**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Midway 🔲 Summative (week 14) 🔲 Other (describe) 🔲 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Placement hours completed \_\_\_\_\_\_ Professionalism Forms (week 7 and, 14) completed 🔲**

*2-3 evidence examples are required for EACH competence. To be used in conjunction with Competence Reference Guide and exemplars.*

| **COMPETENCE** | **EVIDENCE** | **PRACTICE EDUCATOR(S) ASSESSMENT & COMMENTS – Tick box when competent** |
| --- | --- | --- |
| Demonstrates knowledge acquisition relevant to the clinical area |  | Competent 🔲 |
| Demonstrates the ability to source, collect and record accurate, relevant information as part of a nutritional assessment |  | Competent 🔲 |
| Collects and records detailed, complete, accurate dietary and nutritional intake information |  | Competent 🔲 |
| Accurately analyses and interprets dietary information. |  | Competent 🔲 |
| Calculates nutritional requirements using appropriate methods and equations |  | Competent 🔲 |
| Demonstrates an understanding of how to apply knowledge / findings to inform the nutrition assessment |  | Competent 🔲 |
| Demonstrates the ability to identify most relevant nutritional problem(s) / issue(s) |  | Competent 🔲 |
| Demonstrates the ability to devise and justify an appropriate dietetic intervention plan |  | Competent 🔲 |
| Demonstrates the ability to appropriately implement planned interventions |  | Competent 🔲 |
| Demonstrates the ability to critically evaluate a care plan |  | Competent 🔲 |
| Demonstrates the ability to discharge or transfer patient care |  | Competent 🔲 |
| Demonstrates appropriate introductions and rapport building in an environment suitable for the service user |  | Competent 🔲 |
| Acquires information from a service user using a client centred approach |  | Competent 🔲 |
| Demonstrates ability to explain interventions at a level appropriate to service user/staff/carer/professional colleagues. |  | Competent 🔲 |
| Demonstrates the ability to discuss/agree intervention plans and goals with service users/carers/professional colleagues using a client centred approach |  | Competent 🔲 |
| Demonstrate the ability to produce written communication and reports for / on behalf of service users |  | Competent 🔲 |
| Implements best practice in completing and managing dietetic and medical records in line with standard policies / appropriate templates / GDPR |  | Competent 🔲 |
| Communicates and collaborates effectively with colleagues establishing, building, managing and sustaining professional relationships |  | Competent 🔲 |
| Demonstrates ability to participate in presentation of cases and / or journal club for an audience of dietitians / professionals |  | Competent 🔲 |
| Manages an agreed workload within an agreed timeframe, while at the same time providing high quality care for service users |  | Competent 🔲 |

**REQUIRED from Practice Educator(s)**: are there any specific concerns, difficulties or issues that need to be addressed? YES 🔲 NO 🔲 If YES please provide further details:

**Additional information/comments:**

| **PRACTICE EDUCATOR NAMES** | **SIGNATURES** | **CORU NUMBER DI** | **DATE** |
| --- | --- | --- | --- |
| 1.  2. |  |  |  |

Practice Educators must forward the final signed Placement Assessment Form to dietetics.admin@ucd.ie The final Summative Placement Assessment Form must be signed by **2** practice educators. These steps are essential to verify the form and its contents and to ensure the validity and accuracy of completed assessments.