

Summary of Key Developments for Dietetic Practice Based Learning

All placement types

- The 'normal cohort timings' have been temporarily suspended and there is flexibility in start dates for all placements. Where practice educators are able to offer placements universities will work with the proposed start dates.
- Student numbers can be flexible so whilst we will continue to determine placement provision by ISD data placement sites can choose to offer all their placements with the same start date or can offer staggered start dates to minimise the number of students in the dietetic department at any one time
- Health boards can buddy up with each other if they wish to enable greater flexibility in service delivery e.g. one health board which has challenges with having students on site could offer to complete the placement tasks e.g. asset mapping, needs assessment, quality improvement etc with students as their contribution to placement weeks.
- There has been significant changes to the placement portfolios dividing activities between 'in practice' and 'with practice' to support practice educators in a flexibility of placement delivery. This reduces the need for students to be in a dietetic department at all times throughout their placement
- The learning outcomes for placement remain the same however there is greater flexibility for students meeting the learning outcomes. The scope of the learning outcomes has been adapted to reflect current practice within the NHS and as such includes remote and virtual consultations
- The required breadth of experience for students has been reduced with a much greater focus on depth of experience so the need for a range of settings and populations has been reduced. This is reflected in the assessment tools
- There is more emphasis on meeting the learning outcomes rather than the length of time a student is in the practice setting and so if students have met the learning outcomes in 10 or 11 weeks the placement can be stopped at that time as students have met the competencies required for that level of learning
- A webinar to discuss dietetic practice-based learning has been arranged by NES for the 27th October
- The HEI operational group are planning to invite practice educators to a meeting to discuss the current situation with placement and to take the opportunity for shared learning from those Health Boards who have already started to deliver B placements

Placement A

- Placement A will be developed into an entirely remote placement
- Students will continue to complete 2 weeks on campus but the 2 weeks in practice will become a remote placement facilitated by dietitians working in practice. This can be delivered to small groups of students to enhance capacity.
- A meeting with practice educators is being arranged to discuss and develop this work with the intention that it will commence in January

Placement B

- The placement B portfolio has been adapted to provide maximum flexibility in placement delivery to support ongoing COVID 19 challenges in practice e.g. service recovery/priorities, accessibility, social distancing, safe numbers; remote working.
- Provide students **with practice** based experiential/situation contextualised learning facilitated by Practitioners (who may or may not be working remotely/from home)
- Maximise opportunities for **in practice** patient facing activities (face to face/telephone/virtual)
- A summary of the placement B portfolio changes has been circulated previously and is outlined below.

Activity	Activity/portfolio adaptation
Catering Induction With or In practice	This activity can be done as a with practice activity eg via an online/virtual 1:1/group discussion; could be facilitated by relevant staff working at different sites with the support and access to the relevant Health Board information to support the student in off-site/remote working from home. If 'in person' visits are not possible consideration could be given to 'video tours'
Asset mapping With or In Practice	This activity can be done as a with practice virtual 'desk top' activity supported by online 1:1/group discussions, facilitated by relevant staff working at different sites with the student working remotely/at home– a possible focus could be identifying local community resources aimed at improving food security.
Quality Improvement With or In Practice	This activity can be done as a with practice online/virtual 1:1/group activity facilitated by dietitians working across the Health Board with the student working remotely/from home. Facilitating Dietitian would provide the brief/focus- A suggestion (see portfolio) could be to link this to the design and plan of QI project focusing on patient related experience of Near me/attend Anywhere. NB There is no requirement to execute a project only design and plan
Service user involvement/ Care measure With or In Practice	This activity has been adapted to a facilitated discussion. The adapted activity could be done as a virtual facilitated 1:1 or group discussion by dietitians across the Health Board area- students can be directed to relevant health board documents/background reading to support a discussion of why it's important to involve and gain feedback on patient experiences and how patient related experience is or could be measured in the relevant Health Board- a possible focus could be COVID 19 related changes in service delivery-recent technology –use of Near Me/Attend anywhere and could be linked with the focus of the QI activity.
IPC's In practice	Adapted to 'by the end of the Placement, a minimum of 3 IPC's reflecting current dietetic practice service opportunities'- these can incorporate face to face, telephone, and virtual consultations. No requirement for IPC that meets all LO's If students are not progressing as expected (referring to the Know Can Do model) they can be asked to complete more
Talk to 'service user' group With or In practice	Adapted activity- Due to the COVID 19 challenges related to group delivery, the student's presentation of their case study to a number of dietitians can be used to demonstrate the relevant learning outcomes- if necessary, the case presentation can be done as an online /virtual presentation to available dietitians. The relevant aspects (including the reflection activity) of Talk to Service user group assessment tool have been integrated with case presentation assessment tool (see portfolio)
Case Study With and In Practice	To address potential challenges, students could be asked to retrospectively review an appropriate patient rather than prospectively review one they are actively involved with. If it is possible to review a patient, they are actively involved with this can include face to face, virtually, telephone consultations. Case study can be presented remotely/virtually using a digital platform eg MS Teams
Observation of Practice With or In Practice	As students will be observed when undertaking patient consultations and to address the potential challenges in practice, this has been adapted to be a minimum of 1 and can apply to face to face/virtual based practice. If necessary, the tool could be completed by another Dietitian/Support Worker who is not directly supervising the student and/or who may facilitate one the activities.

Other:

Minor adaptations have been made to the expectations, induction and professionalism checklists to reflect the current circumstances