/Overview (What? Why? How?)

Our team:

- run clinics in all 76 GP practices in Somerset,
- support the community hospitals, nursing homes, mental health units,
- have specialist services in paediatrics, eating disorders, gastroenterology, diabetes, renal, home enteral tube feeding,
- are involved in various staff training programmes,
- input to various health promotion events.

Our students have the opportunity to develop their key core transferrable skills throughout these areas of practice with a range of shadowing experiences, supported development through the know-can-do model, tutorials and health promotion activities.
Organisational logistics

- large geographical area - considerable amount of travelling involved
- dietitians do not start and end at base so students need to provide own transport and meet dietitians at destination
- although a large team on paper not all dietitians able to have students e.g. as on preceptorship themselves, mat leave, sick leave, very part time with time constraints, unfilled posts, travel distance for student
- one dietitian unable to have student for week at a time due to time pressures with nature of job
- clinics held in GP surgeries and organised by them so we do not know who we are seeing until we get there
- work to a four week rota so when there is a week 5 this becomes tricky to find enough clinics to fill timetable
- using a paperless system there are time constraints when in GP Practice

Challenges faced and how these were overcome

Linked to above:

- use of core experienced/specialist dietitians to support students throughout placement
- having core work streams throughout e.g. Stroke Hospital every Wednesday for inpatient and MDT experience, GP clinics every week with named dietitians for continuity - each area taking responsibility for their specific areas on weekly agreement forms and following this through
- three weekly meetings with Lead Practice Educator to review all paperwork, reflective pieces, discuss progress etc.
- use of specialist services e.g. renal unit take students for two whole weeks (usually week four and nine) as plenty of opportunity to speak with patients and develop skills and build confidence
- looking at where students are living and trying to limit driving times to 1½ hours maximum each way
- robust timetable for whole of placement period developed for each student in advance (subsequently amended during placement as necessary tailored to the individual’s needs)
- project/health promotion/mini case presentation for non-clinic timetable slots
Learning outcomes / curriculum knowledge aspects covered during placement

All learning outcomes covered by placement.

**LO1** Communication with individuals - information gathering and active listening. Patient centred goal setting.

**LO2** Plenty of opportunity for presentation to patients and health professionals.

**LO3** MDT meeting participation encouraged in the Community Hospital and Renal Unit.

**LO4** Nutrition and Dietetic Care Process regularly assessed on daily basis.

**LO5** Regular reflection is encouraged.

**LO6** Maintain professional responsibility and attitude, addressing any issues with the university.

**LO7** Time management- providing time goals to help.

Enteral feeding experience limited to stroke unit and spending time with Home Enteral Tube feeding Team.

Students are encouraged to be involved early on in placement, trying to avoid just observing the dietitian.

Using practice review form to help identify strengths and weakness.

Delivering positive constructive feedback to help the individual meet learning outcomes.
Specific activities undertaken (e.g. audit, health promotion activity etc.)

- GP clinics
- attend and assist with DESMOND
- cardiac rehab talks
- staff training e.g. MUST
- anything as a department we have been asked to support, for example present C students organised and manned a stand for an evening coeliac event, helped man a stand at a weekend cancer survivors fair, helped paediatric dietitians run a ‘Cook & Eat’ session for children and their parents in a school
- literature development
- health promotions display boards
- mini case study presentation
- home visits/nursing home visits with dietitians or nutrition nurses

Evaluation Phase
Practice Educator Perspective

Although a completely different client group and experience to an acute placement, our students have the opportunity to develop those core transferable skills in a wide range of situations and definitely learn to think on their feet. Specialist areas make a valuable contribution to this process.
Evaluation Phase
Student Perspective

“The community nature of this placement has resulted in a great deal of variety in terms of locations, patient conditions, clinical settings, MDTs, communication methods, information management and supervisor input. Accordingly, I feel that this has been a varied, challenging and formative learning experience. It has provided an opportunity to put my dietetic learning and clinical knowledge into practice within an assortment of environments, often without preparation time. The combination of varied settings, a proactive approach and a desire to fully justify my dietetic interventions has driven a high-level of personal/professional organisation. For example, I have: regularly dedicated time to reviewing health conditions and the evidence/guidelines for dietetic intervention; managed and adjusted my own schedule; designed information collection forms; maintained and updated a stock of patient literature; and prepared to contribute to MDT meetings.”

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

The placement experience appears to increase student confidence in the out-patient setting. There is a tendency to expand dietetic competencies due to the range of patients attending and encourages self-learning, taking responsibility, time management and opportunities to utilise the nutrition and dietetic care process (NDCP) with a wide range of conditions that may not be encountered in the acute setting. In addition a greater understanding of community dietetics is obtained as well as numerous opportunities to develop skills in health promotion and group presentations. The greater understanding of the role of the community dietetics team benefits students - we have had a number of students actively pursue community dietetics as a career option following this placement.
University Evaluation: thoughts, learning points, future plans

We have been using 12 week community placements for the last nine years. It is important however to consider the placement profile of the student when considering this type of placement.

If the student has had a 12 week B placement in an acute hospital then we would consider a 12 week C placement in the community.

Alternatively if the student has had a 12 week B placement in the community setting then we arrange a 12 week C placement in an acute setting to provide opportunities for skill transfer and full range of placement competencies to be met.
1b. London Metropolitan University: Diabetes UK Placement

Diabetes UK Placement
One day / week for seven weeks - 15/9/2014-27/9/2014

London Metropolitan University
University Lead Staff Member: Elaine Mealey, Senior Dietetic Practice Education Lecturer

Placement sector: Third Sector / Not for Profit
Placement name / location: Diabetes UK, London
Lead practice educator: Douglas Twenefour, Clinical Advisor
No. students involved: One

Format of placement (year of programme, no. days per week, length etc.)
Seven days of a 14 week placement three.
The seven days fell at the start of the 14 weeks, one day per week.

Summary of placement opportunity/overview (what, why, how)
The placement involved one postgraduate dietetic student on placement three. The student was placed with Diabetes UK at their offices in London for one day a week for a total of seven weeks. The student had the opportunity to interact with Diabetes UK staff and clients (public and healthcare workers) providing advice over the phone and also participating in face-to-face workshop delivery.

Organisational logistics

✦ Main issue was completion of skills competencies, although this could be managed through main acute placement setting activity.

✦ The team were happy that the placement was just one day per week and thus did not detract too much from more formal placement activity for the student.
Challenges faced and how these were overcome

There needed to be a lot of planning to ensure that sufficient and suitable activity could be found for the student. Staff timetables were adapted accordingly. However, the Diabetes UK team considered innovative approaches and made use of roadshows, workshops and ad hoc projects to utilise the students’ skills.

Learning outcomes/curriculum knowledge aspects covered during placement

Opportunity to observe and develop core skills in implementing the dietetic care process with individuals, groups and organisations/communities in a variety of settings. Completed group work assessment tool.

Specific activities undertaken (e.g. audit, health promotion activity etc.)

- supporting live roadshows for the public and healthcare workers
- working with the ‘Living with Diabetes’ team to run conferences and workshops, alongside RDs
- writing articles and recipes for the web / journal
- dealing with queries from the public and health care professionals and signposting to useful resources.

Evaluation Phase

Student perspective

The student enjoyed the placement experience and the opportunity to work in a different setting. Roadshows and ‘Living with Diabetes’ days were good to go to. Helping write accurate information for magazine and website was interesting.

Possibly more suitable for a placement two to build confidence interacting with people from a more informal setting point of view. Diabetes Type 2 awareness day allowed for this and was good. Good confidence building and great for learning about dietetics in a charity context and how that works rather than NHS.
Evaluation Phase
Site Manager/Supervisor Perspective

Douglas Twenefour, Clinical Advisor, reported that the placement has been positive for both student and staff. Whilst there were some logistical issues re-arranging timetables etc. these were not unsurmountable and the student was able to effectively contribute to the work of Diabetes UK.

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

Good experience in non-NHS setting – see student’s comment above.

University evaluation: thoughts, learning points, future plans

Logistics of organising this placement with the main placement site due to the set days Diabetes UK could provide placement learning opportunities took time to organise.

In planning the placement programme, it reduced the burden of the main placement site having to plan health promotion and the number of group work learning opportunities. This helped the site in a time of short staff and limited placement capacity.

The learning activities offered by Diabetes UK would also be appropriate for a placement two. Diabetes UK continue to provide part (> 7 days if possible) of a placement three and to trial for a placement two.
1c. Robert Gordon University: Urray House Care Home

Piloting a dietetic practice placement in a care home setting: a Highland perspective
12 week placement commencing late September 2014

Robert Gordon University
University lead staff member: Myra MacKenzie
Placement sector: Care Home
Placement name/location: Urray House Care Home, Parklands care group, NHS Highlands
Lead practice educator: Kerrie MacLean
No. students involved: One
Format of placement (year of programme, no. days per week, length etc.)
September 2014 - one day’s induction followed by two separate days a week across five consecutive weeks with a four week consolidation period.

Summary of placement opportunity /overview (what, why, how)

Historically, dietitians have provided input to care settings based on referrals for therapeutic advice. Student dietitians’ exposure to a care home setting varies widely according to their main placement. NES have piloted several new opportunities for students from other AHP groups to work in care homes but there are no examples of student dietitians completing part or all of a pre-registration placement based within a care home setting anywhere in Scotland or other UK countries.

Evelyn Newman was appointed as the nutrition and dietetic advisor for care homes in 2014 and has taken the lead in championing the work along with Emma Pasieka, the Boards dietetic coordinator, Urray House care home and Robert Gordon’s University. AHP PEL, Kerrie MacLean, advised and supported the group’s work using her experience of other AHPs’ placements and linking closely with NES.

Karen Allen, from NES, considered the ‘championing role’ of partnership agencies to be vital and successful in promoting the success of this work and in encouraging the dietetic profession to take forward a pilot project in future.

An initial scoping discussion was carried out to discuss the viability of the pilot. It was agreed that Urray House would be a positive learning environment with motivated staff and management who would support a student. The initial planning work allayed any fears there were about the placement going ahead, or its success.
Challenges faced and how these were overcome

A few challenges were noted by the participants but all felt that the lessons learnt from this pilot could easily alleviate these recurring in future.

The care home placement was timetabled alongside a day out a week on a health improvement project which took the student away from hospital work for three days a week for five weeks. In hindsight the timetable could have been constructed differently.

There was a sense amongst some dietetic staff that the time out on placement at Urray House was detrimental to the clinical experience of hospital work and the potential was to gather evidence to demonstrate competencies. This was largely because they did not fully understand just how much was actually being delivered by the off-site placement but also reflected some on-going pressure within the team, linked to staffing shortages.

Learning outcomes/curriculum knowledge aspects covered during placement

A number of suitable competency-linked activities were discussed and agreed as being suitable start and finish tasks which could be achieved in a care home setting with limited dietetic supervision.
A half way review of the placement by the partnership members allowed sharing of the elements of work, which gave the opportunity of highlighting any areas of concern.

Specific activities undertaken (e.g. audit, health promotion activity etc.)

- a case study
- an audit of MUST care plans
- work with the cook and activities co-ordinators
- pilot evaluation
- planning, development and delivery of a resident’s themed meal.
**Evaluation Phase**

**Practice educator perspective**

The pilot was evaluated by using a set of prompt questions developed to encourage participants to consider their involvement with the pilot pre, during and post placement.

All the partner agencies agreed that the maturity, hard work and organisation of the student undoubtedly helped make this the great success that it was and enabled her to overcome some of the challenges on the way.

---

**Evaluation Phase**

**Student perspective**

The student felt that the pre-planning and initial induction had given her the confidence to plan her time and to know what to ask for when she started her placement.

She felt well supported during her time at Urray House despite being the only student in Highland and having no on-site dietetic presence there. She had practical supervision from care home senior staff, weekly supervision reviews and on-site visits during her time there.

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

The experience would help in further employment prospects and in building a better understanding of developing the student’s honours project, which is expected to be carried out in a care home.
University evaluation: thoughts, learning points, future plans

The pilot C placement in a care home setting has proved to be an enormous success.

The placement offered significant opportunities to gather sound, objective evidence against the core competencies.

All partners are very positive that this type of placement is the way forward for dietetic placements.

The most important lesson to share is the value and importance of coming together as a multi-agency team to plan and develop the placement according to the opportunities available within the care home and in understanding the support required by the individual student.

More dietitians will be required to deliver services in health and social care settings in the 2020 vision for Scotland. The profile and value of the dietitians work and nutrition generally, in a care home setting, have been championed and recognised by many more people.

The lessons learned will be shared across all partnership agencies and will be built into the pilots for A and B placements whilst also strengthening C students timetables in future.
1d. University of Nottingham: St Andrew’s Healthcare Partnership

St Andrew’s Healthcare Partnership
Both B and C placements offered

University of Nottingham
University lead staff member: All involved but Kirsten Whitehead placement lead

Placement sector: East Midlands cluster
Placement name/location: St Andrew’s Healthcare, Northampton
Lead practice educator: Dietetic manager, Arleen Rowell
No. students involved: One B student and one C placement student per year
Format of placement (year of programme, no. days per week, length etc.)
As per normal for B and C placement students, except that they spend two weeks at Northampton General hospital (for more acute hospital experience) which is very close by. They also take students from Northampton B and C placements for a week to widen their experience

Summary of placement opportunity /overview (what, why, how)

Dietitians at St Andrew’s aim to help individuals make healthier choices by:

- listening to what’s important to them
- answering their questions on food and health
- being part of their healthcare team, advising and training colleagues
- communicating clear, relevant messages about nutrition
- working with chefs on recipes, ingredients and menus
- keeping up to date with research and new information.

St Andrew’s offers challenging and rewarding opportunities to enhance skills and experience through working with a diverse group of patients, from adolescents to older age adults. Areas of expertise include trauma, personality disorder, psychosis, autism, learning disability, brain injury and progressive neurological conditions such as Huntington’s disease and dementia.

Clinical supervision is excellent and the organisation is well-established in the training of students from other disciplines and has a research link with Kings College, London.

Hence it was perceived that St Andrew’s could offer the necessary training for our students to develop the core skills required on both B and C placements.
Organisational logistics

Dietitians from St. Andrew’s engage with both the student training forums and the quality assurance procedures required of all our placement providers. They contribute to the review process and comment on the development of tools to monitor progress. There is also a very good relationship with the dietitians at St Andrew’s through their engagement with the LBR modules offered at Nottingham, showing the team’s commitment to CPD.

Challenges faced and how these were overcome

This is a fantastic alternative placement opportunity which needs to be accepted as such by NHS placement providers unless they are able to provide more placement capacity. The challenge is encouraging others to grasp this concept. It is interesting to note that some of the students who have been on placement at St Andrew’s have been amongst the first in their cohort to get a job and some then go on to work there - some stay and some readily get their next jobs in a different setting. It is all about encouraging students to think about the transferable skills that they have acquired.

Learning outcomes/curriculum knowledge aspects covered during placement

As for all the University of Nottingham providers of B and C placements - same tools used.

Specific activities undertaken (eg audit, health promotion activity etc)

As above and including case studies.

Evaluation Phase

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.) Definitely good in terms of thinking of new employment opportunities – as mentioned above a number of our graduates are either working there now or have worked there in the past and it is not a large team.

University evaluation: thoughts, learning points, future plans

This is a fantastic alternative placement opportunity which needs to be accepted as such by NHS placement providers unless they are able to provide more placement capacity.
1e. East London Food Access (Kings College)


Kings College London / London Metropolitan University
University lead staff member: Annemarie Knight

Placement sector: Social enterprise / not-for-profit
Placement name/location: Hackney, London
Lead practice educator: Lee Martin, Research Dietitian
No. students involved: 2-3 per rotation
Format of placement (year of programme, no. days per week, length etc.)
Three week public health placement, final year.

Summary of placement opportunity /overview (what, why, how)

Background

The project commenced in 2002 and is still in existence which is a significant achievement for this type of Third Sector initiative and proves its longer term sustainability. Lee Martin began as a volunteer and is now Chairman.

The charity focuses on chronic food poverty and providing access for those on low incomes to affordable fruit and vegetables. It is funded by Public Health Hackney whose role is to identify deprived areas where resource should be targeted. The charity then runs food co-operative stalls, setting these up on housing estates, in community centres and schools and children’s centres, selling affordable yet high quality produce. In addition, the charity runs budgeting and cooking classes using seasonable produce, within the communities it visits and there is also significant opportunity for the team to interact with individual customers, offering nutritional advice. Other activities include providing a delivery service for isolated seniors and facilitating a collaborative buying group for mums and their under 5’s. This is very popular and delivers free fruit to over 1000 nursery school children every week as part of the Nursery Fruit Scheme funded by Hackney Council.

The charity is run by a skeleton staff with a larger team of volunteers. It operates Monday to Friday, with staff members sourcing low cost high quality produce from the New Spittlefields Market http://www.wholesalefruitvegetableflowers.co.uk/. Food waste is kept to a minimum and if not sold, produce would be distributed within deprived communities.
Student participation:

Students attend the charity for their public health placement (part of their third placement). There is a requirement for students to complete a public health project as part of their core programme requirements.

The activities undertaken by the students vary dependent upon the opportunities that arise during the placement period. Examples have included developing and conducting a programme of qualitative and quantitative evaluation in order to analyse the success of the cooking programmes, considering aspects such as accessibility and customer perceptions. In addition, students are able to support the delivery of the annual user satisfaction survey. All of these activities provide a fantastic opportunity for the students to consolidate their audit, interview and analysis skills yet also generates valuable research information for the charity itself.

There is a dearth of evidence into chronic food poverty so student activity in this area provides significant and meaningful data for the funders, Public Health Hackney. The charity also has links with University College London and through this association publishing opportunities are arising.

The placement offers multiple opportunities for students to liaise with customers and help to provide nutritional advice. Many of the customers have multiple health problems associated with low income living and thus the students have an opportunity to use their dietetic skills and signpost to appropriate health profession advice.

Organisational logistics

The charity is small and supporting student placements requires significant commitment from staff and volunteers. This is met through the goodwill of those involved who recognise the benefits that student training can offer. In particular, staff feel rewarded by the progress the students make on placement and value the research activity that helps to generate information and intelligence for the organisation.
Challenges faced and how these were overcome

Alongside the commitment from charity staff, the key issue to address is the flexible nature of activity and the impact this can have on planning for student projects. Students are required to complete a health promotion project with associated data collection activities. Due to the unpredictable nature of the charity projects, whereby activities can be cancelled or replaced at short notice, students express concerns about meeting project deadlines.

The University and charity overcome such issues to the best of their ability, teaching students the value of becoming responsive and adaptable learners and helping them to source alternative datasets if original plans need adjusting. These situations also provide excellent opportunities for students to demonstrate their reflective skills, considering alternative approaches for future activity.

Evaluation Phase
Practice educator perspective

Lee Martin reports that the staff and volunteers very much enjoy hosting student placements. In particular, the Operations Manager feels that the placement empowers the charity to carry out projects that they would otherwise not have the capacity to undertake.

Evaluation Phase
Student perspective

Student feedback on the placement activity itself is overwhelmingly positive. Students value the opportunity to meet customers in unfamiliar settings and make a difference to deprived communities. However, students do report concerns about the ability to fulfil the public health project requirements and this uneasiness requires support from the University to ensure that fears are allayed.
Section 2: Use of Simulated Practice

2a. Leeds Beckett University

Simulated practical assessment
From 2012-13

Leeds Beckett University
University lead staff member: Linsey King

Location (placement/University based)
University Based
No. students involved: Postgraduate cohort of 25-30 students per year
Format of activity (year of programme, no. days per week, length etc.)
Following A placement.

Summary of innovative learning technique opportunity/overview (what, why, how)

The simulated practice is linked to the postgraduate module in applied nutrition support. The module utilises ‘flipped session teaching’ whereby the students receive the knowledge presentation via the virtual learning environment and will then explore its application in practice in a classroom environment, using case studies and other interactive techniques.

Module assessment is partially carried out within the simulated clinic environment. Students are initially formatively assessed in groups of two or three, having been provided with information about the patient cases a week in advance. The sessions are run in half hour blocks, as follows:

Formative assessment

- 0-30 mins: Collect information from dummy medical records
- 30-60 mins: Enter the clinical skills suite which is set up as a hospital / clinical environment.
The students undertake a simulated consultation in their small groups. The sessions are currently run using paid actors, although in previous years, staff members and then service users were recruited. During the simulated consultations the students can utilise the 30 mins as they choose, often moving away from the patient to consider the information provided, before returning to complete the consultation and make key recommendations. However the students do not leave the clinical/home room during this time.

The module assesses students on their clinical knowledge and understanding of nutrition support however it also allows them to practise their communication and consultation skills and they will receive feedback on their ability to gather information from a patient.

60-90 mins: Within the final half hour section students consolidate their learning, completing a written proforma on the patient case. This is submitted immediately, at the end of the session. Marks are awarded and comprehensive feedback is provided. Students are encouraged to write this up as a care plan but it is not marked.

**Summative assessment:**

This is as above however the students complete the assessment individually. This is then followed by, post simulated practical assessment completion of a written care-plan alongside key points from their simulated practical assessment feedback which identify their areas for consideration and what they may need to revisit. Students are expected to record all activity from the practical assessment as they would in a clinical setting and compare it against best practice and evidence base whilst critically evaluating the evidence in the clinical area. They are expected to demonstrate what they would do differently if given the opportunity again and thus demonstrate reflection and learning from the experience.

**Organisational logistics**

The organisation for the module is carried out entirely by the staff as there is no administrative support available. This is extremely time consuming but the activity is highly valued by the student body.
Challenges faced and how these were overcome

Because of the comprehensive evaluation process and potential publication associated with this year's activity, the simulated patients have agreed to waive costs. However, next year the department will need to bid for funding from the University.

Creating of the case studies can be a major challenge time-wise. There are two members of staff involved, the module lead who has responsibility for the majority of the work and a colleague who acts as a peer reviewer, ensuring the quality of the work. Both members of staff participate in marking.

For the summative assessment, a further member of staff must be present to invigilate.

Learning outcomes/curriculum knowledge aspects covered during placement

The learning outcomes relate to the nutrition support module. However, the activity provides an excellent opportunity for students to practise and for staff to observe patient liaison and student communication skills.

Evaluation Phase
Student perspective

Whilst students are nervous to begin with, the vast majority enjoy the experience and nearly all recognise the value it brings to their future practice.

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

Students have increased preparation before engaging with patients on practice placement.

University evaluation: thoughts, learning points, future plans

The module lead is to write up the evaluation of activity as part of their research activity as a staff member, with the support of Leeds Beckett University. Once published, this will provide additional evidence towards the University REF.
2b. Kings College London

Simulated Learning for Communication Skills
Since 2012

King’s College London
University lead staff member: Christine Baldwin

Location: University
No. students involved: Approximately 40 – the whole of the undergraduate and postgraduate cohort.

Format of activity (year of programme, no. days per week, length etc.): Approximately one three hour session per week for a six week period. The module runs after the first placement and before the second placement commences.

Summary of innovative learning technique opportunity/overview (what, why, how)

The Communications module is delivered across a 6-8 week period. Each simulated teaching session lasts for three hours and is split into two sections. The first section is classroom based whole group ‘didactic’ teaching (although this is often interspersed with elements of active learning). Each of these formal teaching sessions is structured around a theme, for example, multidisciplinary working, how to structure the opening and closing section of a consultation or information gathering etc.

For the second half of the session, the students are split into three smaller group, each with their own facilitator assigned.

The first part of this session involves the analysis of a short patient scenario which requires the student to interact with a patient to gather information and to explain simple dietetic concepts. The students (with their assigned facilitator) brainstorm the scenario and identify key points, hints and tips which are written up on a flipchart. These then act as a prompt when moving on to undertake the role-playing activity.

The student group meets with a ‘simulated patient’ (a paid actor) who will have been briefed on the role that they must play. Briefing of the actor is fairly robust with advice provided on how much information about their condition they should volunteer to the student group.
Students are asked to volunteer to role play the consultation with the simulated patient and both the facilitator and student peers will observe and give structured feedback at the end. This can be intimidating for some students and to help with this, the University has introduced the option of students working in pairs. However, there are still some students who do not volunteer throughout the practice sessions and thus the final OSCE is their first experience of patient consultation.

The structured feedback initially focuses on what the student(s) feel they did well and reflection on areas where they feel they could have improved. Feedback in the same format is then provided by both the simulated patient and the other students with the facilitator retaining the option to contribute.

Approximately 2-3 simulated patients are seen per session. Over the course of the six weeks, the sessions focus on all stages of patient interview as well as multidisciplinary working and dealing with challenging situations (including the angry patient and end of life patients).

**Summative assessment**

Students are required to undertake an OSCE at the end of the module. Over recent years the marks assigned to the practical OSCE have been reduced somewhat. This is because the staff recognise that it is difficult to assess the communication skills of students who have yet to have the opportunity to practice skills on placement. Greater weighting has therefore been shifted to the written aspect of the assessment.

The day before the OSCE, students are emailed a referral letter for the simulated patients, the format of which is similar to that used in the facilitated sessions. This newly introduced element allows the student to prepare for the consultation. There is one formative station where students can test their skills and receive feedback from an experienced simulated patient. They are then required to visit the formal, assessed stations comprising an oral communication OSCE and a passive OSCE which most frequently involves creating a medical note entry based upon the evidence gathered from the simulated consultation.
Organisational logistics

Whilst extremely valuable to the students, the module itself is time and resource intensive to arrange and the majority of the administrative work falls to the University dietetic staff to arrange. In addition, each scenario must be fully prepared in advance with facilitators and actors briefed on their particular roles.

The module lead produces a comprehensive handbook which all parties receive ahead of the six week block.

Challenges faced and how these were overcome

Administrative and staff resource issues are overcome through the dedication and commitment of the staff and excellent organisational skills.

The issue of encouraging all students to participate is an ongoing one. The University now allows the students to carry out the formative consultations in pairs if they so choose but does not insist that all students participate in the role play.

Another issue is the informal discussion that takes place amongst students post consultation, with some students expressing concern that they will be ‘talked about’ by their peers. The University staff prepare students for the module, speaking about conduct and ground rules and respectful behaviour, however, this cannot be legislated against 100%.
Evaluation phase
Student perspective

The module evaluates positively and is found to be a fantastic learning experience in preparation for future practice placements. As outlined above, some students fear volunteering for role play but if they can overcome this fear, feedback is invariably positive.

University evaluation: thoughts, learning points, future plans

At present the simulation is delivered as an innovative way of preparing students for practice, rather than to alleviate capacity issues for the practice education sites.

If it were feasible, it would be useful for the module to be run alongside the practice placement activity, whereby students may be released from placement for half or a full day. This would not only allow the University staff to keep in touch more easily with students and support them with any queries they may have, but also allow students to test the lessons learnt in simulated practice when they return to placement, thus continually improving their practice. In addition, this would take the pressure off the placement site, allowing them half a day at least where they do not need to plan for student activity.
2c. University of Nottingham

Virtual Ward
Jan - April

Nottingham University
University lead staff member: Fiona McCullough

Placement sector: East Midlands
Placement name/location: Royal Derby Hospital, Derby
Lead practice educator: Fiona Moor
No. students involved: Two
Format of placement (year of programme, no. days per week, length etc.): C

Summary of placement opportunity/overview
(what, why, how)

Involvement in the virtual ward. The virtual ward aims to provide more integrated, intensive, care in the community so that people can be cared for in their own homes instead of being cared for in hospital. It offers a smooth transition between hospital and home. Dietitians are starting to get involved in the scheme by making contact with Virtual Ward patients who have been referred by the acute service. This may be telephone contact only or some initial advice followed by a domiciliary visit. This is something that a C placement student could be involved with by completing a dietetic assessment and developing an agreed care plan. There will be a weekly MDT ward round.
Organisational logistics

As the initial contact with the patient would be through the acute, services this would form part of the students overall placement and be built into their caseload. If a domiciliary visit was required this could potentially be included within the community aspect of the placement helping to build on the students skills of monitoring etc.

Challenges faced and how these were overcome

Main challenge would be if we were required to attend the board round meetings which are held on another site.

Learning outcomes/curriculum knowledge aspects covered during placement

K1, C1, C3, P1 -5
Section 3: Peer Assisted Learning

3a. Kings College London

Peer Assisted Learning

Kings College London
University lead staff member: Annemarie Knight

Location (placement/University based): Imperial College Healthcare NHS Trust
Lead practice educator: Thushara Dassanayake
No. students involved: Six per rotation
Format of activity (year of programme, no. days per week, length etc.)

Summary of innovative learning technique opportunity / overview (what, why, how)

Imperial College Health NHS Trust has created opportunities for peer assisted learning (PAL) to be embedded within the introductory weeks of the B placement. This not only allows the students to develop key transferable skills and abilities including communication, feedback techniques, presenting to an audience – it also provides vital extra capacity for the supervising RD team.

Organisational logistics

The peer assisted learning project is embedded across the three hospital sites of the Trust. Two students are assigned to each site.

The six students undertake a one day induction on their own site and then will be brought together for group induction tasks. These would include consideration of relevant Trust policies (Information Governance, Health and Safety, Hygiene etc.). Each pair would take a lead on reading a particular policy and then present their findings to their peer group, without the RD being present. This activity not only acts as an icebreaker but also allows them to practice research and presentation skills in a supportive environment.

In addition, the supervising RD may set clinically based tasks, for example, looking at albumin, fluid intake levels etc. and again, allowing the student to present their findings to their peers.
By week two, the students will return to their own site and would shadow the RD in their pairs. As well as shadowing activity, the RD may provide the students with a list of patients to visit and take diet and social histories from, with each student taking turns to act as the history-taker and the peer observer and to feedback to each other accordingly. This helps develop students’ critical feedback skills.

To ensure there is appropriate supervision, the RD will spend time observing the students and on these occasions, both the other student and the RD will complete a feedback form. This has dual benefit of both allowing the student taking the history to receive extensive feedback and also allowing the student carrying out peer observation to triangulate their thoughts without the RD.

During these early weeks of the placement, the group of six students will get together for one afternoon per week to consider case studies. The students will take turns presenting and receive feedback from both their peers and the supervising RD. They will be able to test their critical analysis, questioning and feedback skills.

Students value these opportunities to share with and learn from their peers and understand the standards at which their peers are working.

**Challenges faced and how these were overcome**

It is recognised that not all individuals work well together and that there are different learning styles and abilities. However, student feedback is invariably positive and the experience helps the students prepare for the world of work, whereby they will need to be able to form working relationships with a variety of people.

The Trust has found that the PAL programme works well in the first few weeks of placement but students value it less as the placement progresses, preferring to consolidate their learning in the traditional one-to-one model.

It must be noted that whilst PAL can free up valuable time for the practice educators, the multiple peer observations and feedback forms can create additional administrative work for the RD and this should be taken into account when planning the programme of activity.
Learning outcomes/curriculum knowledge aspects covered during placement

A variety of transferable skills can be covered through use of the PAL model, including:

- communication skill
- teamwork
- peer observation and giving critical feedback
- presentation skills
- history taking.

Specific activities undertaken (e.g. audit, health promotion activity etc.)

- group presentations of Trust policies
- peer observation of history taking with associated feedback
- case study presentation and feedback.

Evaluation Phase
Student perspective

Student evaluation of the project has been highly positive although the Trust has found that PALs value is more highly rated in the first half of the placement compared to latter stages, where independent learning opportunities become more sought.
3b. University of Nottingham

Peer Assisted Learning
From 2008 onwards

University of Nottingham
University lead staff member: Fiona McCullough
Location: Doncaster Royal Infirmary
Lead practice educator: Sarah Finch
No. students involved: 2-3 per rotation
Format of activity (year of programme, no. days per week, length etc.): Integrated into placement activity.

Summary of innovative learning technique opportunity / overview (what, why, how)

In 2008, Doncaster Royal Infirmary was struggling with placement capacity but had a team that was keen and enthusiastic to support as many students as they were able. Peer Assisted Learning had been noted as an emerging methodology which evaluates well with healthcare students and therefore a number of PAL activities were embedded into the practice education programme.

Organisational logistics

The practice educators were required to plan activities in advance and consider how students could interact with patients as well as be productive during other periods. Appropriate questioning techniques needed to be applied to ensure that all students were appropriately assessed and gaps in knowledge identified.

Challenges faced and how these were overcome

It was recognised that students have varying learning styles and personalities and therefore all PAL activity must allow for collaborative but independent student work. Joint feedback can be provided by the RD during the group sessions but it is vital that the statutory one-to-one feedback sessions remain in place for individual reflection.

---

Learning outcomes / curriculum knowledge aspects covered during placement

PAL provides opportunity to meet a wealth of learning outcomes including teamwork, professionalism, multi-disciplinary working, prioritisation, escalating issues, patient engagement and communication and many more. It provides additional training experience towards creating a holistically trained student, rather than focusing on individual mapping activity.

Specific activities undertaken (e.g. audit, health promotion activity etc.)

- Students are sent to various wards together to meet patients, take histories and evaluate the medical notes. This activity does not require dietetic supervision, although the RD is available if needed. The RD meets with the students at the beginning of the day to plan the activities and at the end of the day to check and consolidate learning. Cases are discussed based on histories taken and evidence gleaned from the notes. Students are able to share information and learn from each other in a supportive environment.

- In addition to student tutorials (e.g. enteral feeding etc.) there are weekly reflection sessions where students can learn from one another in terms of what action the student took in clinic or on the ward, and have a discussion around what might be done differently (if anything) next time.

Evaluation Phase
Student perspective

Placement evaluation of the PAL experience by students has been positive. Students welcome the opportunity to share and learn from their peers whilst still remaining independent learners with personalised staff evaluation and feedback built into the programme.
Evaluation Phase
Practice educator or site manager/supervisor perspective

The Trust finds PAL a useful tool not only to manage capacity issues but to expose the students to a variety of skills including communication, team working, presentation skills, providing and receiving critical feedback, peer observation etc.

University evaluation: thoughts, learning points, future plans

The PAL programme at Doncaster Royal is extremely well received and is therefore still in operation for current students. As a result, University of Nottingham has an ongoing plan to work with all their practice educators to encourage them to build PAL into their student supervisory work. It not only frees time and capacity for the dietetic team, but provides a valuable team building and confidence boosting opportunity for the students themselves.

It is recognised that, as with any new concept, PAL takes time to embed within a department, however, those that tried it have seen the results to be valuable. It is a different style of learning from the traditional one-to-one model but it is hoped that in the future the majority of placements will successfully combine both approaches.
Section 4: Other

4a. Plymouth University (UoP): Specialist Paediatric Placement

Specialist Paediatric Student Placements
February (C Placements) and June (B Placements)

Plymouth University
University lead staff member: Dr Tracey Parkin

Placement sector: Paediatrics
Placement name/location: B and C Placements, Bristol Children’s Hospital
Lead practice educator: Katie Harriman/Lisa Cooke
No. students involved: Four
Format of placement (year of programme, days/week, length etc.)
C Placement – five day week for two weeks
B Placement – five day week for six weeks

Summary of placement opportunity/overview (what, why, how)

- Students cover a wide range of specialities whilst on B placement at Bristol Children’s Hospital. Our department is divided up into smaller specialist teams. The student is placed with a different team for either a one or two week period depending on the specialities within that team.

- Specialities within the teams that the student would experience are a combination of NICU, Renal, Respiratory, General Acute, Obesity & Diabetes, Neurology, Metabolic & Ketogenics, Cardiology, PICU, Burns & Surgery, Oncology, Cystic Fibrosis & Gastroenterology.

- We feel that we want to offer as many different specialist opportunities for the students as possible. We ensure that some of the bigger areas may be covered over a two week period with a specialty like Ketogenic/Metabolic being covered over a week due to its complexities and sometimes limited opportunities for the student to complete competencies.
We identify within each speciality how the areas link into the competencies that the students needed to cover.

We ensure that we are always focusing on the basic nutrition care process irrelevant of the speciality to ensure the student has a base to work from and that they are aware that they don’t need to be a specialist in each specific area but about identifying those transferable skills to each area.

Students will be placed in the best team based on the needs of the student and the department at that time.

Student lead co-ordinates and checks timetables to ensure that learning outcomes are achieved within a suitable timeframe.

Organisational logistics

Space within the department was an issue. Therefore we introduced a desk rota (utilising kitchen in department and the library). We also used other resources to minimise time spent within the department by arranging for students to go to local nursery, special feed unit, shadow nurse on the ward, prep for talks/tutorials/presentations done outside of the department but still to make sure that the students spends enough time in the department to feel that they are well supported.

Challenges faced and how these were overcome

First challenge and initial thoughts when taking on B placement students were that some of the specialist areas were too complex for B placement students and how would they complete their competencies. After discussion with Tracey Parkin at UoP, it was thought that as long as we focused on the basic dietetic care process and how they could transfer their skills across each speciality, then this would meet their competencies.

Paediatrics can be a daunting prospect for some students so we gave them the opportunity to read the basic nutrition chapter in the paediatric manual before starting and introduced them to the department over lunch to put them at ease before they started. We felt that guidelines and more in depth information were not required unless requested by the student.
Often in larger trusts with vast numbers of staffing, communication can be an issue. We had to acknowledge that the student would be moving around a lot so it is vital that we have effective communication amongst all dietitians to ensure good student flow. This was achieved by pre-arranging appointments for handover and clear objective end of week review forms. We have also taken on board a mentor and buddy support for each student. The mentor and buddy assigned would be someone who would not be directly working with the student to ensure any bias was avoided.

**To help dietitians support students**

- comprehensive pre-placement forms
- learning styles questionnaire completed by students.
- Learning outcomes / curriculum knowledge aspects covered during placement

**All learning outcomes covered by placement**

- **LO1** Communication with individuals - information gathering and active listening, using available resources
- **LO2** Communication (presentations and facilitating groups)
- **LO3** Effective communication with dietitians and other health professionals
- **LO4** Nutrition and Dietetic Care Process
- **LO5** Reflection in and on practice
- **LO6** Maintain professional responsibility and attitude demonstrating ability to maintain confidentiality and ensure anti-discriminatory practice
- **LO7** Time management

**Specific activities undertaken (e.g. audit, health promotion activity etc.)**

- audit
- health promotion
- clinical talk opportunities
- non-clinical talk opportunities
- micro teaching (10 minute presentations at ward level to promote Outcome 5)
- tutorials & peer review sessions – students report “fantastic summary/introduction to the various topics. The peer review sessions were also really useful and good practice in presenting and justifying interventions.”
Evaluation Phase
Practice educator perspective

To ensure paediatric dietitians are up-to-date and continue to build their skills with teaching students.

Evaluation Phase
Student perspective

- good communication across mini teams
- problems addressed well
- good support across teams
- great opportunities and experiences during placement
- addressed transition from paediatrics to adults using transferable skills.

Feedback from students

“Working with the Metabolic and Ketogenic team for two weeks may have been better if earlier on in placement (or if at the end working with this team for a week) as it didn’t allow for much practice of ward work which was needed for consolidation.” Based on this information we now place students in this team for one week and re-focus to those specialities that offer more opportunities.

“The paediatric team in particular really made me feel valued and provided the right balance of support to improve my confidence but at the same time challenged me, developing my dietetic practice. Having such a range of experiences in specialist areas allowed me to gain a far greater appreciation of how varied the role of a dietitian is and really inspired me in my career choice.”

“Having such a range of areas to work in was daunting initially due to all the changes but on reflection was a very useful way of highlighting that the dietetic care process is the same regardless. It was also a fantastic way to gain a greater appreciation of the variety of roles a dietitian can have and in this respect really encouraged me in my career choice.”

“Working with the same dietitian in general outpatients over the first half of placement was really helpful as this allowed me to use my developing skills and highlighted my growth over this period.”
Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

- increased numbers of student dietitians moving into paediatrics
- better employment opportunities from students with increased experiences and therefore broadening horizons for the future.

University evaluation: thoughts, learning points, future plans

These placements have worked well - they have highlighted to students the generic transferable skills that are being developed on placement. Students have progressed well on subsequent C placements.

The prior B placement experience in paediatrics has not been viewed by other trainers as a disadvantage. Skill progression on C placement has not been negatively impacted - if anything these students have developed more confidence in their ability to manage clinical situations.
4b. Nestle Nutrition (to date, using Nutrition Students)

Nestle Nutrition
1 year paid placement.

Summary of placement opportunity/overview (what, why, how)

1 year paid placement within Nestlé Nutrition medical and scientific affairs team. This is part of the Nestlé Academy programme, and currently has a PG MSc student nutritionist in the placement role (working towards her MSc at the same time).

Shorter summer placements (internships) have been piloted recently.

Organisational logistics

Current recruitment for the placement is through the Nestlé Academy assessment programme. Applicants that are successful in the initial assessment stages are invited to a one day assessment day which evaluates a variety of skills through interview, group work, written exercise and presentation.

Learning outcomes/curriculum knowledge aspects covered during placement

As well as those discussed at the first practice education working group meeting, specific core skills developed and used during an industry placement include:

- communication
- business
- presentation
- critical analysis of scientific papers
- dietary analysis and interpretation
- develop working knowledge of food legislation, regulations and health claims
- working in cross-functional teams
- developing networks and building relationships
- leadership skills
- in depth knowledge and understanding of specific nutritional area, e.g. infant nutrition
- understanding the role and scope of digital media for engaging with healthcare professionals.
Specific activities undertaken
(e.g. audit, health promotion activity etc.)

The current nutrition student role encompasses:

- support to the Nestle Nutrition nutritionist role
- internal training for Nestle Nutrition colleagues
- approval of marketing materials
- supporting development of healthcare professional materials
- supporting development of website content
- shadowing of field force colleagues
- review of scientific evidence and regular scientific reading
- translation of scientific evidence into communication and educational materials for healthcare professionals.
4c. Request from the London cluster to take three students

NHS Fife
University lead staff member: Sarah Illingworth

Placement sector: Queen Margaret University, Edinburgh cluster
Lead practice educator: Janie Gordon/Jane Yarrow
No. students involved: Three
Format of placement (year of programme, days/week, length etc.):
(C) 29.9.14 – 19.12.14 (Michael Dolan)
(C) 27.10.14 – 30.1.15 (Sana Shiraz)
(B) 14.4.14 – 4.7.14 (Angela Hall)
Programmes attached.

Summary of placement opportunity/overview (what, why, how)

Please see student’s weekly programmes.
As NHS Fife Nutrition & Dietetic Department covers both primary and secondary care, we are able to offer experience in both our clinical teams along with acute and community settings.

Organisational logistics

From the student’s point of view they had to organise their own accommodation and as a department we ensured we were able to support them in their travel to the various different sites.

Challenges faced and how these were overcome

Because we take 12 students yearly; we are well prepared and are used to adjusting student programmes to support any difficulties as they arise.

Learning outcomes/curriculum knowledge aspects covered during placement

This was based on our current C placement; we will post the CD of the student programme. Student information about Fife attached. The London students have a Health Promotion module which they carry out in London; however in discussions with the university tutors, it was agreed that they would come to Fife for the full 12 weeks and use our programmes otherwise it would have been a significant amount of work to change our programme.
Innovative Practice Education Placements
Case Studies

Specific activities undertaken
See pack for details.

Evaluation Phase
Practice educator perspective

Michael Dolan and Angela Hall coped well with a placement some considerable distance from home; Michael in particular embraced the whole situation very well. As he was a mature student this may have been a factor.

However, Sana found the whole experience difficult as this was the first time she had been away from home and in fact did not complete her placement and did not return after the Christmas break.

Evaluation Phase
Student perspective

Previously attached Michael’s student story which was part of a project and was carried out independently by our Practice Education Facilitator after the final report had been completed. There is no story for either Sana or Angela.

In Fife, the department feels that we are able to provide a good and varied experience as it is a single department across both primary and secondary care and we have a number of specialist areas within the department. All Dietitians are involved to some extent in the student training programmes and the specialist areas we have are Acute, Diabetes, Nutritional Support, Mental Health, Learning Disabilities, Paediatrics, Older People, Eating Disorders, Adult Weight Management and Health Promotion.

Evaluation Phase
Site Manager/Supervisor Perspective

As a department; we have a Dietitian responsible for each fortnightly section of the programme and at the end of the placement there is a collective discussion which forms the basis of the information submitted back to the universities and the students at their final assessment.

Positive outcomes for the individual and the profession (employment gained, new employment sectors etc.)

Not applicable as we don’t know how successful students are in gaining employment at the end of their degree course. Michael Dolan has asked for a reference.