

Practice Based Learning Case Study: Dietetics

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Below is a case study from the Dietetics Programme at the University of Plymouth which details how they adapted their approaches to practice learning for Dietetic students during the COVID-19 pandemic.

COVID-19 had a substantial impact on the way our placements were delivered in 2020, particularly for the students who were due to go out on placement in the summer.

Our first-year students did not go out at all, so we implemented virtual placements, which consisted of a combination of simulation and Technology Enabled Care Services (TECS), delivered later in the year. Placements for our second-year students were postponed and shortened. To account for the weeks missed, we delivered a series of remote placement sessions via Microsoft Teams and Zoom so that their time in placement was the same, it was just delivered in a different way. These remote sessions gave students the opportunity to engage with patients remotely, alongside some self-directed activities.

Due to the immediate impact of COVID-19, our placement providers in acute and community settings were not able to consider how they could support fully remote placements. Over the course of last year, we have supported our placement providers in developing remote activities for the students and have spent time working with them to think differently about how they could adapt.

Using a blended placement model has worked well. Most of our students have spent some days working remotely and some in situ at the trust. This worked well because students could alternate and reduce pressure on the departments having more than one student in the office.

This year, due to the great feedback from students and trusts, we are going to carry on with this model. We are going to provide a blended placement for our second years and a full remote first year placement because it went so well. Even though things are slowly returning to normal we still want to protect the trusts and make sure our students get the best experience.

To ensure continuity of placements we have made the most of technology. We were able to engage with our students through the virtual placements using Zoom and Microsoft Teams.

Continuity of first-year placements

All our first-year students had an opportunity to shadow a remote clinic, group education session, or multi-disciplinary team meeting either through Microsoft Teams, or Attend Anywhere. Students could observe a dietitian doing their job, the communication techniques involved and how the patients responded to the dietitians; all just in a slightly different way.

Continuity of second-year placements

For our second-year students, we created a series of tutorials enabling them to practice skills using various software. We had fantastic support from dietitians across the South West who joined seminars to consolidate knowledge. By having the dietitians present as part of the placements to provide case studies we maintained engagement.

What challenges has this ?new normal? brought about in relation to delivering student placements?

Technology and restrictions with data governance at various trusts have been challenging, for example, some students have experienced barriers when joining remote consultations or having access to certain systems or data.

I quickly developed an online live portfolio that offers transparency and flexibility to students, dietitians and the university team. The feedback from the users is that it works great and is a more sustainable option compared to using paper versions.

What opportunities has this ?new normal? brought about in relation to delivering student placements?

The main opportunity has been the ability to be creative with placement provision. We have been able to put into practice ideas and thoughts that we have probably had for years but not had the chance to implement.

Access to other teams not within our placement patch has also been beneficial. Issues such as the capacity that trusts can offer are no longer a problem as remote placements offer opportunities around this. We have had dietitians from trusts that are outside of our usual patch delivering sessions and allowing students to shadow remote clinics during a short placement week. This did not impinge on other Higher Education Institutions as the interactions were brief.

Traditionally our students have taken NHS placements as we do not have access to head offices of places such as the British Dietetic Association (BDA) or charities. However, virtual placements have opened those doors, so students could do an element of their placements with the BDA, other charities or nutrition companies remotely.

There is lots of scope and opportunity for this, and to explore new technology. The university has been brilliant at acquiring licenses for software that we use to develop great simulations for the students.

There is now more of a focus on working with other professions to do more integrated professional training. An example is working with our nursing team to do some simulation filming. They used the footage to support their students with basic nutritional assessments and we used it to demonstrate how to communicate with other members of the multidisciplinary team. This was developed further by dietetic students when they were on placement, by delivering a teaching session to undergraduate nursing students regarding malnutrition screening.

What will you hang onto?

More of a focus and support for our students on communicating over different mediums and using technology enabled consultations. We have learnt the benefits of engaging with patients and clients. When our students qualify, they will be expected to run remote clinics and we will maintain an element of technology enabled consultation practice as part of their placements.

The new method of engaging with our stakeholders using Teams meetings which occur more frequently than before is something that I am keen to continue using. Since moving face-to-face meetings to Teams we have had one hundred percent attendance from all of our placement providers, which is very different to before COVID, and we can share updates more frequently.

How have these new approaches impacted learning and student experience?

It has been a different experience for our students. They seem to be more focussed and the feedback from trusts is that they are all extremely professional and determined to help.

The students are going to become the experts of the future in delivering dietetic services in this way. Our students are going to graduate being very confident in presenting over Teams and Zooms and about the communication attributes that are essential to communicating over these mediums.

Advice to other educators

I would say that having a centralised system to manage placement process and progression is imperative. Even if you are working with electronic copies of Word documents you are increasing email traffic and, as we use emails as the primary way to communicate with students and colleagues, reducing this traffic is important.

Another thing is to involve the students from the beginning as they are well-versed in this technology. If you are planning a remote group session or remote clinic, get them and their expert knowledge involved in preparing for this to support you.

Resources

The recently launched 'AHP guide to continuing practice learning while self-isolating' [7] captures some examples of activities we used, and I would encourage practice educators to build activities into placements regardless of whether a student requires to self-isolate or not.

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Links

[1] <https://www.hee.nhs.uk/our-work>

[2] <https://www.e-lfh.org.uk/>

[3] <https://www.healthcareers.nhs.uk/>

[4] <https://www.hee.nhs.uk/news-blogs-events>

[5] <https://www.hee.nhs.uk/about>

[6] <https://www.hee.nhs.uk/covid-19>

[7] <https://www.hee.nhs.uk/sites/default/files/documents/AHP%20Guide%20Self-Isolation.pdf>