

**Dietitians Improving Education and
Training Standards (DIETS)**

**Report 2: Learning About Practice Placement Education
From Each Other**

2007-2009

Edited by Anne de Looy



Education and Culture

Socrates

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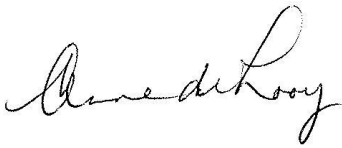
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Summary

This report represents an extraordinary and unique exchange of information across Europe through visits conducted as part the EU-funded Thematic Network 'Dietitians Implementing Education and Training Standards' in Europe (DIETS). 71 HEIs from across Europe joined the Network and 45 of these participated in at least one visit over a three-year period (2006-2009). 31 dietitians who teach students went with 'their HEI', participated in a visit to another country and discussed methods of training and education. This exchange involved 22 countries in Europe.

Data is presented from these 31 visits. A great deal of learning and change to practice has resulted as well as closer engagement between HEIs and their Dietetic Departments across Europe. This network of HEIs and their dietetic practice placement colleagues will endure long after the DIETS Network has finished its work. The ultimate benefit to dietitians, through education, lifelong learning and their contribution to nutritional health in Europe will continue to unfold.



DIETS Network Coordinator
September 2009.

Background

“Erasmus networks are designed to promote European co-operation and innovation in specific thematic areas of particular importance to higher education in a European context. In this way, they contribute to enhancing quality, defining and developing a European dimension within a given academic discipline, study area, or furthering innovation and good practice on other aspects of higher education development. This is achieved by means of co-operation within the network between higher education institutions, university faculties and departments. Co-operation should also involve academic and other associations, learned societies, enterprises, and professional bodies, other Partners of socio-economic importance in the public or private sector and, where appropriate, student organisations. All networks should bring together an appropriate range of relevant stakeholders concerned. Co-operation within networks is expected to lead to outcomes which will have a lasting and widespread impact on higher education institutions across Europe in the field concerned”.

Dietitians provide advice on nutrition; healthy catering and can initiate or contribute to public health nutrition strategies. They work professionally within complex frameworks of accountability, ethical and legal boundaries in a Health Service, private practice, industry, local government, education or research and are uniquely equipped to support initiatives such as the European Platform on Diet, Physical Activity and Health. In 2004, the International Confederation of Dietetic Associations (ICDA) <http://www.internationaldietetics.org> defined a dietitian in this way:

- A dietitian is a person with a qualification in Nutrition & Dietetics recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of groups of people and individuals in health and disease.
- The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions.

EFAD represents 25,000 dietitians in 22 European countries and in 2002 it carried out a mapping exercise of the profession. This exercise showed curriculum content to be highly variable across Europe. In 2005, after extensive consultation EFAD published a European Dietetic Benchmark Statement (EDBS): European Academic and Practitioner Standards for Dietetics to dismantle the barriers to meeting goals of Bologna and the Lisbon Strategy. Dietetic education in Europe crucially varies in the quality and amount of practice education (from a few weeks to one year) yet the effectiveness of any dietetic practitioner requires a high level of practical competence. Learning through practice, or experiential learning, is also a vital component of lifelong learning. A strong academic-practice axis provides Higher Education Institutes (HEIs) with insights into a competency-based curriculum essential to meet the demands of effective work practices of the dietitian and the development of learning from practice (Kolb, 1984). DIETS focussed on harmonisation of the curriculum, practice competence and tools to ensure quality and effectiveness of practice education.

During the period 2006-2009 DIETS was funded to achieve the following aims within the 30 countries and between the 120 Partners who are members of the Network:

- To aid the Bologna and Lisbon processes through mapping and describing all areas of dietetic practice education and training throughout Europe
- To improve communications between educators and dietetic practitioners, to harmonise education and develop quality indicators. In particular in practice education, to develop courses and to publicise best practice through the development of a dedicated website and associated databases.
- To facilitate sharing of knowledge and disseminated research findings amongst educators and practitioners about practice education competences and where possible work with other interested parties throughout Europe and internationally
- To develop the role of the dietitian in promotion of nutritional health through embedding lifelong learning competences in first cycle degrees.

This report concerns the information and learning that was achieved through the development of a European exchange and sharing/networking scheme amongst the DIETS Partners.

This report records the following: the learning achieved and the shared information between the *academic teachers* at the Higher Education Institutions (HEIs) and the *practice placement teachers* or supervising dietitians at the place where student dietitians are placed for their practical training. This period of practical training varies from one country to another and in content and form. The intention and purpose of this physical (face-to-face) exchange of academic teachers and practice placement educators in the sharing/networking scheme was intended to allow those taking part in the visits to learn about best practice and to share their experiences through their reports with the rest of the DIETS network and other stakeholders reading this report. Above all the reports of those visits are intended to support the constant improvement of the practical placement and education of dietitians.

All of the information contained in this report is available as raw data form from the DIETS website. The numbers given in the Tables and other figures refers to Partner numbers of the visitors and is included to enable the reader to cross-refer to the raw data or to contact the Partner directly for more information.

1.0 Introduction

The Lisbon Strategy (2000, 2005) recognised the challenges that globalisation, demographic change and meeting the needs of a knowledge society will bring in the fields of increase productivity and economic stability. The quality of the European dietetic workforce and especially its 'fitness to practice' is a critical component of the Edinburgh (2005) and Portugal (2007) Agreements and the relevant Competent Authority. The DIETS Network has promoted the 'Exchange of Good Practice' (from the Edinburgh Agreement) by professional dietetic associations, Higher Education Institutions (HEIs) and dietetic practitioners. Castiaux (2006) states that '*Studies have demonstrated that knowledge networks are built from personal contacts between individuals who share cultural and educational background to understand each other rapidly and "tacitly" ie without elaborating preliminaries or prerequisites to the exchange.*' The fostering of face-to-face visits between Partners across Europe will accomplish not only exchange of knowledge and practice (identifying best practice), but will also develop a deeper understanding about dietetic practice and cultural diversity. As Kanjananiyot (2006) stated 'Our new generation, therefore, needs to develop their full potential in order to stay competitive in the global market and be able to reap the benefits of globalisation. To move on smoothly in a more competitive world, *we in the academic circle must therefore be more open, welcoming diversity of our education, cultures and contexts*'. It is with these three factors in mind; building a knowledge network; developing dietetic practice through improved education of students; and encouraging academics and practitioners to be more open to change, that visits were undertaken.

During 2007-2009 DIETS Partners engaged in actual (face-to-face) meetings involving between HEI academic teachers and practice placement teachers (usually dietetic practitioners) across Europe. The purposes of these visits were:

- To encourage networking and to share knowledge, skills and experience amongst educators, dietetic practitioners and students of dietetics of different European countries
- To improve communications between educators and dietetic practitioners
- To develop skills of all teachers (academic and practice) and dietetic students
- To develop quality indicators for practical dietetic education
- To share and disseminate best practice for teaching dietetics in practice
- To complete the collection of data for the description of all areas of dietetic practice, education and training throughout Europe
- To promote evidence-based practice
- To develop knowledge networks which would enhance a sustainability culture of continuing improvement and increase diversity

By establishing a sustainable 'knowledge network' Network Partners will continue to share information so that all Partners can use it to improve the education and training of dietetic students throughout Europe (one of the key aims of the Network).

The concept of 'best practice' was introduced to highlight those areas of practical training (and the approach to training) that were seen to demonstrate the 'best' approach to supporting learning in the student (and often the teacher). Visits were also used to identify how teachers, curriculum designers and others could use some of the 'best practice' to develop quality standards or indicators. Partners were able to begin the process of quality improvement by identifying 'best practice'. By benchmarking these best practices as quality indicators, the standard of practical learning or dietetic practice education can be improved.

Following the actual face-to-face visits a series of 'virtual visits' took place. These allowed visitors to reflect some time after their visit (usually at least a year) on what particular areas they had adopted to use in their own education or practice learning and what they regarded as particularly important for the improving the quality of the student dietitian learning.

This report describes the findings of the visitors. Each visit was documented thoroughly and the visitors were encouraged to place learning materials and other artefacts on the DIETS website. In

some cases whole papers on dietetic placement education have been uploaded onto the website and this is extremely valuable for sharing information.

All Partners taking part in the visits are very willing to share information and for this reason Partner numbers are included throughout this report so that continued exchange of information can grow and be maintained.

2.0 Methods Adopted for the Face-to-face Visits

Visits took place over 30 months and during this time the system for collecting the rich data from the visits evolved as knowledge increased about the nature of the visits and the data that was being collected.

Visits that took place during 2007 generated data that was essentially qualitative in nature. A questionnaire was circulated to all visitors in 2007 to assess the nature of the interactions and post-visits interactions (Appendix A). The questionnaire was also used to gain information about Information Technology and Communication (ITC) and is presented in more detail in other reports (DIETS, 2009a). It was seen on analysis that more could be achieved by introducing a quantitative approach. A questionnaire was devised to collect quantitative data and sent retrospectively to visitors and hosts who undertook their visit in 2007. The questionnaire was also used for the visits in 2008 and in 2009. Qualitative data continued to be collected by the visitors and their hosts. The visits were coordinated through the Education and Practice Group of the DIETS Network.

2.1. Organisation of the visits: the visitor sample and visit structure

DIETS Partners were invited by email to participate in a visit. The visit had the following characteristics:

- Visitors came from different countries where one more experienced Partner country was teamed with a Partner perceived to have less well-developed dietetic practical experience.
- The actual face-to-face visit was to last anywhere between 3 – 5 days.
- The structure of the visits was agreed between the visitors and host before the visit.
- A report of the visit and any important information was shared and posted on the DIETS website and both pre- and post-visit questionnaires were completed (2008 and 2009)
- The visit normally consisted of two members from the visitor institution going to a host institution.
- In 2007 the visitors were academic teachers visiting another HEI to understand more about the preparation of students for practical experience.
- In 2008 and 2009 the visitors were normally an academic teacher and a practice placement teacher (usually a supervising dietitian) visiting another HEI and practice placement teacher

A briefing paper the 'Visits Guideline' was devised, posted on the DIETS website and sent to all Partners planning to do a visit (See Appendix B).

2.2 Collection of outcomes and data

Data was collected via reports and questionnaires before, during and after visits between the visit Partners. The information collected by the questionnaires was posted on the DIETS website and subsequently analysed on a spreadsheet. In this way the information about dietetic education across Europe can be shared with all network Partners to help improve the education and training of dietetic students throughout Europe.

2.3 Visits 2007: Exchange between academic teachers of dietetics from HEIs

Key DIETS staff devised a visit questionnaire to be completed by each Partner institution at the end of the visit. The questionnaire collected qualitative data on 'best practice' and quality indicators. The visitors were also asked to record information concerning how the HEI was training the practice placement teacher/dietitian ready to support the students and finally to record any evidence on quality in the procedures used. The post-visit questionnaire was therefore organised into four sections (see below). During the visit each topic was to be discussed so that both HEIs

could identify areas of excellence or innovation in their own institution and in the Partner institution. The questionnaire (see Appendix B) was divided into the following sections.

Best practice: Share information on the good areas (best practice) that were identified during the visit, concerning the teaching of dietetic skills and knowledge needed by students during practical placement. Best practice has been defined as *'...a completely new concept in decision-support information. It combines the latest research evidence from Clinical Evidence with peer reviewed expert opinion and guidelines. Structured around the patient consultation, it covers diagnosis, prognosis, treatment and prevention. Your instant second opinion'*

<http://bestpractice.bmj.com/best-practice/welcome.html>

Good practice has been defined as *'...practice that has been implemented successfully in one workplace can be adapted and used elsewhere'*.

<http://osha.europa.eu/en/practical-solutions/>

Quality indicators: A quality indicator is an agreed process or outcome measure that is used to determine the level of quality achieved. It is a measurable variable that can be used to determine adherence to a standard or goal. Quality indicators are specific and measurable elements of best practice and should be attributable and within the control of teachers.

Developing skills of practice placement teachers: Record how practical placement teachers in the hospital (or other centres) are helped by the HEI (s) to teach students (develop skills).

Evidenced-based practice: Identify how the HEI(s) monitor that they are successfully teaching students on practical placement and any publications/research that is used or published from the monitoring.

Partners were also asked to write a report about their visit and to complete a follow-up questionnaire sent about one year later as reported above.

2.4 Visits 2008 – 2009: International exchange of teachers in practice placement and HEI

During 2008 and 2009, the process of arranging visits and collecting information was changed as noted above. There were three modes of collecting data:

- A quantitative pre-visit questionnaire was developed to gather details about how students were taught and assessed during their practical placement (see Appendix C). The questionnaire had to be answered *before* the organisation of the visit by HEI academic teacher and practical placement teacher. Completion of the pre-visit questionnaire was a pre-requisite of assigning Partners to each other. This method of collecting data in advance ensured that all HEI Partners (visiting or hosting) completed their questionnaires and ensured that, as far as possible, meaningful and complete data sets were collected. There were 3 parts to the questionnaire: contact information; preparation of students and teachers by the HEI; and teaching and assessment of students during practice placement.
- A timetable and comparison of the education/practical training programme was requested.
- Partners were asked to write a report on their visit by considering the following questions:
 - In practice placement what are the similarities and differences education between host and guest?
 - What are the tasks of students during practice placement?
 - How are students assessed during practice placement?
 - Are there any criteria for selection of practice placement centres?
 - Which activities, methods or evaluations have you learned about that could improve your education programme (theoretical or practical)?
 - How could you implement these into your education?
- A follow-up questionnaire sent in 2007 also served to monitor or 'quality control' the organization of the visits.

3.0 The Outcomes and Findings of the Visits

Over the 30 months of visiting, 31 visits took place. This represented actual face-to-face visits in which 45 different HEIs participated from 71 Partner HEIs in the Network, a response rate of 63%. The HEIs represented the experience of education and training of dietitians in 22 different countries.

As indicated in the previous section the method of data collection changed between the year 2007 and visits completed in 2008 and 2009. For this reason the year(s) when the data was collected will be highlighted if this increases understanding. Where there is no reference to year of collection this is because the same method of data collection was used and therefore data collected was common to all the years of visits and this will be presented as a composite.

The assessment undertaken by the post-visits questionnaire sent to the 2007 visitors is in Appendix A. It reveals that the questionnaire used in the first round of visits was complex and difficult to understand but that visitors and hosts continued to make contact with each other to learn and share more. The visitors were also asked to identify what were the outstanding issues facing dietetic education and they listed (amongst other areas): practice placement standards and instruction for the teachers on best practice, especially evaluation tools.

3.1 Number of organised visits

2007: 12 face-to-face visits were conducted between 26 HEI Partners from 19 different countries (in one case two Partners travelled together to meet with two other Partners). Approximately one year after the visit only 12 Partners filled in a follow-up questionnaire. The data for the follow-up questionnaire is reported elsewhere (DIETS, 2009c).

Both in 2008 and 2009 an academic teacher and a practice placement teacher were present from each of the institutions in order to exchange information as fully as possible. The academic and the practice teachers completed a pre-visit questionnaire. Therefore, each visit arranged resulted in the completion of 4 pre-visit questionnaires. Data was cross-checked and then 'cleaned' to provide one data set for the visitor and one for the host and this was entered into a spreadsheet for analysis (38 in total). All the data from the 2008 visits and the 2009 visits was pooled and analysis undertaken on all pooled data.

2008: 12 face-to-face visits were conducted between 25 Partners from 17 different countries. A pre-visits questionnaire had to be completed before the visit took place. During or after the visit, involved Partners wrote a report. Questions from the follow-up questionnaire were integrated in this report.

2009: 7 face-to-face visits were conducted between 14 Partners from 11 different countries. After these visits, 3 virtual visits were conducted between 6 Partners from 6 different countries and these are reported elsewhere. The names of the visitors and the host institutions are given in Appendix E. All the data collected and information from these visits has been posted on the DIETS website.

3.2 Presentation of the outcomes and findings

As the method of data collection altered between year 1 and years 2 and 3, not all the following analysis can be completed for all 31 visits. Where possible, the analysis for all 31 visits has been included, but sometimes it has been necessary to indicate that data is for 2007 (where 12 completed the follow-up questionnaire) and 19 completed the questionnaire.

Table 1 (Also see Appendix E)

Year of visit	Number of visits	Number of partners	Number of follow-up questionnaires	Number of visitors who reported	Number of countries
2007	12	26	12	19	19
2008	12	25			17
2009	7	14			11
Total	31	65			

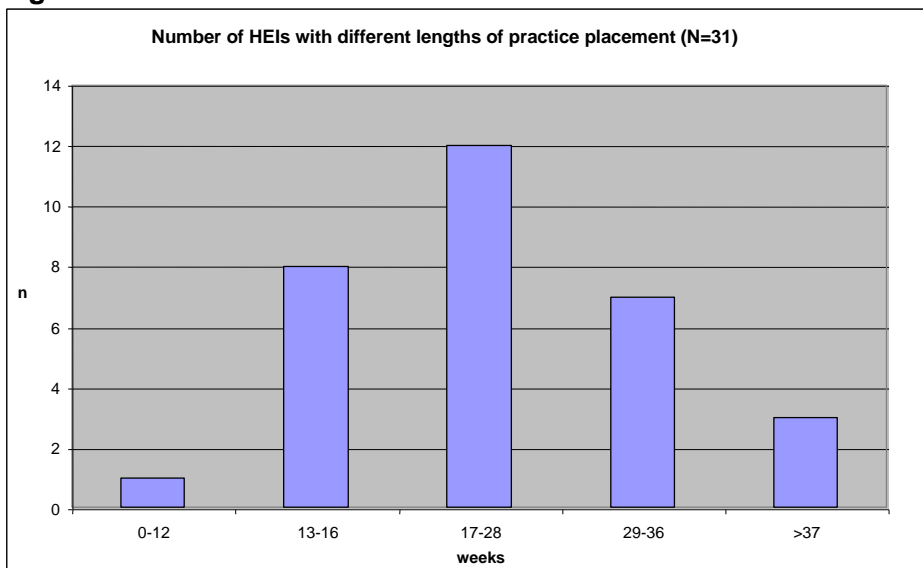
The outcomes and findings below are under eight headings:

1. Practical placement design
2. Preparation undertaken for practical placement teachers
3. Preparation undertaken for the students
4. Activities undertaken on placement
5. Assessment activities on placement
6. Amount of assessment and by whom
7. Quality assurance of placements
8. Changes to practice 2006-2009

3.21 Practical placement design

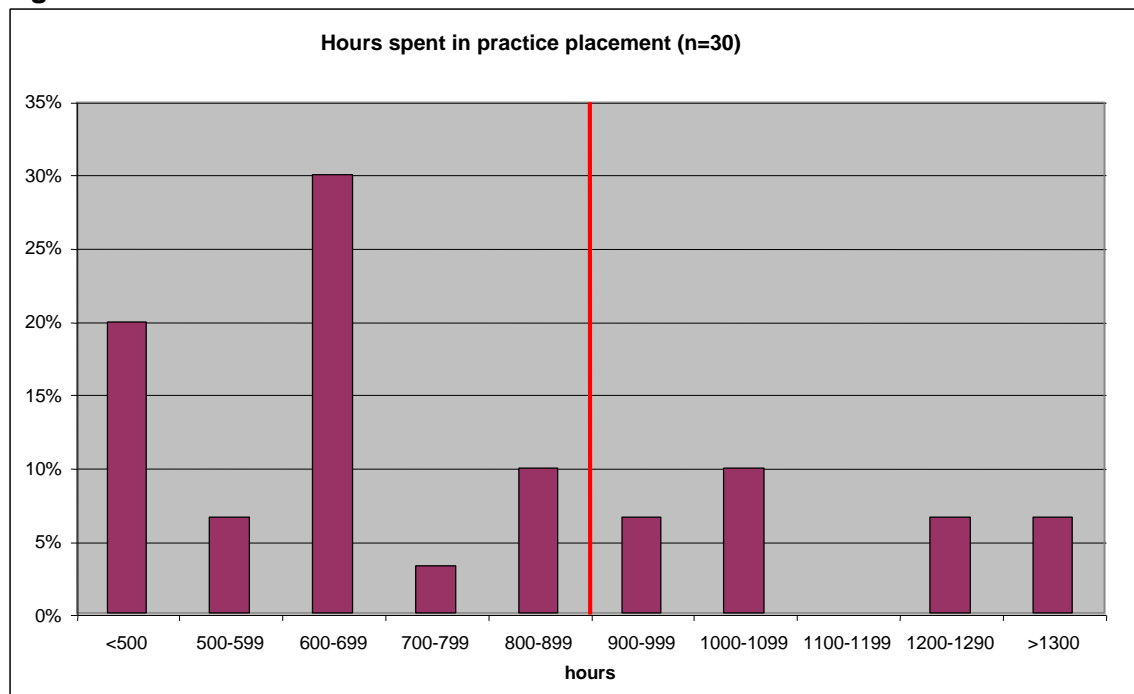
The mean length of the practical placement from the 2008 and 2009 visits is 32 weeks (Figure 1) and weekly 31 hours. One Partner teaches only medical doctors and therefore this data is omitted from the following analysis.

Figure 1



Distribution of placement hours (2008 & 2009): The distribution in number of all hours can be seen in Figure 2. The red line indicates the threshold level of 900 hours of learning time, which in the European Credit Transfer System (ECTS) is equivalent to 30 credits. The EDBS recommends that 30 ECTS credits be allocated to practice placement learning. It is clear that only one-third of the HEIs provide practice training above this level.

Figure 2

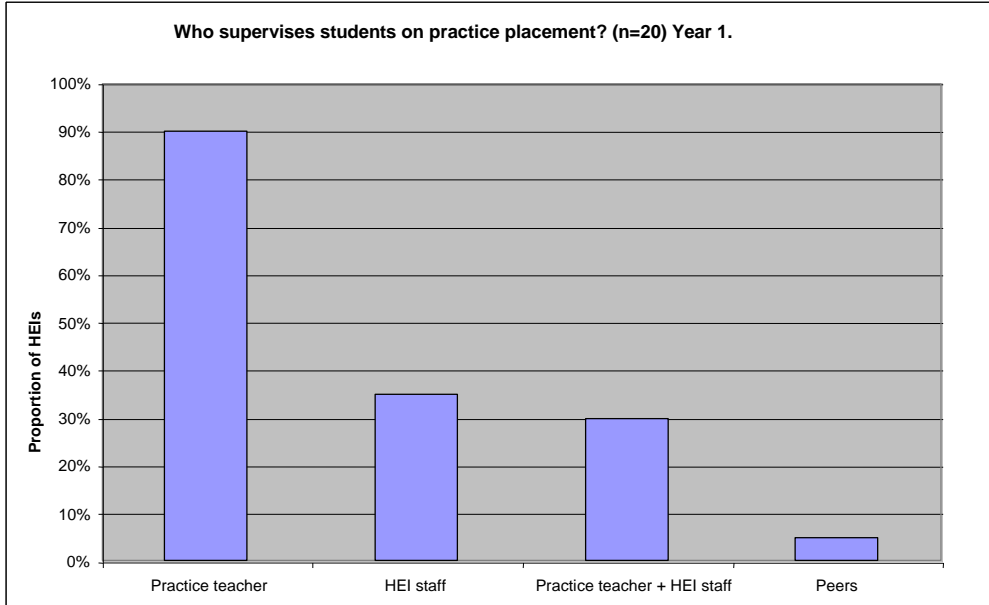


Allocation of ECTS credits: We received information about credits from 19 Partner institutions during the visits in 2007. ECTS credits were used in practice placement in 13 (68%) of the institutions and 3 (16%) allocate no credits for practice placement. The range is wide: from 10 to 67 ECTS and there was no direct relationship between ECTS points and duration of placement. In the EDBS (EFAD, 2005), EFAD recommended that the practical part of the study should account for 30 ECTS credits, corresponding to between 50% and 75% of the study year that includes the practice placement. The results from the visit reports in 2007 showed that, of the 13 HEIs where ECTS is used, 7 (54%) allocate 30 ECTS credits or above for practice placement. Unfortunately, the remaining 46% do not fulfil the recommendation of the Benchmark Statement regarding credit allocation as they allocate less than 30 ECTS credits for the placement.

Providing adequate practice placement teachers: It is good practice to have a minimum number of practice placement teachers (dietitians) for supervising students. In 2007 11 (55%) of the 19 Partners, representing 20 programmes (one Partner ran an administrative and a clinical dietetic programme) reported that a mean figure of 1.4 dietitians per student was required. In the 2008 and 2009 visits, almost half of the HEIs that participated reported a recommendation for a minimum number of dietitians. The minimum dietitian/student ratio reported was between 2:1 and 1:8. In 9 of the 15 who reported a minimum, there are less than 3 students per teacher. The mean ratio is 1 teacher for 2.4 students.

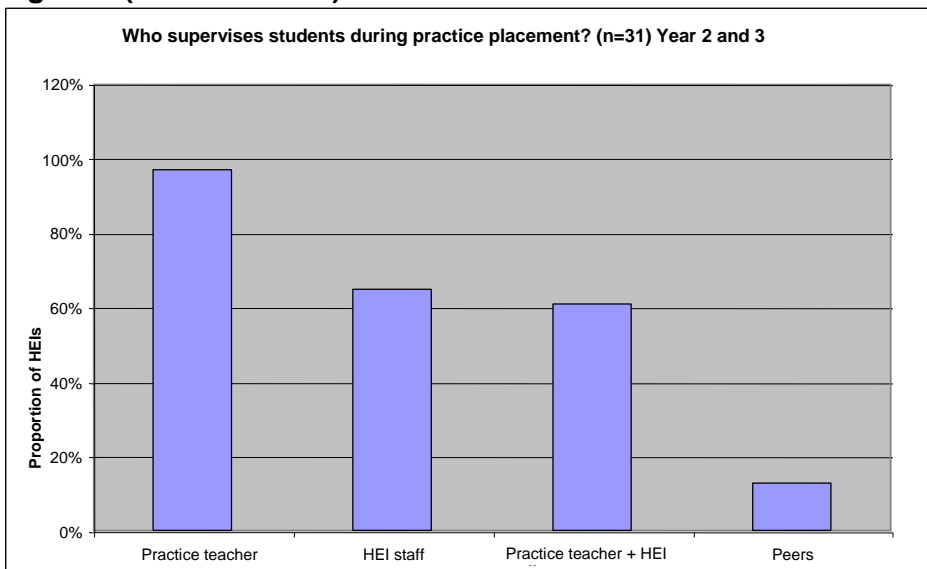
Supervision of students: In most of the cases reported in 2007 (20 programmes) the responsibility for supervising students lays with the practice placement teachers (Figure 3). It is clear that almost all HEI staff are supervising students together with the practice placement teacher. In all the HEIs the student is assessed during practice placement, although the proportion of time spent in placement differs: the lowest being 50%, the mean being 88%.

Figure 3



In 2008 and 2009, it was reported (Figure 4) that in 30 (97%) of Partner visits the practice placement teacher supervised students, in 20 (65%) the HEI staff supervised and in 27 (77%) both took part. Peers supervised in 4 only locations.

Figure 4 (2008 and 2009)



The practice teachers are not always dietitians. In 2008/09, the proportion of dietitians was more than 76% in two-third of the HEIs. There is one HEI where the practice teachers are not dietitians.

How many students can be in placement? The minimum number of students that can be at a placement at any time during the 2008/09 visits was stated by only 6 (19%) of the institutions (Figure 5). The mean was 5 students (range is from 1 to 14).

3.22 The preparation undertaken for practical placement teachers

Practice placement requires skill preparation not only for students but also for their teachers. Teaching is a primary skill for all dietitians. However, teaching students effectively may be different from the teaching or counselling that dietitians would undertake with their clients or patients, although both can be referred to as teaching. Thus, placement teachers need also to have developed their pedagogical and didactical skills, which can be obtained through the help provided by HEIs. In 2007, 12 (63%) of the 19 HEIs who took part in visits provided some kind of training. Table 1 shows examples of good practice regarding this issue.

Table 1 Examples of methods used in training the practical educators

Examples	HEI
Courses	4
Seminars, lectures (max. one day)	2
Meeting	3
Workshop	1
Other	2

Sixteen of the HEIs reporting in 2008 and 2009 organize training for practice placement supervisors, but only in 11 (69%) is this compulsory. All the listed competences (Pre-visit questionnaire, Question 2.7) were found to be essential for the supervisors by all the HEIs, and some of them added a few more: “accept the additional work”¹, “having some clinical experience”², “being able to create strategies for solving problems”³, “being familiar with the assessment of the students used”⁴.

Despite the importance of training the teachers, only 22 (71%) of the HEIs ensured that the competences were met. The methods for ensuring that the teachers have all the skills include: supervising teachers by HEI staff^{5, 6, 7} regular meetings between teachers and HEI staff^{8, 9, 10} feedback of the students^{11, 12, 13, 14, 15} giving written guidelines to the teachers^{16, 17, 18, 19} organizing courses for teachers^{20, 21}. The reason for not doing this is either that they know the teachers or they cannot be selective because of lack of the teachers.

3.23 Preparation undertaken for the students

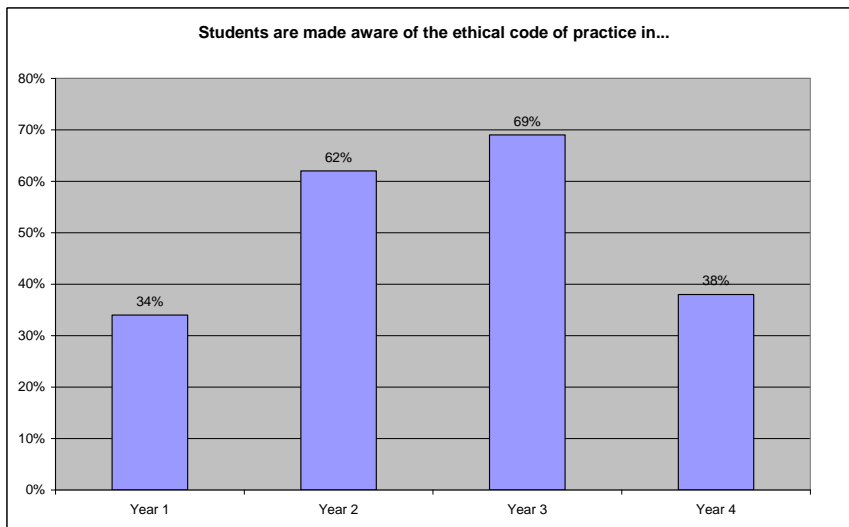
Two areas are highly significant in the preparation of students for practical training. The first is an understanding of the ethical code of professional practice for dietitians. The EDBS requires the integration of ethical issues in the practice, so students must be aware of ethics as a key component of dietetic professionalism. The other area that all students should be able to discuss with their clients is how to undertake a healthy lifestyle and this is reported below.

In 2007 it was reported that Ethical Code of Practice is included in both the academic 23 (97%) and the practical training (69%). 18 of the 20 HEI Partners (90%) introduce their students to the ethical code of practice, usually in form of an ethics course. Table 2 shows the way in which ethics are introduced.

Table 2

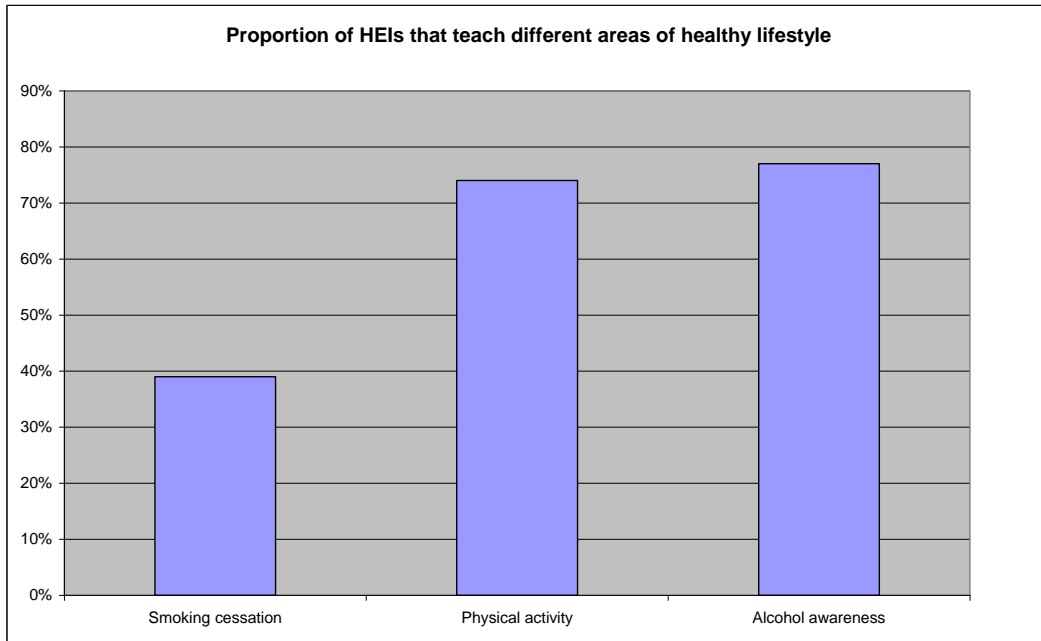
Ethical Code: Method of introduction	Number of HEIs
Individual course ^{22, 23, 24}	3
Included in different subjects ^{25, 26, 27}	3
Seminar ^{28, 29, 30, 31}	4

In 2008 and 2009, altogether 29 of the HEIs (94%) included ethical issues in the curriculum. The data analysis shows the distribution between academic years (Figure 6). The ethical code of practice is introduced in different ways: as special competence³²; as an individual course^{33, 34, 35, 36, 37}, included in different subjects^{38, 39, 40, 41, 42}, as seminar^{43, 44, 45, 46, 47, 48}, as part of the practice training (non formal approach)^{49, 50} and as part of academic training days during practice training⁵¹.

Figure 6 The course year in which ethical codes are discussed (2008 and 2009)

Students are trained in different areas of healthy lifestyle both during practice placement and in their HEI. Figure 7 shows the proportion of HEIs (visiting in 2008 & 2009) teaching different areas of 'healthy lifestyles'. Students are trained in changing lifestyle and health promotion in 27 (87%) of the institutions and in environmental issues in 19 (61%).

Figure 7 HEI programmes (2008, 2009) including taught classes in 'healthy lifestyles'



3.24 Activities undertaken on placement

Best practice is a technique, method, process or activity that is more effective at delivering a particular outcome than any other. In practical placement, this means a teaching method that enables students to reach the appropriate level of skills necessary for a dietetic practitioner. The range of these techniques is wide: it ranges from observing through practice to evaluation. These techniques can be used to prepare students for practice placement and to develop and refine student skills during practice placement. Examples of best practice can be seen in Table 3.

Table 3 Examples of ‘best practice’ for teaching students before or during placement

Preparing students for practice training
<ul style="list-style-type: none"> • Multimedia presentation • Sessions (eg healthy diet) given to students of other healthcare professions • Role-play (taking diet histories) and evaluation of these, led by HEI teacher • “Skills lab”: video-recorded role play followed by reflective account of the interview – taking diet history, dietetic diagnosis, giving dietary advice – workbook with examples • Problem-based learning sessions – case (clinical problems) in the classroom
Developing and refining skills during practice training
Presenting case-studies performed during the practice with discussion (students and HEI staff)
Study food supply and mealtime in wards, day care centres, hospices, nursing homes
Interdisciplinary project: dietitian and nursing students assess and treat their patients: “School ward project”
<ul style="list-style-type: none"> • Demonstration of taking the diet history by HEI teacher or placement supervisor • Observing a dietitian in practice – write a report about evidence-based practice
<ul style="list-style-type: none"> • Counsel in- and out-patients (taking diet histories from real patients with discussion) under close supervision of the hospital dietitian and/or the practical supervisor • Monitor and interpret the medical documentation, identify the most relevant information to the dietitian. • Make written documentation of the nutrition care process (personal information, dietary problems, and advised diet, follow-up).
<ul style="list-style-type: none"> • Students select placements to develop skills in their main interest • Students make their own plan of what competences they have to work on, how they are going to do that.
<ul style="list-style-type: none"> • Assessing metabolic and nutritional status, measuring body composition, practice indirect calorimetry • Estimate daily energy requirements • Undertaking biochemical measurements
Menu planning (healthy, hospital, school meals, nursing homes): Cook and serve the planned menu
Work in kitchens (cooking, serving and tasting different types of food – complete a detailed report with the ingredients, recipe, nutritional value); Weighting food to estimate portion sizes
Use of a computer software for different aspects of catering (ingredients listing, recipes) and for menu planning

The quality indicator is an agreed process or outcome measure that is used to determine the level of quality achieved. It is a measurable variable that can be used to determine the degree of adherence to a standard or achievement of quality goals. Table 4 shows the examples of quality indicators as were given by the institutions.

Table 4 Examples of quality indicators used by HEIs and dietitians when training students

Preparing students for the practice placement
Assessment (context, communication skills) with simulation clients/patients
Discussion about recorded motivational interview, health counselling
Checklist about students' ability and knowledge of ingredients, recipes and cooking different foods and calculate the nutrient content
Examination
Evaluation of a planned and prepared dietetic food based on a provided anamnesis.
Oral report about sessions with students of other healthcare professions
Written essays
Discussion about a case-study, evaluation of the report about it
Assessing students during and after practice placement (evaluation of the skills developed and refined during training)
Evaluation (reason, amount, palatability, consistency) of a planned and prepared menu for a given age and condition (eg dehydrated 3 years old girl)
Checklist for dietetic consultation
Completion and analysis of 7-day weighed diet record
Completion, analysis and submission of 24 hour and usual diet history obtained from individuals
Evaluation of taking diet history
Evaluation of measuring specified anthropometric indices
Evaluation of the calculation of a diet history
Evaluation of advising a client
Evaluation of completed SOAP (Subjective–Objective–Assessment–Plan) (document for nutritional care plan) form
Assessment-checklist (knowledge, skills and attitudes of the student)
Written judgement from the supervisor concerning the skills of the student developed during clinical education
Evaluation of a nutritional survey done by the student
Evaluation of the thesis

During the 2008 and 2009 visits, some methods were proposed regarding best practice. For example, it was felt that the questionnaire would provide answers that were more precise. Partners on visits were also encouraged to add more to the list. Both lecturers and practice teachers were asked to select based on different training periods. A list of the most frequent used methods in different training periods is shown at Table 5. The number of lecturers who mentioned the specified method is in brackets.

Table 5 The use of teaching methods used at different periods of placement learning

Activities undertaken on placement to support learning	Placement activities reported in each placement period			
	1 st Placement	2 nd Placement	3 rd Placement	4 th Placement
Let them observe a qualified dietitian at work	77% (24)	55% (17)	39% (12)	13% (4)
Explain how the student should do the task	74% (23)	58% (18)	45% (14)	16% (5)
Let student counsel patients under supervision	52% (16)	52% (16)	42% (13)	10% (3)
Let student counsel patients alone	16% (5)	35% (11)	23% (7)	23% (7)
Set learning tasks then ask questions / test if they have understood tasks	65% (20)	45% (14)	29% (9)	10% (3)
Show videos showing techniques	3% (1)	10% (3)	6% (2)	0% (0)
Ask student to keep a reflective diary	71% (22)	55% (17)	39% (12)	19% (6)
Ask student to reflect orally on learning experience	61% (19)	55% (17)	42% (13)	16% (5)
Ask student to prepare case studies	42% (13)	39% (12)	39% (12)	23% (7)
Role play/video	10% (3)	16% (5)	13% (4)	3% (1)
Form inter-disciplinary teams	42% (13)	35% (11)	42% (13)	16% (5)
Assign students full control of a ward	13% (4)	13% (4)	13% (4)	10% (3)
Ask student to develop a treatment plan from patient records	45% (14)	45% (14)	35% (11)	19% (6)

However, the data could be misleading, as the number of responses is very low for some placement periods. For example 'let the student counsel under supervision' only received 3 responses in the 4th placement. Therefore, the data was corrected by looking at only the answers that were provided by HEI Partners who indicated that they had 2, 3 or 4 placement periods. The data has been adjusted for those HEIs indicating a number of placement periods and Table 6 shows the adjusted figures.

Table 6 The activities undertaken on successive placements as reported in 2008 and 2009 (n is equal to the number of HEIs reporting)

Activities undertaken on placement to support learning	Number of HEIs reporting placement activities in each placement period			
	1st Placement n = 31	2nd Placement n = 24	3rd Placement n = 15	4th Placement n = 7
Let them observe a qualified dietitian at work	77% (24)	71% (17)	80% (12)	67% (4)
Explain how the student should do the task	74% (23)	75% (18)	93% (14)	83% (5)
Let student counsel patients under supervision	52% (16)	67% (16)	87% (13)	50% (3)
Let student counsel patients alone	16% (5)	46% (11)	47% (7)	100% (7)
Set learning tasks then ask questions/test if they have understood tasks	65% (20)	58% (14)	60% (9)	50% (3)
Show videos showing techniques	3% (1)	13% (3)	13% (2)	0% (0)
Ask student to keep a reflective diary	71% (22)	71% (17)	80% (12)	100% (6)
Ask student to reflect orally on learning experience	61% (19)	71% (17)	87% (13)	83% (5)
Ask student to prepare case studies	42% (13)	50% (12)	80% (12)	100% (7)
Role play/video	10% (3)	21% (5)	27% (4)	17% (1)
Form inter-disciplinary teams	42% (13)	46% (11)	87% (13)	83% (5)
Assign students full control of a ward	13% (4)	17% (4)	27% (4)	50% (3)
Ask student to develop a treatment plan from patient records	45% (14)	58% (14)	73% (11)	100% (6)

Table 6 provides a significant insight into the organisation and progression of learning and responsibilities for the dietetic student. The students firstly observe dietitians at work and this is seen to be a higher priority of HEIs in placements 1 and 2. Tutoring or explanations by the dietitians carries on throughout all placements at about the same level as does testing of the students in placements 1-3 (58%-65%) to see if they have understood the tasks required. Students are reportedly required to keep a reflective diary to about the same degree (80%-71%) in all placements, rising to 100% only if a fourth placement is undertaken. Interestingly the sharing of the reflections only takes place orally in about 70% of placements at any stage. Counselling of patients by the student is only significantly emphasised by placement 3 and 4, as is the keeping of case studies. Students are not expected to take control of 'whole wards' and develop treatment plans until placements 3 or 4. Inter-disciplinary team working is not a significant feature until placement 3 or 4 for those HEIs reporting this number of placements.

A further 18 HEIs (58%) provide some support for students during practice placement in the form of courses, modules, seminars and training days. Most HEIs provide written guidelines for the students about the aims, structure and assessment of the practice placement and the tasks of the students. Role-play, case-studies and skills-lab are methods that lecturers use to develop the necessary skills of students.

3.25 Assessment activities on or after placement

The 2008 and 2009 visitors reported on the use of different assessment tools, some of which have been posted on the DIETS website. Table 7 shows a summary of the different assessment techniques used and the HEIs reporting their use.

Table 7 Methods for testing that the student has undertaken the activity to a specified standard in the 2007 visits

Method of assessment	Number of HEIs reporting use
Exams (oral and/or written) ^{52, 53, 54}	3
Final clinical exam ⁵⁵	1
Performance indicators ⁵⁶	1
Assessment tool provided by the HEI ^{57, 58, 59}	3
Presenting case studies ^{60, 61, 62, 63, 64, 65}	6
Evaluation of reflective report ^{66, 67, 68}	3
Preparing an essay and present to other students ⁶⁹	1

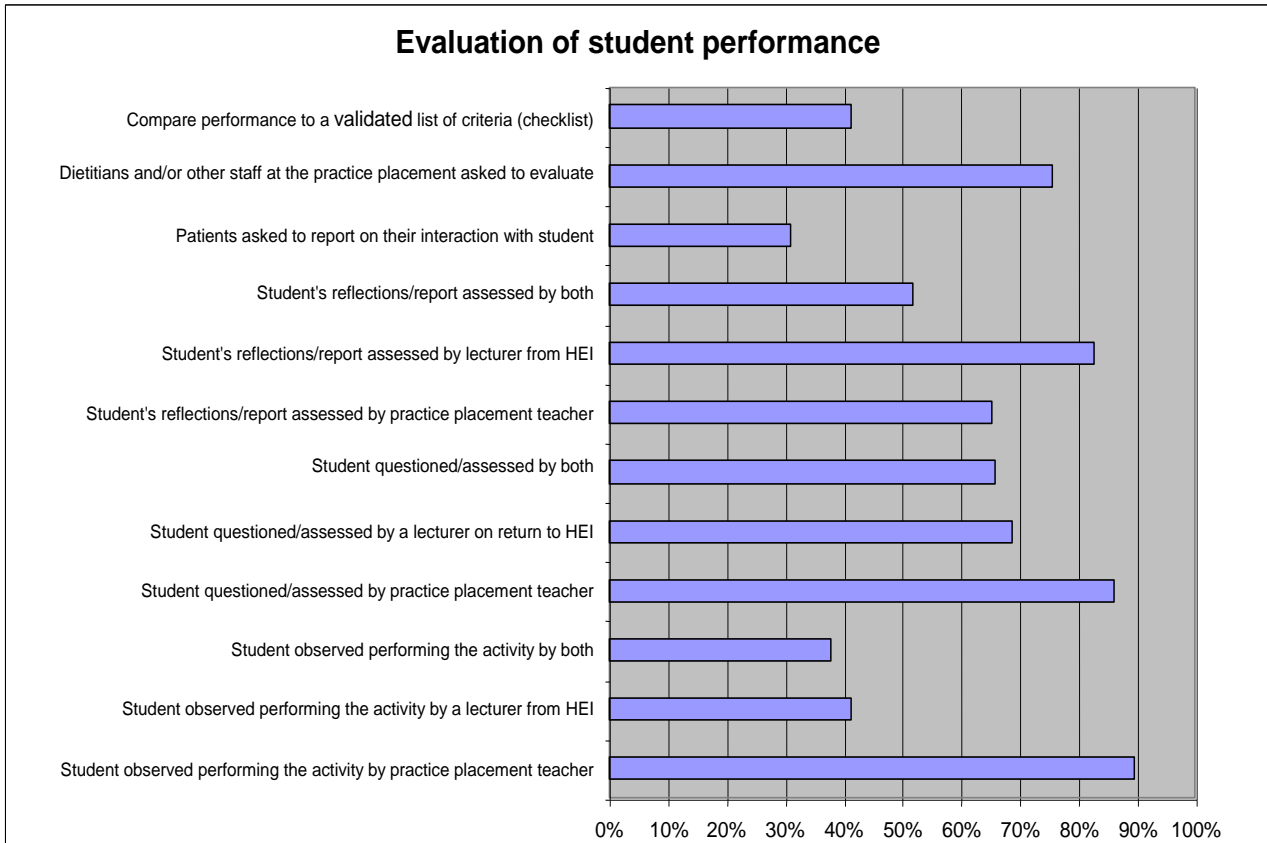
Visitors in 2008 and 2009 reported on the evidence base they used to ensure that assessment methods were valid and reliable. From long-term experience, some reported that the working places evaluation and the ability to deal with a ward alone provide enough evidence to show that other assessment methods used to evaluate the students provide reliable and valid results.

During and after the practice placement 29 (94%) of the institutions ensure that the student has undertaken an activity to a minimum standard. The methods used were:

- exams (oral and/or written)^{70, 71}
- general guidelines issued by the Ministry of Education⁷²
- final clinical exam⁷³
- performance indicators^{74, 75, 76, 77, 78}
- assessment tool provided by the HEI^{79, 80, 81, 82, 83, 84, 85}
- presenting case studies^{86, 87, 88, 89}
- evaluation of reflective report^{90, 91, 92, 93}

The observation and assessment is mainly a duty of the practice teachers, but lecturers evaluate of the reflections (Figure 8). In some places, the reflections of patients are also taken into account in the evaluation of the student, just as the opinion of other health care personnel (other dietitians, staff). A standard benchmark (eg a checklist) is used in fewer than half of the HEIs to record the performance of the student. This means that subjective errors can alter the evaluation of the students. 20 (69%) of the HEIs ensure that lecturers and practice teachers use the same methods of evaluation. This is done usually by using the same forms or participating together in the assessment.

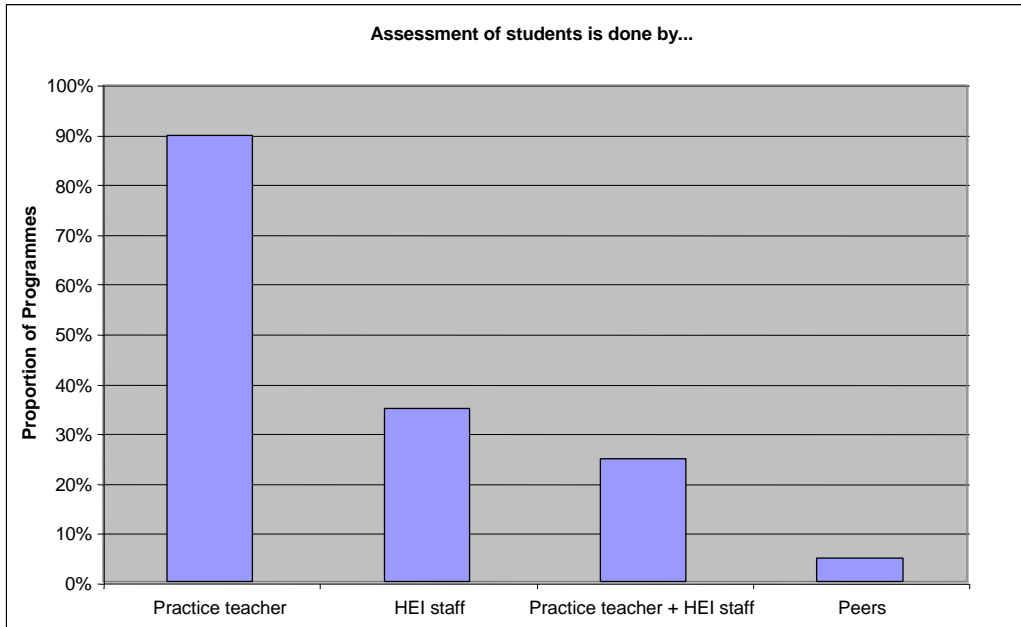
Figure 8 The participation of HEI and or practical placement teacher in student assessment (2008 and 2009)



3.26 Amount of assessment and by whom

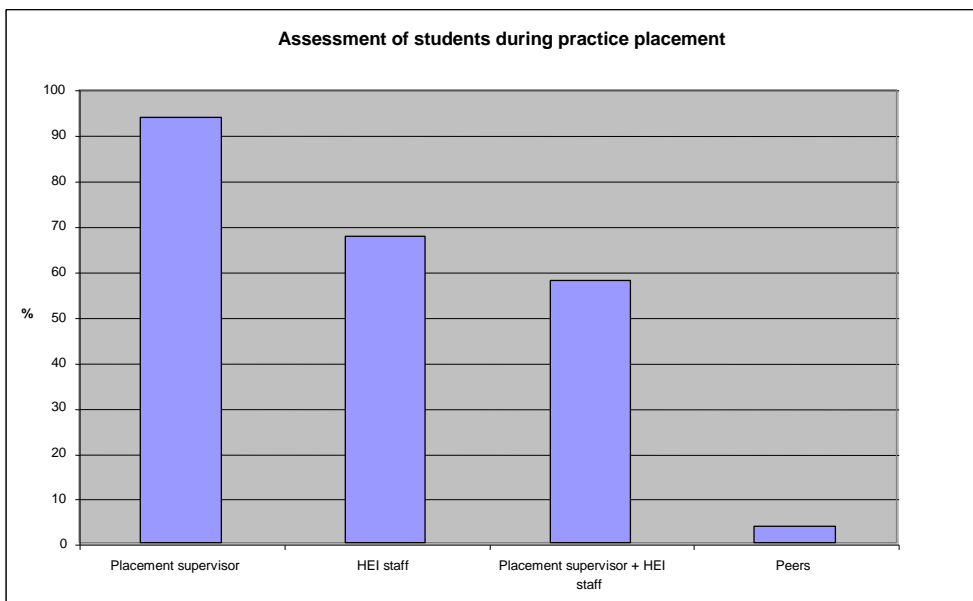
During the 2007 visits, the assessment was explored. Figure 9 shows that HEI staff and the practice teacher usually do the assessment together. Peers are sparingly used as assessors.

Figure 9 Who does the assessment reported from the 2007 visits?



During the visits in 2008-09, only 25 of the 31 Partners answered a question about the total practice placement assessment. Only 19 (79%) of the 25 Partners responding to this question reported that more than 90% of the practice placement was assessed. However, they also reported that mostly practice placement teachers (94%, n=29) do the assessment of students (Figure 10), but in more than half (58%, n=18) practice teachers and HEI staff do this together

Figure 10 Who does the assessment from the 2008 and 2009 visits?



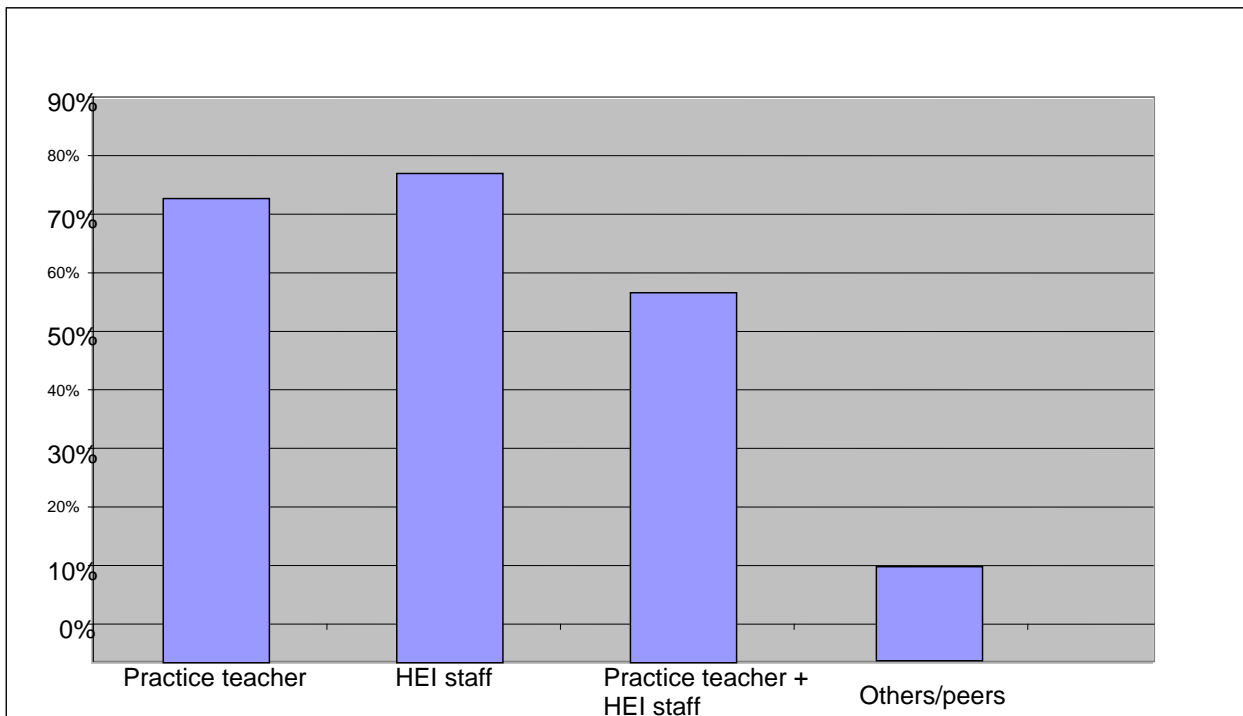
A formal pass or fail is present in 16 (84%) of the 19 institutions reporting in 2007. The practice placement teacher took the decision about pass or fail (Figure 11) in only 7 cases (37%) and together with HEI staff in 4 (21%), although supervision and assessment during the placement is done in most of the cases by them.

Figure 11 Who decides about pass or fail after practical training (2007)?



However, in 2008 and 2009 it was reported that in 87% of the HEIs (n=27) a formal pass/fail exists. The practice teacher takes the decision in 65% of HEIs (n=20), the HEI staff in 68% of cases (n=21), and others in 13% (n=4). The proportions of decision makers can be seen in Figure 12.

Figure 12 Who decides about pass or fail after practical training (2008 & 2009)?



In the 2008 and 2009 visits it was reported that following an initial 'fail' decision, further education was available in 28 (90%) of the HEIs. In 8 HEIs (26%) the failing student could still pass the campus-based course. However, in 30 (97%) of the HEIs, the student cannot qualify as a dietitian if they do not pass the practical placement component. In only one case does an HEI allow for qualification as a dietitian after failing the practice placement.

3.27 Quality assurance of placements

Practice placement assessment can vary between placements and it is important to consider how the same standards are applied to student dietitians in different placements. Table 8, from the analysis of 2007 results, provides an analysis of how HEIs undertake the same standards across placements.

Table 8 Teaching the teacher – methods used to ensure the same level in each practice placement

Method adopted	Number of HEIs
Guidelines about goals of the training and evaluation methods ⁹⁴	1
Meeting between teachers and academic staff ^{95, 96, 97, 98, 99, 100}	6
Training ^{101, 102, 103, 104}	4

How HEIs can help practice teachers ensure that standards are achieved was discussed at the 1st DIETS Conference held in Plymouth in 2007 (Conference Proceedings, 2009). For example:

- periodical discussions
- sharing theoretical knowledge
- developing quality indicators and competences together with HEI staff
- joint assessment of students
- feedback from students

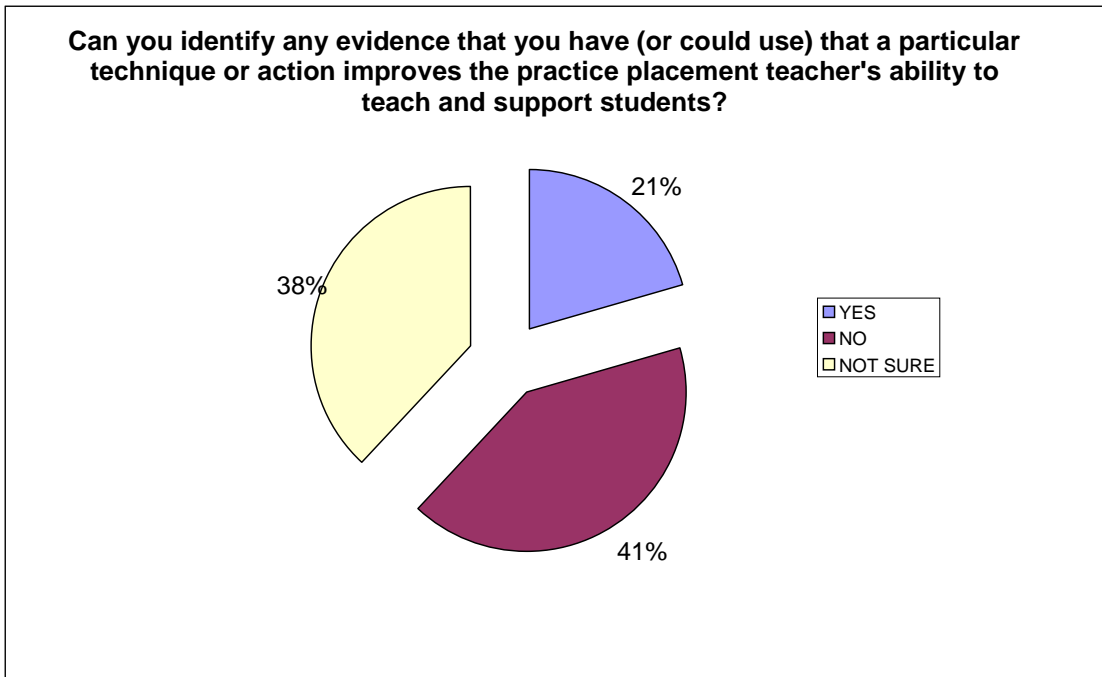
In 2007, only 8 (42%) of the 19 HEIs responding stated that they provide the practice placement with checklists that should be completed. HEI staff evaluate placements, using additionally feedback from students. In the majority of institutions (89%, n= 17) HEI staff visit the placement. The range is from 1 per placement for each student to once in a year. The HEI assesses the adequacy of the placement to deliver the standard of teaching required in all the placements except in one case. However, written guidelines that specify what practice placement standards must be achieved are available in only half 10 (53%) of the HEIs.

In the 2008 and 2009 visits, 13 (42%) of the 18 HEIs had a checklist for practice placements. In these checklists, the main point was to have a dietitian with two or more years of professional experience working on the hospital ward. Two other important factors were: the number of dietitians available to teach students and being able to teach the required competences.

Most HEIs (68%, n=21) visit the practice placement (usually once per year), but some HEIs do it more frequently: 7, 28 or even 30 times a year, thus the mean frequency of the visits is 4 times per year. In the UK (2 HEIs participated in the visits) the HEI visits the hospital before approval is given that it is fit for practice placement. The majority 13 (72%) of the 18 institutions visit their placement once a year.

Only 20% of the HEIs were able to give evidence about activities that improve the teachers' ability to support students (Figure 13.). These evidence-based methods are: Peer Assisted Learning^{105, 106}, motivational interviewing⁰⁵⁸ and the continuous follow-up of the practice period¹⁰⁷. A lack of standards and guidance was given as the main reason for not being able to state a method for ensuring quality.

Figure 13 Can evidence be given as to how HEIs and dietitians ensure quality of placements?



In Tables 16 - 21 below is an analysis of what HEIs learned specifically from each other during their visits. The activities were all obtained from the answers to the questions “*Which activities, methods or evaluations have you learned about that could improve your education programme (theoretical or practical)?*” Some items were mentioned by more than one HEI and these are put together. Several HEIs mentioned that some desirable changes within the education programme are not possible because of legal restrictions. Some new ideas are considered but are not possible or will take much longer to achieve because of important structural restrictions, eg availability of practice placements (see Appendix E).

Table 9 Activities to enhance and benefit student experience in practice

- Increase of responsibility of students by involvement in organisation internship (stimulation for teaching students)
- Focus of teaching more towards advising the patient,
- Development of support materials for assessment (Lickert scale)
- Self-assessment system for students during practice placement
- Training counselling situations by letting students film counselling of their family of friends at home
- Test of theoretical knowledge during practice placement
- Teach students nutrient content per portion
- Undertake a research project during placement

Table 10 Improvements to be made in placement organisation

- Split up internship in different practice placement centres
- Practice in non-hospital or private areas
- Development of a system of assessment for practical placement,
- Improve practice placement learning by:
 - Availability of HEI staff member to support practice placement learning
 - Practice placement in catering management systems
 - Create a more independent learning environment
 - Experiences in problem-based learning and evidence-based practice
 - Credits for practice placement
 - Detailed evaluation form for practice placement
 - The 'public health component' within practice placement
 - More intensive teaching in catering settings
 - The ideal ratio of students-supervisors, which is 1:1
- Practice placement in different areas and other than clinical settings, eg food industry, catering service, community service
- The opportunity to access multiple practice placement centres leads to wider views
- Method of visits and assessments of the students on all the placements
- System of project weeks (inter-professional project with different healthcare departments)
- Way of working with international students (practice placement)
- Organisation of farewell party as a 2nd year project for the 3rd years
- Enhance the follow-up of students by the academic staff.

Table 11 How the HEI might improve their programmes of study

- Include more problem-based teaching
- Get more support for the higher education of dietitians
- Introduction of basics of research into the study programme
- More practice placement learning possibilities
- More inter-disciplinary learning in theory and practice
- Oral presentation of case studies by students to peers and HEI staff
- More theoretical knowledge about food technologies, culinary/dietetic techniques
- Cooking practices for patients having specific dietary requirements
- New BDA curriculum framework to include more emphasis on communication skills, psychology, health improvement and clinical skills and first-aid training
- Starting dietetic modules in the 2nd year instead of the 3rd year (4 years study)
- Combination of theory in class and practice by 'bed-side teaching'
- Integrated examination before practice placement
- Use more information from medical records
- The collaboration between University and Public Health Centre (working field for students)
- Wide range of nutrition related work in early educational years
- Students of residency program should receive more theoretical knowledge about food technologies, culinary/dietetic techniques and practice placement in catering management systems

Table 12 How quality assurance can be improved for practice placements

- Accreditation points for practice placement teacher
- Written report not only by student but also by practice placement teacher.
- Devise a student placement manual
- Devise a training system for practice placement teachers
- Extend course to 4 years, the possibility of having one profession for registered dietitians
- Selection system for entrance of study
- Evaluation of students through grades
- Payment of students during practice placement

Table 13 What practices would HEIs use to improve their student experiences?**1. Placements:**

- Split up internship in different practice placement centres
- Offer placement learning options in Public health Centres and kindergartens
- Organise oral presentations of case studies by students to peers and HEI staff during practice placement
- Incorporate the Lickert scale for formative assessment
- Develop a self-assessment system for the students attending the placements
- Continue to develop & simplify assessment tools
- Include in portfolio basics of first aid together with health & safety issues
- Create new evaluation forms for each week of placements
- Create criteria for guidance for work each week, for students, for tutors and practitioners, set deadlines for assignments
- Implement a uniform policy guideline
- Use witness statements for assessment of presentations
- Task during theoretic classes and execution during short practice placement in second year (3 year study)
- Develop the possibility of providing students with a rotation in their education in different practice places. This is in order to develop a better understanding and provide a wider experience of the working places where they might work after graduation.
- Incorporate problem-based learning in the placement programme

2. Curriculum Review:

- Some changes can be incorporated in the next upgrade of education of dietetics in Slovakia
- Review of summative assessment tools used in the Irish system
- Investigate the use of inter-disciplinary working
- Do some study projects that can be done between dietetics students and students in healthcare
- Introduce into curriculum PBL and EBP (already implemented) but profit from Amsterdam's experience in order to improve
- Review system of formative assessment taking into consideration the materials made available through the DIETS website
- Continue to work with Aberdeen IPE to develop IPL (Interprofessional learning) in placement situations and on course.
- Introduce into curriculum: more theoretical knowledge about food technologies, culinary/dietetic techniques; practice placement in catering management systems
- Self-evaluation system could be adopted in practice placement, if the Pedagogic Committee approves this method
- Implement some of the ideas in the new curriculum
- Optimisation of international contacts
- Think about implementing a practical final exam

3. Quality Assurance:

- Assessment of practice placement supervisors and settings
- Will be discussed with other HEIs in Flanders, Belgium: would be useful to standardise level and knowledge of students

4. Better use of resources:

- More use of clinical skills centre, continue role play, assessment of communication skills
- Our students in practice placement need to learn how to use the diet kitchen for the adult patients having specific dietary requirements.

5. Staff development/changes:

- Employment of a staff member to provide practice placement support. This would allow review and completion of support materials, eg student placement manual, placement descriptors, learning outcomes and standardised formative and summative assessment tools.

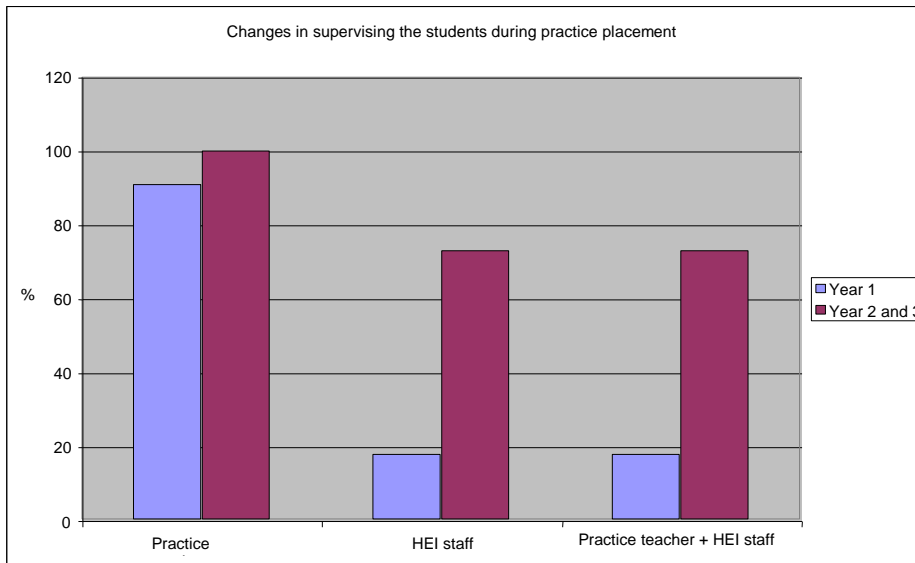
3.28 Changes to practice 2006-2009

During the period 2007 to 2009, 11 HEIs participated in two visits separated by least a year or in some cases by two years. It was therefore possible to inspect the information they had provided on both occasions and to identify any changes. Changes from 2007 to 2009 for the 11 HEIs that participated in the 1st and 2nd and/or 3rd round of visits:

Activity	Number of HEIs undertaking the first visit	Number of HEIs undertaking the second visit
The requirement of to have a dietitian in a practice placement centre involved in student education increased	5	8
Involvement of HEI staff in supervision	2	8
Number of practice teachers and HEI staff together doing the assessment of the students	2	8
HEI staff involved in assessment.	2	8
Have a formal pass or fail at the end of the practice placement	8	11
Decisions regarding pass or fail are made with HEI together with the practice teacher	2	6
Involvement of practice teachers in the decision about pass or fail	4	8
Students could fail the placement and pass the academic course	7	5

Supervision of students also changed. The involvement of HEI staff increased to 55% (6), thus the supervision done by the practice teacher and HEI staff also increased (Figure 14).

Figure 14



4.0 Discussion

The discussion will be organised under the following headings:

1. Organisation of the visits
2. Placement design, learning activities and assessment
3. Quality assessment
4. Building a knowledge network

4.1 Organisation of the visits

In searching published literature concerning the mechanisms and the analysis of successful face to face visits of either students or teachers to other institutions, there is remarkably little available. During the three years of the visits described, the guidance and the data collection changed. The original requirements were for a qualitative analysis and reflective approach to be adopted by the visitors. They were asked to consider areas such as 'best practice' and identify 'quality indicators'. However, it was difficult to do this for a number of obvious reasons:

- Many countries do not have a formally structured period of placement, visited by a member of the HEI for approval.
- Many students will not be asked to complete structured assessment and these are not formally graded as pass or fail.
- Some countries do not have a placement supervised by a dietitian.

In these instances, the concept of 'best' or 'quality' assumes a new meaning. During the pilot phase and then the 1st year, it became clear that the feedback from the placements would have to be more overtly structured and directive in nature. Similarly, it would be necessary to select visitors more carefully. This meant in practice that less experienced dietetics programmes were linked for visiting purposes with those that were more experienced. It was also found that a period of not less than three days was essential to build relationships. An example structure for organising the visits was provided but visitors were asked to send the programme for their visit ahead of time. A minimum of three days was also necessary to become more familiar with communication systems. Primarily English was used on all the visits and this meant that patience was required as non-native speakers communicated with each other. The concept at the start of the visits was that reports should be completed together and posted on the website. However, the time taken to understand and build relationships was such that it became impossible to also sit together and complete feedback. Joint feedback then became unviable and each visitor was asked to complete separately. In years 2 and 3, an academic and their associated practice placement teacher travelled together to make or host the visit. This provided an opportunity to test understanding by both, by asking each to complete a pre-visit questionnaire (independently) on the structure of the placement and nature of placement education. This allowed both to experience quality time together and provided opportunities for closer collaborative working on return. The analysis also provided interesting outcomes and will be discussed below.

Completing forms or questionnaires also became a problem for busy academics and practitioners. Eventually it became necessary to insist on completion of the pre-visit questionnaire before authorisation of a visit and completion of the post-questionnaire before authorisation of reimbursement of funds. During the last year a number of institutions asked to undertake a second visit. Visitors were also requested to post useful examples of documents used on placement or to teach students before placement. The scale of the postings is more than expected but also brought some unappreciated difficulties. Of course, all papers will be written in the native language and to share them they needed to be translated into English. It is to the credit and dedication of our visitors and Partners that many have been translated in order for them to be more widely disseminated and analysed. However, it also became clear that even within countries, there is little opportunity to share experiences of practice placement education and for this reason postings in original languages should have been encouraged. Some HEIs teach students in their final year in English and therefore posting information was less problematic than anticipated.

Learning points

- The diversity of approaches to practice placement education across Europe provided a rich field for data collection but required a highly structured methodology for its collection
- Visitors were chosen carefully to maximise the learning opportunities
- Tactics need to be employed to encourage completion of tasks
- A structured approach to data collection allows repeated visits to monitor change in practice
- Sharing of information is limited by language (and proficiency) when working in a European context and sharing in native languages on websites should be encouraged in the future as well as in English

4.2 Placement design, learning activities and assessment

The EDBS advises that a placement should be no less than 30 ECTS credits, which would be equivalent to about 900 hours of learning. The European Commission, Education and Training state that student workload ranges from 1,500 to 1,800 hours for an academic year, and one credit corresponds to 25-30 hours of work (http://ec.europa.eu/education/lifelong-learning-policy/doc48_en.htm). It was reported that only one third of the placements achieve the Benchmark hours with a range 10-67 ECTS credits. Calibrating the ECTS credits against learning hours can vary between institutions and within courses in the same institution (Farkas et al, 2004). Within clinical education, different weightings can be applied depending on the nature of the placement learning (Plasschaert et al, 2007). The variability seen in this project was therefore expected but may well reduce as more institutions become familiar with calibration of learning hours. Of further interest is that the learning achieved during the practical placement was assessed in 19 placements

The practice placement teacher undertakes supervision of the placements in all but one HEI. It was interesting to see that in many cases there is either joint supervision with academic staff or in some cases peer learning being undertaken (although for how many hours per week was not clear). It was also important to see that the ratio of practice placement teachers to students was reported at 1:2.4. This ratio raises an important question regarding patient safety if there is inadequate supervision; Kennedy et al (2007) suggest that more research is needed in this field and that a 'typography' of levels of supervision is required. There is probably no standard for practice placement teacher to student stipulated in any EU State, although figures reported here could form the basis of such a standard. The ratio would dictate the maximum number of students that could be safely supervised at any one time. Interestingly one report suggested that 14 students can be accommodated in any one placement, but this was the exception and it implies that more than 30 dietitians were engaged in supervision at any one time. In 2007, the mean number of students in any one placement was 5; and in 2008/09, the mean number was 4.7.

Some HEIs structure their placements in three or four discreet blocks. During these blocks a progression of learning and challenges are presented to the student. The data collected did not reveal the complexity of the dietetic cases to be seen and treated but it did reveal a progression in the use of teaching approaches used in the placements. The higher order, more complex competences such as counselling patients, developing care plans and assembling information into case studies was reported more often by HEIs using 3rd and 4th placements. For example, students were counselling patients alone in the 1st placement in only 16% of placements. This would seem appropriate, as it is difficult to learn the skills, interpret the data and assemble this information in a coherent manner (Chianese and Shannon, 2002, Ryan, 2002). However, counselling patients alone and assuming some level of responsibility had risen to 47% and 100% respectively in placements 3 and 4. It could be argued that once students graduate, they will be counselling patients on their own. Without practice in a safe environment, patients and clients could be put at risk.

The European Dietetic Competence Statements (2009) expect students at the point of qualification to be able to act in an autonomous manner. Indeed, if placement education is completed after only two placements, then only 67% of students may have had experience of counselling under supervision. Similar concerns could be expected about the ability to undertake a case study or work within an inter-disciplinary team. Perhaps of most concern is the 'control of a ward' or development of a treatment plan, which is reported to a higher degree on placements 3 and 4.

Assessment of students on placement is undertaken in a variety of ways and it was interesting to note that at least one HEI reported the use of performance indicators, as these have now been produced and adopted by EFAD (2009). Case studies, reflective exercises and exams were all reported, which indicates a wide range of methods for testing the many facets of knowledge, skills and attitudes a dietetics student must have to demonstrate competence. Importantly, visit reports indicated that there was a concern to make sure that tests were valid and reliable. Encouragingly, over half of visitors (58%) in 2008 and 2009 reported that practice placement teachers and academic staff undertake assessment together. This will not only ensure a collective responsibility but also good understanding of agreed standards. These visits also recorded that in 27 HEIs (87%) there is a formal pass or fail. Although the HEI has the major responsibility in making this decision, placement teachers also contribute in 60% of the cases. In 8 HEIs, students can still pass the dietetic programme even if they have failed the practical training, although it is reported that in only one country can they still qualify as a dietitian. However, this is of concern because in many European countries there is no formal national registration procedure with a specific set of educational and professional competences required before entry to the profession (Middleton et al, 2003). This means that with a qualification in dietetics a practitioner could be advising on diet therapy without demonstrating practical competence.

Learning points

- The structure, duration and frequency of placements vary across Europe with only a few achieving the recommended ECTS grades.
- Progression of increased complex learning activities is apparent especially in 3rd and 4th placements.
- The ratio of dietitians to students is 1:2.4 and an average number of students on a placement is 5.
- A range of assessment tools are used to assess the competences required of students before qualification.
- Practice placement teachers and academics are demonstrating best practice by assessing students together.

4.3 Quality Assurance

There are facets of assuring quality that start with preparation and testing, and end with monitoring to agreed standards (ref). The visits revealed that between 50 – 60% of HEIs provide their practice placement teachers with courses to enable them to learn more about teaching at a level appropriate for higher education. In a minority, this training is compulsory, although it could be argued that this should always be the case. In the UK, healthcare practitioners are being increasingly encouraged to undergo specific training and in a review of best practice, Kilminster and Jolly (2000) recommend frequent education and training. Further Ladyshevsky et al (1998) consider that best practice can enhance productivity for both student and practice placement.

42% of HEIs prepare written guidelines and organise special courses. However, there were concerns specifically addressed about how to maintain standards between different placements used by one HEI and how to monitor placements. The HEI visit placements are with varying degrees of frequency, although the majority (72%, n=13) state they visit at least once a year. Despite engagement, only 21% when questioned were sure of the way in which they could monitor quality. It would seem that this area in particular is in need to support and encouragement.

Students also need to be prepared for their placements and examples of best practice were presented. The visits demonstrated that there is active preparation not only in diet therapy but also in Ethical Codes of Practice and promotion of health.

Learning points

- Training the practice placement teachers enables the HEI and the placement to meet the same standards.
- Providing checklists from the HEI (but preferably developed jointly) for the placement ensures that expectations are common.
- There is still uncertainty about the way to monitor quality.

4.4 Building a knowledge network

In general, HEIs learned that there are differences but also similarities in the curriculum and the organisation of the training of dietitians throughout Europe. The visits did raise awareness about the quality of the education programme of each participating HEI and enabled reflection on ways of teaching. Visits also gave confidence to some HEIs that they were doing well and that they faced the same problems. Different HEIs mentioned the importance of sharing knowledge and experience with colleagues of other countries.

The results of the visits and the learning achieved by academics, practice placement teachers and the HEIs themselves contributed to the aim of the DIETS project of building a network of dietetics educators and dietetics practitioners across Europe. Moreover, the learning materials and quality indicators used by HEIs are accessible on the DIETS website for all registered users. This represents an enormous database of tools that can be used freely by any professional involved in the education of dietetics students.

While it has been very difficult to capture the changes to curriculum that have resulted from the visits it is possible to acknowledge the new networks that have arisen due to a desire to continue to interface, learn and continue improving quality of placement and dietetics education. An encouraging feature is demonstrated by 11 HEIs that went on two visits. Here change is recorded and significantly the biggest changes are recorded where those elements that involve more collaboration between the academic and the placement, eg academic staff involved in supervision, joint assessment, and joint decisions about pass or failure. Clearly there is a strengthening of relationships demonstrated in these results.

Networks can be sustained through various channels. EFAD, one of the key DIETS Partners has agreed to sustain the DIETS website, which means that all the resources uploaded will remain accessible and can be used any time in the future. The other possible way of sustaining and facilitating further changes is through the contacts and Erasmus exchanges established as a direct benefit of the visits. Examples of engagement for 'bilateral agreements' include:

- Maribor University, Slovenia + Uppsala and Umea University, Sweden (Follow-up questionnaire Year 1)
- University of Primorska, Isola, Slovenia + TEI of Crete, Greece (Visit Report Year 2)
- University of Plymouth, UK + University of Zaragoza, Huesca, Spain (Visit report Year 3)

5.0 Conclusions

The face-to-face visits have resulted not only in sharing of information and experience but numerous curricula, assessment tools and schema being placed on the DIETS website which is accessible to all Partners. These can be used to improve the quality of the practice placement experience across Europe.

The idea of the visits proved to be useful as it generated a huge amount of data. The HEIs that visited each other had a positive experience through the exchange of ideas. Critical reflection on the way they organised practice placement provided direct stimulation and impetus to change practice placement curricular and some immediate changes were identified during the course of this project.

However with respect to the Tuning agenda and the Bologna Process visits also revealed that some HEIs (15%) do not use credits for practice placement and some do not use the ECTS system to allocate points for practice placement. Where ECTS points for practice placement are used the point allocation is large (10-67 points) and apparently not explicitly related to the number of hours of learning. The demands in the practice placement should be based on dietetic competences to bring some uniformity to the placement experience and The European Dietetic Competences and their performance indicators (EFAD, 2009) should result in more convergence of standards.

Overall, the face-to-face visits have proved to:

- develop dietetic practice through improved education of students
- encourage academics and practitioners to be more open to change
- encourage networking and the sharing of knowledge, skills and experience amongst educators, dietetics practitioners and dietetics students in different European countries
- improve communications between educators and dietetics practitioners
- develop skills of all teachers (academic and practice) of dietetics students
- develop quality indicators for practical dietetics education (also see DIETS, 2009c)
- share and disseminate best practice for teaching dietetics in practice
- provide data for the description of all areas of dietetics practice, education and training throughout Europe
- promote evidence-based practice
- develop knowledge networks which would enhance a sustainability culture of continuing improvement and increase diversity

Bibliography

- Castiaux A (2007) Radical Innovation in Established Organizations: Being a Knowledge Predator *Journal of Engineering & Technology Management* 24 (1/2) 36-52.
- Chianese J and Channon B (2002) Teaching, learning and assessment of undergraduate radiography students: a strategy to develop progression towards competency *Journal of Radiography in Practice* 3 3-11
- Dietitians Improving Education and Training Standards (DIETS) Report 1: Building a technologically informed information and communication network in Europe (2009a)
- Dietitians Improving Education and Training Standards (DIETS) Report 3: Using Information Technology to share experiences and enhance communication skills (2009b)
- Dietitians Improving Education and Training Standards (DIETS) Report 5: Quality Assurance, Dietetic Competence and Dietetic Practice Placement Standards (2009c)
- Edinburgh and Portugal Agreements accessed through Healthcare Professionals Crossing Borders www.hpcb.eu/activities/portugal_agreement.asp
- EFAD (2005) *European Academic and Practitioner Standards for Dietetics (European Dietetic Benchmark Statement [EDBS])*. Available at www.EFAD.eu
- EFAD (2009) *European Dietetic Competences and their Performance Indicators* www.efad.eu
- EU Lisbon Strategy (2005) http://europa.eu/lisbon_treaty/full_text/index_en.htm
- Farkas I, Beke, J and Pálinkás, I (2004) *Current Status of the use of ECTS System in Agricultural Engineering Education in Hungary* At University Studies of Agricultural Engineering in Europe, Dijon 2004
http://74.125.155.132/scholar?q=cache:-hDFRnTchHUJ:scholar.google.com/+ects+learning+hours&hl=en&as_sdt=2000
- International Confederation of Dietetic Associations (ICDA) www.icda.org
- Kanjananiyot P (2004) *Internationalization Process: Reviewing the Fundamentals* paper given at Mae Fah Luang University, January 23, 2004
www.fulbrightthai.org/data/knowledge/intlization%20paper.doc
- Kennedy TJ, Lingard L, Baker GR, Kitchen L, Regehr G. (2007) Clinical oversight: conceptualizing the relationship between supervision and safety *J Gen Intern Med* 22 1080-5
- Middelton C, Lawson M, Soerensen M and Hådell K (2003) Education programmes and work of dietitians in the member countries of EFAD. Available at www.efad.eu
- Kilminster SM and Jolly BC (2000) Effective supervision in clinical practice settings: a literature review *Medical Education* 34 827-840
http://colleges.ksu.edu.sa/CollegeofPharmacy/Documents/Literature/English/Medical_Education/237.pdf
- Ladyshevsky RK, Barrie SC and Drake VM (1998) A Comparison of Productivity and Learning Outcome in Individual and Cooperative Physical Therapy Clinical Education Models *Phys Ther* 78 1288-1298

Plasschaert AJM, Manogue M, Lindh C, McLoughlin J, Murtomaa H, Nattestad A and Sanz M (2007) Curriculum content, structure and ECTS for European dental schools. Part II: methods of learning and teaching, assessment procedures and performance criteria *European Journal of Dental Education* 11 125-136

<http://www3.interscience.wiley.com/cgi-bin/fulltext/117991813/HTMLSTART>

Ryan S (2000) Facilitating clinical reasoning in Occupational Therapy students on fieldwork placements pp242-48; in Higgs J and Jones MA (2000) *Reviews and notes: Clinical Reasoning in the health professions 2nd Edition* Elsevier

<http://books.google.co.uk/books?hl=en&lr=&id=YfJmzMbX9jIC&oi=fnd&pg=PA242&dq=progression+of+learning+in+practical+placements&ots=U5kWrowrmy&sig=rkVqr6ZkWWTuYqbSky3sX8bcGUl#v=onepage&q=&f=false>

Appendix A

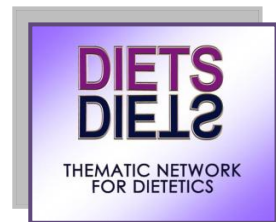
Assessment of the 2007 visits: follow-up questionnaire

Results from the follow-up questionnaire are reported here and in DIETS Report 3: Using Information Technology to Share Experiences and Enhance Communication Skills.

Question	Total Responses		Comments
	Yes	No	
Did you have enough information before the visit?	9	2	Information arrived too late; difficult to understand
Suggestions about future visits			Undertake more detailed preparation prior to the visit; a sample answer to the questionnaires; more helpful to exchange dietitians rather than doctors
How can dietetics education be improved in your country?			More placements; more courses and standards for improving practice placement education; more exchange visits between teachers and students; share evaluation tools
Have you made further contacts with your visitors?	7		Between 1 – 3 by email or letter
What information did you exchange?			How the visitors have used information exchanged; student (ERASMUS) exchange; future cooperation; how to complete questionnaire; clinical nutrition

Appendix B

Guidance on preparation for visits



Visits Plan Briefing Paper

Contents:

1. Purpose of visits
2. Values of Network
3. Confidentiality statement
4. The visit questionnaire
5. Draft timetable
6. Pre-visit tasks for host
7. Pre-visit tasks for visitors
8. During the visit
9. Post-visit tasks & correspondence
10. Claiming expenses

1.0 Purpose of visits

To share and disseminate best practice for teaching dietetics in practice

To develop quality indicators for practical dietetic education

To develop skills of dietetic teachers through exchange visits and promoting an evidence-based approach

In year one (2006-07) of the Thematic Network project, university teachers will participate in exchange visits of 3-5 days duration. Hosts and visitors will each be asked to provide information about how they teach and prepare student dietitians, both before and during their practice placement (internship). In year two (2007-08), dietitians in practice will participate in exchange visits.

2.0 Values of Network

The DIETS Network Management Group has agreed that the following values will guide the work of the network members whenever they meet with each other. We ask that during all your meetings you:

- **Accept** some responsibility for making it work
- **Listen** carefully to what others are trying to say
- **Understand** that almost everyone is working in a foreign language
- **Remember** the theme and aims of the meeting and keep to the point
- **Tolerate** views that may be alien to your values and counter them tactfully and rationally
- **Encourage** others to respond positively to your contributions
- **Observe** carefully the behaviour of others
- **Contribute** positively to discussion and other activities
- **Relate** ideas to your personal and professional experience

3.0 Confidentiality

A main priority of the Network is to disseminate information about best practice. A website has been set up for the Network with this in mind. On the website there are areas accessible by the public and private areas. There are password-protected areas accessible by all Network Partners and areas accessible by working group members only. We would like to be able to share as much of the information generated by the visits as possible. However, we are aware that some materials and information may need to be restricted to those who participated in the visits (where it is sensitive or confidential) or only placed on the private area of the website. Before you leave the visit please decide on the material that can be shared and with whom.

4.0 The Visit Questionnaire

A questionnaire, which must to be completed by each Partner institution at the end of the visit, will be available on the website before the visit commences. Before ending the visit please nominate one person from each HEI to complete the questionnaire on the website.

5.0 Suggested timetable

Visits have been budgeted as 5 days. A maximum of two visitors from the guest country may travel and claim expenses. It is suggested that a minimum of three days visiting is undertaken which leaves two days for travel. In some cases, it may be possible to reduce travel and spend more time at the host site. A suggested timetable is available separately.

Documents

It is important that both host and visitor can read those documents that are essential parts of the students practice learning. For example the programme for the development of the student dietetic skills both at the institution and on placements; the activities undertaken; assessment and competencies or learning outcomes. Please translate these essential areas to English for the purpose of the visit and also dissemination.

CHECK CONFIDENTIALITY

6.0 Pre-visit tasks for the host:

- Prepare a timetable that meets the intended outcomes (see 1.0 above) and suggested programme below (appendix 1).
- Confirm timetable with the visitors
- Translate and forward any relevant documents to visitors well in advance of the visit
- Arrange any visits outside the host institution
- Liase with visitors over travel arrangements (flight arrival and departure times, collection from airport etc.)
- Reserve hotel accommodation for visitors
- Alert staff in host institution to visitor timetable and purpose
- Alert visitors to any requirements for teaching or sharing of other information.
- Arrange to have digital photos taken throughout visit
- Include Judith (network manager) in all correspondence

To help disseminate information about the Thematic Network it would be helpful if visitors were to make a presentation to students and staff in the host HEI, or to participate in some other information sharing activity. *Remember: students are stakeholders in the Network too.*

7.0 Pre-visit tasks for the visitors

- Confirm the timetable
- Book and pay for own flights and inform hosts of travel arrangements
- Translate and forward all relevant documents from your institution to the host so that they have time to read and consider them before the visit
- Read all documents from the host before the visit
- Prepare a presentation for students at the host HEI (if requested by host).
- Include Judith (network manager) in all correspondence

8.0 During the visit

- Take photos
- Keep a record
- Telephone & email Anne &/or Judith regularly for support, guidance and to update us!

9.0 After the visit (Suggested correspondence)

- Following the visit please make sure that the questionnaire is completed and recorded on the website.
- Re-check with both host and visitors about any other documents which may also be posted on the website for future reference by the Network.
- Agree the text of the record and photos of visit to be posted on website (and whether for open-access or restricted to Partners or working groups only.)

10.0 Claiming expenses

Reimbursement can only be made on claims supported by receipts up to the maximum allowed per host country. Remember that the Network can only meet a maximum of 75% of the total costs and 75% of the staff costs. The Network Partner must meet the remaining 25%. Further information and expense claims forms are available on the website under "Reimbursement of expenses / Guidance to Claiming Reimbursement of Expenses". Expense claims forms can be downloaded from the website or obtained from the Network Manager.

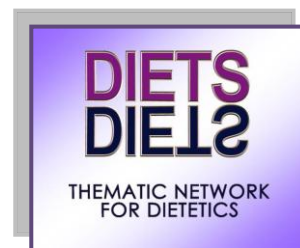
Appendix C

The questionnaire used for the visits in 2007

This online questionnaire is available from the DIETS website.

Appendix D

Pre-Visit Questionnaire 2008



Thank you for volunteering to participate in a DIETS 2008 exchange visit. These visits are designed to take place between dietitians who supervise students in their practical training periods and include HEI lecturers. It is not necessary for the visitors to meet students, although it would be interesting to hear their views. Last year the visits were between HEI staff and their reports are on the DIETS website – you may want to see who was involved in visits and what they had to say last year.

The purpose of the exchange visits is:

1. To share and disseminate best practice for teaching dietetics in practice
2. To develop quality indicators for practical dietetic education
3. To develop the skills of dietetic teachers
4. To promote evidence-based practice

The information collected by this questionnaire will be shared with all network Partners to help improve the education and training of dietetic students throughout Europe (one of the key aims of the Network) and to ensure that each visit generates as much useful information as possible.

To improve the opportunities for sharing you will be asked to email information/documents. These will go on the members website and should be emailed directly to:
networkmanager@thematicnetworkdietetics.eu

There are three parts to this questionnaire:

The supervisors in practice and the HEI lecturer should complete this questionnaire.

Part 1 Questions about your HEI

Part 2 Questions about how your HEI organises practical placement

Part 3 Questions about how you train and assess students and teachers before and during practice placement

Please answer all questions as fully as possible.

Where you are asked to give extra information please email this directly to
networkmanager@thematicnetworkdietetics.eu

Part 1 Background Information

Name of person completing questionnaire

Title

First name

Family name

Address

Telephone

Email address

Name of Partner Higher Education Institution (HEI)

DIETS code number (if known)

Part 2 Information about the preparation undertaken to teach students

2.1 How many weeks of practical placement do students undertake in total before qualification?

Number of weeks

Number of hours per week

2.2 Who supervises the student during practical training placement(s)?

Placement supervisor

HEI staff member

Both

Peers (other students)

Others – specify

2.3 What proportion of total practical placement teachers are dietitians? %

2.4 Do you require a practical training placement to have a minimum number of dietitians to supervise a student YES/NO?

If yes, what is the ratio of dietitians to students -----: -----

Do you have a minimum of students that can be in a placement at any one-time YES/NO?

If yes, what is that minimum?

2.6 Does the HEI provide training for the practical training placement supervisor(s)? YES/NO

Is the training compulsory before the students are put into a placement YES/NO?

If yes Describe in 50 words what is involved in that training eg the length of the training and the content & email any relevant documentation

2.7 Which of the following skills do you think practice placement teachers need to effectively train & assess students?

- Being aware of criteria for the assessment
- Being competent in the activity the student has to do
- Being competent in giving feedback to the student
- Being aware of the student's study programme
- Being competent in coaching the student
- Being familiar with the dietetic department, ward or kitchen
- Being a competent dietitian
- Good communication skills
- Being able to create a safe learning atmosphere (where student feels able to ask questions, make mistakes etc.)
- Other: please, specify:

2.8 Do you ensure that practice placement teachers have the skills necessary to teach and supervise students? YES/NO

If yes, how do you do this?

Describe in 50 words the training which is undertaken & email any relevant documentation
--

If no, please briefly explain reasons

2.9 Does the HEI have a checklist of requirements to be fulfilled by a practical placement centre before students are placed? YES/NO

If yes, describe in 50 words what is in the checklist & email the checklist and any relevant documentation
--

2.10 Does the HEI visit all practical placement centres to ensure these requirements can be met? YES/NO

If no go directly to question 2.11

If yes, how often is each practical placement centre visited by an HEI member of staff?

X3/year x1/year other, please specify

If yes, do you have written guidelines for assessing & approving practice placement? YES/NO

If yes, either scribe in 50 words the assessment procedure and/ & email any relevant documentation
--

2.11 Is the student assessed on any of the practical placement? YES/NO

If no go directly to question 2.13

If yes, what proportion of total practical placement is assessed? %

And who assesses the student during placement training?

- Placement supervisor and other placement staff
- HEI staff member
- Both placement and HEI staff
- Peers
- Others – specify

2.12 How is assessment undertaken?

If yes, describe in 50 words the format of the assessment & it would be very helpful if you could email any relevant documentation

2.13 Is there a formal pass/fail of placement? YES/NO

If no, go directly to question 2.15

If yes, who decides if a student passes or fails?

- Placement supervisor and other placement staff
- HEI staff member
- Both placement and HEI staff
- Peers
- Others – specify

2.14 If a student fails the practical placement can they:

- Attempt to pass after further training? YES/NO
- Still pass the campus-based course? YES/NO
- Qualify as a dietitian? YES/NO

2.15 Are your students made aware of/introduced to an ethical code of practice? YES/NO/don't know

If no or don't know, please go to Part 3

If yes, is it

- On the campus-based course YES/NO
- On placement YES/NO

When?

- Year 1
- Year 2
- Year 3
- Year 4

If yes, please describe in 50 words how the codes of practice are introduced & email any relevant documentation

Part 3 Information about the learning environment

3.1 How do you ensure that students have been taught to an appropriate level before starting practice placement?

Students have to pass certain assessments before they are allowed to start practical placement

More than one lecturer does assessments of individual students

Other, please specify

We do not ensure this

3.2 Is there a mechanism in place to ensure that teachers in the HEI have the skills necessary to teach and supervise students? YES/NO/don't know

If yes, how is this achieved?

Describe in 50 words the way that teachers in HEIs are prepared and monitored to teach students ready for their practical training & email any relevant documentation

If no, please briefly explain reasons

3.3 How many different practical placements do students undertake? (number)

Which of the following methods do you use to teach students in practice placement?

For courses that have more than one placement please tick the placement during which this type of method will be used most often

Please feel free to enter other methods in rows below

Activity	First Placement	Second Placement	Third Placement	Fourth Placement
	Let student observe a qualified dietitian at work			
Explain how the student should do the task				
Let student counsel patients under supervision				
Let student counsel patients alone				
Set learning tasks then ask questions/test if they have understood tasks				
Show videos showing techniques (counselling/interviewing/HACCP)				
Ask student to keep a reflective diary				
Ask student to reflect orally on learning experience				
Ask student to prepare case studies				
Role play/video				
Form inter-disciplinary teams				
Assign student full control of a ward				
Ask student to develop a treatment plan from patient records				
Any other?				

Please feel free to email any examples of methods you use

3.4 Have you developed any training modules or courses to support student training in practice? YES/NO

Describe in 50 words & email any relevant documentation

3.5 Are students trained in any of the following areas of health promotion?

Smoking cessation YES/NO
Physical activity YES/NO
Alcohol awareness YES/NO
Changing lifestyle YES/NO
Environmental issues YES/NO
Health promotion eg Cancer/heart disease prevention YES/NO
Other - YES/NO

If yes please give any further details about ways in which this is done and at what point in the training:

3.6 Can you identify any evidence that you have (or could use) that a particular technique or action improves the practice placement teacher's ability to teach and support students? YES/NO/not sure

If yes please describe in 50 words & email any relevant documentation

3.7 Do you test that the student has undertaken an activity to a minimum standard? YES/NO
If you answered NO, please go to question 3.8

What do you use? For example by using competency outcomes/ performance indicators
Please specify

3.8 Which of the following test standards do you use to test that your student has achieved a minimum standard?

Student observed performing the activity by a practice placement teacher (dietitian)
Student observed performing the activity by a lecturer from HEI
Video of student performing the activity assessed by a practice placement teacher (dietitian)
Video of student performing the activity assessed lecturer from HEI
Student questioned/assessed by practice placement teacher
Student questioned/assessed by a lecturer on return to HEI
Student's reflections/report assessed by practice placement teacher
Student's reflections/report assessed by lecturer from HEI
Patients asked to report on their interaction with student
Dietitians and/or other staff members at the practice placement setting asked to evaluate
Compare performance to a validated list of criteria (checklist)
Other: please describe in 50 words and email any relevant documentation

3.9 Please identify any tools and/or technology you use to assess students' performance in the box below:

Describe in 50 words & email any relevant documentation

3.9 Do you ensure that teachers in the HEI and teachers in the practical placement use the same methods and standards of assessment? YES/NO

If yes, how do you do this?

Describe in 50 words & email any relevant documentation

If no, please briefly explain reasons

3.10 Please identify any evidence that the assessment tools and methods used to test the student provide reliable and valid results?

Describe in 50 words how you have tested the tools you have used & email any relevant documentation

If you do not have, or unsure if you have, any evidence that the tools are valid and reliable would you like to get this information? YES/NO/not sure

3.11 Identify three aspects of your practice placement that you would be happy to describe and demonstrate to the DIETS network and state why.

- a)
- b)
- c)

Thank you very much for answering this questionnaire

Appendix E Institutions participating in a visit

Year 2007

Host	Country	Guest	Country
Uppsala & Umea Universities	Sweden	Maribor and Primorska Universities	Slovenia
University of Rome	Italy	Higher School of Health Technology, Lisbon	Portugal
HAN University, Nijmegen	Netherlands	University of Plymouth	UK
University College of St Lieven	Belgium	Warsaw Medical University	Poland
University of Navarra	Spain	University College Ghent	Belgium
Dublin Institute of Technology	Ireland	Thessaloniki Technological Education Institute	Greece
Harakopio University	Greece	University Teaching Hospital, Prague	Czech Republic
Semmelweis University	Hungary	Complutense University of Madrid	Spain
University of Siena	Italy	Charite University Berlin	Germany
Hacettepe University	Turkey	University of Pecs	Hungary
University College, Jutland	Denmark	Amsterdam School of Nutrition and Dietetics	Netherlands
Jagiellonian University	Poland	Erciyes University	Poland

Year 2008

Host	Country	Guest	Country
University of Pecs	Hungary	University of Kempen	Belgium
Charité University Berlin	Germany	Hacettepe University	Turkey
Gothenburg University	Sweden	Dublin Institute of Technology; Irish Nutrition and Dietetic Institute	Ireland
University of Science and Technology Lille; French Language Dietetic Association	France	University of Porto	Portugal
Higher School of Health Technology of Lisbon; St Martha Hospital	Portugal	The Hague University of Professional Education	Netherlands
University of Primorska	Slovenia	TEI of Crete; Hellenic Association of Dietitians – Technologists of Nutrition	Greece
Amsterdam School of Dietetics	Netherlands	Bernese University of Applied Science; Swiss Dietitian Association	Switzerland
University of Kuopio	Finland	Harokopio University	Greece
The Robert Gordon University, Aberdeen	UK	Vilnius College Faculty of Health Care	Lithuania
FH Joanneum University of Applied Sciences, Graz / Gleichenberg	Austria	University College of Sint- Lieven; Academic Hospital of Ghent	Belgium
University College Ghent	Belgium	University of Kaunas	Lithuania
University of Plymouth	UK	Medical School of Comenius University, Bratislava	Slovakia

Year 2009

Host	Country	Guest	Country
TEI of Crete; Hellenic Association of Dietitians – Technologists of Nutrition	Greece	Instituto Politécnico de Bragança	Portugal
University of Vic	Spain	University of Pecs	Hungary
Kaunas University	Lithuania	FH Joanneum Graz / Bad Gleichenberg	Austria
University College of Plantijn	Belgium	Semmelweis University College	Hungary
University of Zaragoza	Spain	University of Plymouth	UK
University of Primorska	Slovenia	Harokopio University	Turkey
Hacettepe University	Turkey	IUT Of Montpellier	France

Appendix F – Summary Table of Visits Questionnaires – Qualitative Results

Visits 2008

Learning from others	How to implement	HEIs
<p>Increase responsibility of students by involvement in organisation of internship</p> <p>Accreditation points for practice placement teacher (stimulation for teaching students)</p> <p>Written report not only by student but also by practice placement teacher.</p>	<p>Students will propose their own goals and the means to achieve them during practice placement</p> <p>The practice placement teacher will present a report in the same period of time that the students have to present their report.</p>	<p><i>Higher School of Health Technology of Lisbon Portugal from The Hague University of Applied Science, The Netherlands</i></p>
<p>Split up internship in different practice placement centres.</p>	<p>Split the internship in smaller parts</p> <p>Split up internship in different practice placement centres It is one of our intentions to develop the possibility of the students to have a rotation in their training throughout different training places for developing a better understanding and a global experience of the working places where they could work after graduation.</p>	<p><i>The Hague University of Applied Science, The Netherlands from Higher School of Health Technology of Lisbon, Portugal</i></p> <p><i>Kaunas University, Lithuania from University College Ghent, Belgium</i></p> <p><i>TEI of Crete, Greece from University of Primorska, Isola, Slovenia</i></p>
<p>Practice in non-hospital or private areas</p>		<p><i>The Robert Gordon University, Aberdeen, Scotland from Vilnius College, Lithuania and vice versa</i></p>
<p>Include more problem-based teaching</p> <p>Focus of teaching more towards advising the patient</p> <p>Develop a system of assessment for practical placement</p> <p>Get more support for the higher education of dietitians</p> <p>Introduce basics of research into the study programme</p>	<p>Some changes can be incorporated in the next upgrade of education of dietetics in Slovakia</p>	<p><i>Medical School of Comenius University, Bratislava, Slovakia from University of Plymouth, UK</i></p>
<p>Improve practice placement learning by:</p> <ul style="list-style-type: none"> - availability of college staff member to support practice placement learning - devising training system for practice placement teachers - devising a student training manual - development of support materials for assessment (Likert scale) 	<p>Employment of a staff member to provide practice placement support. This would allow review and completion of support materials, eg student training manual, placements descriptors, learning outcomes and standardised formative and summative assessment tools.</p> <p>Incorporation of the Likert scale for formative assessment</p>	<p><i>Dublin Institute of Technology and Irish Nutrition and Dietetic Institute, Ireland, from Gothenburg University, Sweden</i></p>

More practice placement learning possibilities	<p>Review of summative assessment tools used in the Irish system</p> <p>Review system of formative assessment, taking into consideration the materials made available through the DIETS website</p>	<p><i>Gothenburg University Sweden from Dublin Institute of Technology and Irish Nutrition and Dietetic Institute, Ireland</i></p>
More inter-disciplinary learning in theory and practice	<p>Investigate the use of inter-disciplinary working</p> <p>We would like to do some study projects that can be done between dietetic students and students in healthcare</p> <p>Continue to work with Aberdeen IPE to develop IPL (Interprofessional learning) in placement situations and on course.</p> <p>More use of clinical skills centre, continue role play, assessment of communication skills</p>	<p><i>Dublin Institute of Technology and Irish Nutrition and Dietetic Institute, Ireland, from Gothenburg University Sweden</i></p> <p><i>Hacettepe University Turkey from Charité University Berlin, Germany</i></p> <p><i>The Robert Gordon University, Aberdeen, Scotland from Vilnius College, Lithuania</i></p>
Oral presentation of case studies by students to peers and HEI staff	Organise oral presentations of case studies by students to peers and HEI staff during practice placement	<i>University College Ghent, Belgium from Kaunas University, Lithuania</i>
<p>More theoretical knowledge about food technologies, culinary/dietetic techniques</p> <p>Practice placement in catering management systems</p>	<p>Introduce in curriculum:</p> <ul style="list-style-type: none"> - more theoretical knowledge about food technologies, culinary/dietetic techniques - practice placement in catering management systems 	<i>Kaunas University, Lithuania from University College Ghent, Belgium</i>
Cooking practices for patients having specific dietary requirements	Our students training in practice need to learn how to use the diet kitchen for the adult patients having specific dietary requirements.	<i>Hacettepe University Turkey from Charité University Berlin, Germany</i>
Self-assessment system for students during practice placement	<p>Self-evaluation system could be adopted in practice placement, if the Pedagogic Committee approves this method.</p> <p>We would like to develop a self-assessment system for the students attending the placements</p>	<p><i>University of Porto, Portugal, from Université de Lille, France</i></p> <p><i>Hacettepe University Turkey from Charité University Berlin, Germany</i></p>
<p>New BDA curriculum framework to include more emphasis on communication skills, psychology, health improvement & clinical skills</p> <p>Increase knowledge of first aid</p> <p>Increase the number of Scottish dietetic placements</p>	<p>Continue to develop & simplify assessment tools</p> <p>Include basics of first aid together with health & safety issues into portfolio</p>	<i>The Robert Gordon University, Aberdeen, Scotland from Vilnius College, Lithuania</i>
<p>Create a more independent learning environment</p> <p>Extend course to 4 years, the possibility of having one profession</p>	<p>Create new evaluation forms for each week of placements</p> <p>Create criteria for guidance for work each week, for students, for</p>	<i>Vilnius College, Lithuania from The Robert Gordon University, Aberdeen, Scotland</i>

for registered dietitians	tutors and practitioners, set deadlines for assignments Implement an uniform policy guideline Use of witness statements for assessment of presentations	
Selection system for entrance of study Starting dietetic modules in the 2nd year instead of the 3 rd year (4 years study)		<i>Hogeschool Amsterdam, Netherlands from Berner Fachhochschule, Switzerland</i>
Experiences in problem-based learning and evidence-based p Training in counselling situations by letting students film counselling of their family or friends at home	Already implemented PBL and EBP but profit from Amsterdam's experience to improve	<i>Berner Fachhochschule from Hogeschool Amsterdam</i>
Combination of theory in class and practice by 'bed-side teaching' Integrated examination before practice placement Use more information from medical records	Task during theoretic classes and execution during short practice placement in 2nd year (3 year study) Will be discussed with other HEIs in Flanders: would be useful to standardise level and knowledge of students Practical placement teachers can teach student how to select useful information from medical records	<i>Kempen University College Kempen Belgium from University Pécs, Hungary</i>
Credits for practice placement Detailed evaluation form for practice placement Test of theoretical knowledge during practice placement Teach students nutrient content per portion	Award credits for practice placement Use of competences evaluation form for practice placement evaluation as a student self-evaluation method Test of theoretical knowledge by practice placement teacher during practice placement Teach students nutrient content not only of 100 g of food products but also for one portion	<i>University Pécs, Hungary from Kempen University College Belgium</i>
The 'public health component' within practice placement More intensive training in catering settings Ideal student/supervisor ratio is 1:1	Enhance training in catering tasks during practice placement	<i>Harokopio University, Athens, Greece from University of Kuopio, Finland</i>

Visits 2009

Learning from others	How to implement	HEIs
Practice placement in different areas and other than clinical settings, eg food industry, catering service, community service	Expand training in other than clinical settings	<i>Technological Educational Institution of Crete from Instituto Politécnico de Bragança Harokopio University Athens, Greece from University of Primorska, Isola, Slovenia</i>
The opportunity to access multiple practice placement centres leads to wider views	Introduce in course curriculum	<i>Kaunas University Lithuania from University FH Joanneum, Bad Gleichenberg, Austria</i>
Evaluation of students through grades Research project during practice placement		<i>Technological Educational Institution of Crete from Instituto Politécnico de Bragança</i>
Payment of students during practice placement		<i>Instituto Politécnico de Bragança from Technological Educational Institution of Crete</i>
Method of visits and assessments of the students on all the placements Assessment of the final dissertation System of project weeks (inter-professional project with different healthcare departments)	Implement some of the ideas in the new curriculum	<i>Semmelweis University Budapest Hungary from University College Plantijn Antwerp Belgium</i>
Way of working with international students (practice placement) Final practical examination Organization, of farewell party as a 2 nd year project for the 3 rd years	Optimisation of international contacts Think about implementing practical final exam	<i>University College Plantijn Antwerp Belgium from Semmelweis University Budapest Hungary</i>
Multi-centre international study providing opportunity for practical placement and research project provision		<i>Plymouth University, UK from University of Zaragoza, Huesca Spain</i>
Method teaching problem-based learning Importance of evidence-based practice Importance of continuous professional development	Incorporate problem-based learning in the training programme	<i>University of Zaragoza, Huesca Spain from Plymouth University,</i>
Assessment of supervisors and practice placement settings by students	Assessment of practice placement supervisors and settings	<i>Harokopio University Athens, Greece from University of Primorska, Isola, Slovenia</i>
More equipment and tools More analysis of clinical cases More face- to-face relation Enhance the follow-up of students		<i>Université de Montpellier France from Hacettepe University, Ankara Turkey</i>

by the academic staff. More professional exchange between field and institutional about training supervision		
The collaboration between University and Public Health Centre (working field for students) Wide range of nutrition related work in early educational years Students of residency program should receive more theoretical knowledge about food technologies, culinary/dietetic techniques and practice placement in catering management systems	Offering placement learning options in Public health Centres and kindergartens Introduce in course curriculum	<i>University FH Joanneum, Bad Gleichenberg, Austria from Kaunas University Lithuania</i> <i>Kaunas University Lithuania from University FH Joanneum, Bad Gleichenberg, Austria</i>

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- 1 University of Vic
 - 1 Bernese University of Applied Science
 - 2 University Of Primorska Slovenia, College Of Health Care Izola
 - 3 Higher School of Health Tchnology of Lisbon
 - 4 University of Plymouth
 - 5 School of Medicine, Cimenius University, Bratislava
 - 6 The Robert Gordon University
 - 7 Plantijn University College Antwerp
 - 8 Technological Education Institute (TEI) of Crete
 - 9 Higher School of Health Tchnology of Lisbon
 - 10 University college of Sint-Lieven
 - 11 Harokopio University
 - 12 Kempen University College
 - 13 University college of Sint-Lieven
 - 14 Kaunas University of Medicine
 - 15 The Robert Gordon University
 - 16 University college of Sint-Lieven
 - 17 Gothenburg university
 - 18 University of Vic
 - 19 University of Leuven
 - 20 University of Plymouth
 - 21 Plantijn University College Antwerp
 - 22 University of Pecs, Faculty of Health Sciences
 - 23 Hogeschool van Amsterdam
 - 24 Technological Educational Institution of Thessaloniki
 - 25 Dublin Institute of Technology
 - 26 University college of Sint-Lieven
 - 27 University College Ghent
 - 28 Dublin Institute of Technology
 - 29 University of Amsterdam
 - 30 University of Plymouth
 - 31 Semmelweis University Faculty of Health Sciences
 - 32 Bernese University of Applied Science, Bern, Switzerland
 - 33 School of Medicine, Cimenius University, Bratislava, Slovakia
 - 34 University of Pecs, Faculty of Health Sciences
 - 35 Vilnius College Faculty of Health Care
 - 36 Kaunas University of Medicine
 - 37 Polytechnic Institute of Braganca
 - 38 Dublin Institute of Technology
 - 39 Higher School of Health Tchnology of Lisbon
 - 40 University College of Sint-Lieven
 - 41 University College Ghent
 - 42 University of Vic
 - 43 Dublin Institute of Technology
 - 44 Gothenburg university
 - 45 University of Amsterdam
 - 46 University of Plymouth
 - 47 Semmelweis University Faculty of Health Sciences
 - 48 University Of Zaragoza
 - 49 Faculdade de Ciências da Nutrição e Alimentação da Universidade do Porto
 - 50 University of Lille
 - 51 University of Leuven
 - 52 College of Health Care Izola
 - 53 University of Pécs
 - 54 Universityof Plymouth
 - 55 University Campus Bio-Medico
 - 56 Universityof Plymouth
 - 57 University college of Sint-Lieven
 - 58 Harokopio University
 - 59 University College Ghent

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- ⁶⁰ College of Health Care Izola
⁶¹ University of Pécs
⁶² Semmelweis University Faculty of Health Sciences
⁶³ Hogeschool van Amsterdam
⁶⁴ University of Plymouth
⁶⁵ University College Ghent
⁶⁶ College of Health Care Izola
⁶⁷ University of Plymouth
⁶⁸ University College Ghent
⁶⁹ Faculty of Health Sciences University of Maribor
⁷⁰ Department of Clinical Nutrition, University of Kuopio
⁷¹ Kaunas University of Medicine
⁷² School of Medicine, Cimenius University
⁷³ Dublin Institute of Technology
⁷⁴ Dublin Institute of Technology
⁷⁵ Kempen University College
⁷⁶ The Robert Gordon University
⁷⁷ University of Plymouth
⁷⁸ Plantijn University College Antwerp
⁷⁹ Bernese University of Applied Science
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⁹² University of Vic
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⁹⁴ Amsterdam School of Nutrition and Dietetics, Amsterdam, the Netherlands
⁹⁵ University of Plymouth
⁹⁶ Harokopio University, Kallithea, Greece
⁹⁷ Faculty of Health Sciences, Semmelweis University, Budapest, Hungary
⁹⁸ Dublin Institute of Technology, Dublin, Ireland
⁹⁹ Department of Food and Nutrition Umea University, Umea, Sweden
¹⁰⁰ Hacettepe University, Ankara, Turkey
¹⁰¹ University of Plymouth, Plymouth, UK
¹⁰² Harokopio University, Kallithea, Greece
¹⁰³ Amsterdam School of Nutrition and Dietetics, Amsterdam, the Netherlands
¹⁰⁴ University of Uppsala, Uppsala, Sweden
¹⁰⁵ The Robert Gordon University
¹⁰⁶ University of Plymouth