Therapy Assistant Practitioner: Demonstrating Practice Logbook



Name: Rhiannon Edwards
Supervising Therapist/ Mentor: Laura Willis
Date commenced: December 2023

The content page includes a check list of evidence to be collected with columns to help correspond the continents.

Contents	Pages	Appendix
1. Log of supporting documents from mentor:		
a. Log of assessments and goal setting.	5-6	1a
b. Log of a wide range of assessments.	7-9	1b
c. Log of clinical interventions within scope of practice.	10-12	1c
d. Log of risk a risk assessment and how it informs practice.	13-14	1d
e. Report on learner's time and workload management.	15	1e
f. Log of compliance with mandatory training.	16	1f
2. Copy of a recent Personal Development Appraisal Review (PDAR).	17-19	2a
3. Copy of recent supervision records (at least two).	20-22	3a
4. Completed peer review sheet.	23-25	4a

The Therapy Assistant Practitioner (TAP) demonstration of competencies in the following areas:			
1. Log of supporting documents from mentor:	Details to include:	Date of completion:	Mentors signature:
a. Log of assessments and goal setting.	A completed initial assessment or detailed screening form, including evidence of patient centred goal document.	26/1/24	
b. Log of a wide range of assessments.	A minimum of three assessments completed, demonstrating a range of skills and tools.	17/1/24	
c. Log of clinical interventions within scope of practice.	A minimum of three interventions completed, demonstrating a range of skills within scope of practice.	19/1/24	
d. Log of a risk assessment and how it informs practice.	A completed risk assessment within the workplace, which can include clinical practice or department procedure. This can include case notes, reports, DATIX or professional discussion, which consists of risk identified, how the learner managed the risk and informed progress.	14/2/24	
e. Report on learner's time and workload management.	A completed report with mentor's feedback of the learner's time and workload management. The report can be completed on a word document and will need to be signed and dated. The report will need to include an example of how the learner demonstrates good time and workload management.	25/1/24	
f. Log of compliance with mandatory training.	A copy of the learner's compliance with mandatory training. Compliance is required to be 80% or above.	6/2/24	
2. Copy of a recent Personal Development Appraisal Review (PDAR).	A copy of the most recent PDAR document completed with supervisor / mentor.	6/2/24	
3. Copy of recent supervision records.	A minimum of two supervision records, demonstrating attendance and contribution to supervision and agreement to actions.	6/2/24	
4. Copy of peer review document.	An attached copy of the peer review document completed following observations of others presentations.	8/2/24	

This logbook was completed by:
Mentor's name: Laura Willis ..... Mentor's signature: ..... Date: 14/02/2024

Learner's name: Rhiannon Edwards Learners' signature: R EDWARDS Date: 14.2.23

INITIAL ASSESSMENT

Date: 26.1.24
Time: 11.20am
Location: Bocastle
Seen alone or with Spoke = Mitu

Reason for dietetic referral: Weight Loss

Patient expectations: Discussed = Staff

A: Anthropometrics: Date 20.1.24

Usual Wt (kg) Date 14.9.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
62.8kg	56.4kg	1.71	19.28	10.19% ↓ over 5/12	—	3

Other
27.10.23 - 59.4kg, 26.11.23 - 59.4kg, 22.12.23 - 58.2kg
15.1.24 - 57.2kg

B: Biochemistry: Date
Nil recent.

C: Clinical
Alzheimer's Disease. Prone to UTI's, Hypertension.
Seen by GP on 15/1/24. ↓ Pregabalin to 25mg as sleepy PM.
Bowel - Type 6 stools - Previously bowels open 24hrs ago - Type 4 stools.
(N) Diet (N) Fluids
NO Pressure Areas - Skin intact

SALT Assessment
N/A

Relevant Medication
Atorvastatin, Fluoxetine, Macrogol, Pregabalin, Zopiclone, Colecalciferol, Lorazepam, Paracetamol.

D: Dietary / Estimated Intake
Fec for 25/1/24 - (BF) - yogurt (all) Porridge (all), (L) - Meatballs, Mash + Veg (1/2), Dessert (all), (Eve) Cauliflower cheese - (all), Mousse (all), Supper: Jaffa cakes x 2 (all) Fluid: 1200mls (Milkshake, squash, Tea).
24/1/24: (BF) - Porridge (all), yogurt - (all), (L) Roast Pork Dinner (all), Rice Pudding + Jam - (all), (Eve) - Stew (200ml - all), Mousse (all), Supper: Mousse - (all) - Fluid: 1600mls - (Squash, Milk, Coffee). Pleased stay as Fec show similar intake. Staff are implementing a food first approach (Fortified meals, Nourishing Drinks).

NutritionalRequirements

As Per malnutrition Pathway

E: Environmental (including behavioural and social)

Hoisted. Stn ait is during meal.

Additional Discussion and Clinical Reasoning

Wt loss noted over the last 5 months (>10%) and wt continuing dropping however does appear to be eating well @ present. BMI towards the lower end. Already implementing food first approach

Nutritional Diagnosis

Aim

Improve nutrition

Goals **Code:**

Promote wt gain
Prevent wt loss

Plan/Monitoring

- Start Ayres Shake 570g BD - Sauce Service
- Monitor wt weekly
- Encourage intake - High calorie snacks, Nourishing drinks
- Keep Strict food + fluid intake Chart
- Monitor bowels.
- Family aid food + fluid

Timescale for review: 1/52 ons check.

Verbal consent ☐ All risks, benefits and alternatives of dietetic Intervention explained and understood **Leaflet code**	**Patient lacks capacity** ☑	**Plan given to patient** ☐ **Information sheet code/s:**

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	**Name:** RHIANNON EDWARDS	**Sign:** REdwards
Specialist Dietitian	**Name:** LWILLS	**Sign:**

REVIEW ASSESSMENT

Date: 16.1.24
Time: 11.20
Location: Abergavw Manor
Seen alone or with Spoke = Cherie / Gloria + Pt

Reason for review Planned ONS Review

Patient expectations Maintain weight

A: Anthropometrics Date: 26.12.23

Usual Wt (kg) Date: 22.9.23	Prev Wt (kg) Date: 1.12.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
76kg	71.3kg	74.1kg	1.77m	23.65	3.78%	—	0

B: Biochemistry: Date Nil recent

C: Clinical /Medication update
Bo 15/1/24 - Type 4 Stools
No Pressure area - Skin intact
(N) Diet (N) Fluids - No coughs reported c Swallow / Choking or Chest infection
Reported as medically Stable @ Present

SALT Assessment None

D: Dietary / Nutritional Requirements Update
Rec @ 15/1/24 :- (BF) - all - (not observed what food item was) (lu) Chicken Tikka + chips (Mostly eaten), Ice-Cream - (Mostly Eaten) (En) all - (Not observed what Bag) .. - Fluid - (approx) 14/1/24 :- (BF) (all) - (Food not observed) (Lu) - all, (En) - Sandwiches Crisps + Ice-Cream (Mostly eaten) - Fluid :- Tea Orange Fcm + Coffee. Family bring in Snacks - Chocolate / fruit

E: Environmental Update None

Discussion/Review of diagnosis/aims/goals
Requested Staff Weigh Pt asap I will telephone on 19/1/24 to check as EC Bo Stopped at previous review.

Plan:
- Weigh Pt by 19.1.24
- Keep Food + Fluid chart - Document all food eaten / offered / refused
- Encourage high calorie Snacks + Nourishing drinks
- Orally Fed Food + Fluid

Timescales for review Tel 19.1.24 & Wt - ? d/c if Stable

Verbal consent update ☑ **Leaflet code**	**Patient lack capacity** ☐	**Plan given to patient Information sheet code** ☐

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	**Name:** Rhiannon Edwards	**Sign:** REdwards
Dietitian	**Name:** Graham Burke	**Sign:** Graham Burke

∞ Tel Rev ∞

REVIEW ASSESSMENT

Date: 17.1.24
Time: 2.10pm
Location: Grantwd Care Home
Seen alone or with Spoke = Jenna

Reason for review Planned ONS Review

Patient expectations Unable to Speak = Pt.

A: Anthropometrics Date: 6.1.24

Usual Wt (kg) Date: 14.10.23	Prev Wt (kg) Date: 9.12.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
44.2kg	44.6kg	44.3kg	1.54m	18.68	0.67% ↓	—	(1)

B: Biochemistry: Date Nil recent

C: Clinical /Medication update
Recent Chest + Urine Infection - Completed Course of antibiotics
Can be Sleepy @ times.
No Pressure Areas - Skin intact -
On laxatives for bowels - Can sometimes be in Pain as She "holds herself" and doesn't open her bowels.
(N) Diet (N) Fluids - No Swallowing issues or Coughing/Choking

SALT Assessment None

D: Dietary / Nutritional Requirements Update
Typical daily intake: (BF) - Ready Brek (am), (Lu) - main meal + dessert (am), (Tea) Sandwich + Crisps (am) Snacks: Cakes/Biscuits fluid: ~ 1300ml/day. Appetite is good when alert/awake however when not feeling well/Sleepy then eats small amounts. Taking EC once daily (occasional refusal)

E: Environmental Update Isolated in room due to influenza outbreak

Discussion/Review of diagnosis/aims/goals
Small wt loss since our Prior review however has remained Stable Since Oct '23. E + D well when alert/awake + feeling well in herself

Plan:
- Continue EC OD
- Encourage intake - fortified diet, high calorie Snacks + Nourishing drinks
- Weekly weights
- Stick food + fluid chart

Timescales for review 1/12

Verbal consent update ☐ Leaflet code	Patient lack capacity ☐ Acted in best interest	Plan given to patient ☐ Information sheet code

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	Name: Rhian Edwards	Sign: REdwards
Dietitian	Name: Rachel Harris	Sign: RHarris

Tel R/v

REVIEW ASSESSMENT

Date: 17.1.24
Time: 2.30pm
Location: Glafford Care Home
Seen alone or with Spoke = Jenny

Reason for review Planned ONS Review							
Patient expectations Unable to discuss = Pt							
A: Anthropometrics Date: 13.1.24							
Usual Wt (kg) Date Sept 23	**Prev Wt (kg) Date:** 9.12.23	**Current Wt (kg)**	**Ht (m)**	**BMI (kg/m²)**	**% Wt change**	**MUAC (cm)**	**WAASP MUST**
56kg	50kg	50.8kg	1.57m	20.60	1.57% ↑	—	0
B: Biochemistry: Date Nil recent		13.11.23 - 50kg, 16.12.23 - 50kg,					

C: Clinical /Medication update
Recently on antibiotics for chest infection - Completed course now
NO Pressure areas - Skin intact
Bowels open regularly
(N) Fluids L6 Diet - No Swallowing Concern or Choking

SALT Assessment None

D: Dietary / Nutritional Requirements Update
Typical daily intake: (BF) - Jam on Toast and Weetabix / Ready Brek (all), (Lu) - main meal + Dessert - (all), (Tea) - main meal + Dessert (all) Occasional Snacks as eats well @ mealtimes. Fluids: 1x 150ml family bag in fruit shoot drinks. Enjoys fortified milkshakes / Hot chocolate Treating Ayres Shake On

E: Environmental Update Isolating in room due to outbreak of Influenza

Discussion/Review of diagnosis/aims/goals
Eating + drinking well - Wt increase Since previous r/v and Has been stable for 3/12 - Healthy BMI. Stop Ayres Shake on + replace = nourishing drinks.

Plan:
- Stop Ayres Shake on
- Provide Homemade fortified milkshakes / Hot chocolate daily - One of each
- Monitor Wt
- Monitor intake

Timescales for review DTE (ee) 1/12 - Wt check D/C if Stable

Verbal consent update ☐ **Leaflet code**	**Patient lack capacity** ☐ Acted in best interest -	**Plan given to patient** ☐ **Information sheet code**

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	**Name:** Rhania Edwards	**Sign:** REdwards
Dietitian	**Name:** Rachel Hammis	**Sign:** RHam

REVIEW ASSESSMENT

Date: 16.1.24
Time: 11.00
Location: Abergarw Manor
Seen alone or with Steve = Chena / Elvis

Reason for review Planned ONS Review

Patient expectations Unable to discuss = Pt due to lack of capacity

A: Anthropometrics Date: 7.1.24

Usual Wt (kg) Date: 12.11.23	Prev Wt (kg) Date: 1.12.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
56.9kg	51.8kg	54.5kg	1.57	22.11	4.95% ↑	—	0

B: Biochemistry: Date Nil recent — 52.2kg - 16.12.23

C: Clinical /Medication update
Bo today - Type 4 stools - No concerns reported
Contines on (N) Diet (N) Fluids. No Swallowing Concerns.
Coughing or Chest infections -
No Pressure areas - Skin intact
No concerns medically reported by staff.
No - Compliant with some medications - They have asked GP ? Covert Medicine.

SALT Assessment None.

D: Dietary / Nutritional Requirements Update
Rec for 15/1/24 ÷ (BF) - Cornflakes + Toast (mostly eaten), (Lu) - Ate most of it - not documented what food item it was. (Sn) - Sandwiches (mostly eaten), Bread + Butter pudding - (mostly eaten) - Fluid ÷ 750mls. Next Completed Rec was 11/1/24 ÷ (BF) - Weetabix (mostly eaten) (Lu) - ate all (not documented what food item), (Sn) - Hot dogs (mostly eaten), Mousse (all). Goals Fluid as 14/1/24

E: Environmental Update None

Discussion/Review of diagnosis/aims/goals
Tolerating Resubri 2kcal Creme TDS, Weight has increased Since our Previous review and managing his meals well therefore reduce ONS.

Plan:
- Reduce Resubri 2kcal Creme to BD
- Monitor Wt weekly
- Keep Strict food + fluid chart -
- Fortify all food + fluid
- Encourage high calorie snacks + nourishing drinks

Timescales for review 1/12

Verbal consent update Leaflet code ☐	Patient lack capacity ☑	Plan given to patient Information sheet code ☐

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	**Name:** Rhiannon Edwards	**Sign:** REdwards
Dietitian	**Name:** Graham Burke	**Sign:** Graham Burke

Tel Rev 1c

REVIEW ASSESSMENT

Date: 17.1.24
Time: 2.50pm
Location: Stafford Care Home
Seen alone or with Spoke = Jena

Reason for review Planned ONS Review

Patient expectations Unable to discuss = Pt

A: Anthropometrics Date: 13.1.24

Usual Wt (kg) Date: 21.9.23	Prev Wt (kg) Date: 16.12.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
56.1kg	51.3kg	49.3kg	1.62m	18.78	3.89 ↓	—	1

B: Biochemistry: Date Nil recent - 23.12.23. 50.4kg, 6/1/24 - 49.7kg

C: Clinical /Medication update
Medically Stable @ Present - Doesn't like being at the home. Often declines Staff repositioning her - Has red areas on her bottom but no broken skin
Bo regularly
(N) diet (N) fluids - No Swallowing Coughs / Choking

SALT Assessment None.

D: Dietary / Nutritional Requirements Update
Very Poo appetite @ Present. Managing very little @ mealtimes. Typical daily intake: (BF) - Jam or Toast (1/2 slice), (Lu), Main meal (few mouthfuls), Dessert (None) (Sn) - Sandwiches (1/4 to 1/2). Refuses Snacks. Fluid - <1000ml. Refusing EC Bo + Ensure Two Cal OD

E: Environmental Update Isolating in room due to outbreak of Norovirus.

Discussion/Review of diagnosis/aims/goals
Wt loss Stable on Previous Reviews. Not likely to be meeting nutritional requirements. Stop all ONS due to refusal. Staff feel Pt would refuse further ONS - Not tried Pudding Style

Plan:
- Stop Ensure Compact Bo
- Stop Ensure Two Cal OD

Start Fresubin 2kcal Creme - sample service.
- Weekly Wts
- Strict food + Fluid Chart. - Encourage intake

Timescales for review 1/52 - ONS check

Verbal consent update ☐ Leaflet code	Patient lack capacity ☐	Plan given to patient ☐ Information sheet code

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	Name: Rebecca Edwards	Sign: REdwards
Dietitian	Name: Rachel Hawkins	Sign: RHawkins

REVIEW ASSESSMENT

Date: 19.1.24
Time: 10.30
Location: Bryndyn Cave Home
Seen alone or with Spoke = Sadie. Telephone review

Reason for review Planned ONS Review

Patient expectations Unable to discuss = Pt

A: Anthropometrics Date: Jan'24

Usual Wt (kg) Date: 9.11.23	Prev Wt (kg) Date: 13.12.23	Current Wt (kg)	Ht (m)	BMI (kg/m²)	% Wt change	MUAC (cm)	~~WAASP~~ MUST
55.1kg	51.8kg	51.2kg	1.52m	22.2	1.16% ↓	—	1

B: Biochemistry: Date Nil recent

C: Clinical /Medication update
General deterioration - Very Sleepy @ times
Pressure Area on ankle has healed. Now has Grade 2 Pressure Areas on her bottom - Skin broken. Referral has been made to TVN.
Bowel regularly - Can be several times a day
N) Diet (R) Fluids - No Coughing/Swallowing difficulties

SALT Assessment None

D: Dietary / Nutritional Requirements Update
Rec for 18/1/24: (BF) - Porridge (Bonfied - 3/4), (Lu) - Turkey Dinner (3/4), mousse (1/4), (Eve) - Bubble + Squeak (None), Quavers (ate 5), Pudding (3/4) Aymes Supper. Snacks: Yoghurts. Fluid: 900ml. Managed 3/4 of her breakfast bday. Tolerating Fresubin 2kcal Creme TDS (750kcal + 37.5g Protein)

E: Environmental Update None

Discussion/Review of diagnosis/aims/goals
Small wt loss noted Since our Previous Review and now has Grade 2 Pressure Area on bottom. Advised to continue Fresubin 2kcal Creme TDS and I will discuss = dietitian with regards to any changes.

Plan:
- Continue Fresubin 2kcal Creme TDS
- Start Forsip Compact Protein OD
- Encourage dietary intake - Fortified diet, high kcal snacks + nourishing drinks
- Monitor Skin
- Monitor Wt weekly
- Keep Stool Bool + Fluid Chart

Timescales for review 2/52 ONS Check

Verbal consent update ☐ Leaflet code	Patient lack capacity ☐ Acted in best interest	Plan given to patient ☐ Information sheet code

Outcome Codes

	Achieved	Maintained	Not Achieved
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

Dietetic Support Worker	Name: Rhiannon Edwards	Sign: REdwards
Dietitian	Name: Graham Burke	Sign:

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

Department of Nutrition & Dietetics
Cwm Taf Morgannwg University Health Board
Practice Supervision

One to One Practice Supervision Record
Date of session: 26th September 2023
Duration: 60 minutes
Section 1 (to be completed by the supervisee prior to the supervision session) Summary of workload: (please list your current clinical responsibilities) Number of patients on caseload (including telephone reviews) – 48 reviews Current interest group membership: ONS Fig Group Current projects e.g. QI, Audit etc: Nursing Home MUST Audits
Section 2 – Review of cards and clinical reasoning tool brought by supervisee (this section is to be completed during the supervision session) I attended a nursing home on 21/9/23 to review a patient. They have recently changed over to electronic documentation and unfortunately I found that their documentation was extremely poor and a clinical risk to the patient as their SALT recommendation were documented differently on the system to what the nurse advised. Food and Fluid charts were also poorly completed. This patient was at a high risk of malnutrition and my concern was that there was a risk of choking due to confusion with staff of SALT recommendations.
Other areas discussed to include professional practice: I completed the review to the best of my ability with the information that I was able to gather. Unfortunately I was unable to speak with the manager before leaving the home as they were in a meeting. I spoke with nursing staff to advise of my concerns and that I would feedback these concerns to my supervisor. There are also concerns with the lack of clarity when advising on ONS due to discrepancies in documentation for IDDSI levels.

Action points:
Email sent to Laura Willis (Supervisor) and then to Nurse Assessors and SLT to advise of my concerns. Nurse Assessors attended the home on 22/9/23 due to our concerns. They have discussed with the manager who advised that they would be addressing this issue and rectify immediately.
Comments from supervisor: Rhiannon has identified a clinical risk and incident and has escalated to relevant HCP. Furthermore we have discussed implemented training sessions with SLT to highlight the importance of diet, nutritional screening and documentation for care plans. We will continue to monitor the situation.
Supervisee signature: R EDWARDS Date: 26.9.23 Supervisor signature: Laura Willis Date 26.9.23
Date and Time of next session: 24.10.23

1e

Report on learner's time and workload management

RE: Rhiannon Sian Edwards

I have worked with Rhiannon since March 2019. Over that time period there has been several events including but not limited to COVID pandemic, short staffing and additional workload. These events have required excellent time and workload management. Rhiannon is a community based dietetic assistant practitioner and often demonstrates her ability to manager time and workload. Daily Rhiannon is able to manage her workload and is always swift but thorough when completing her work. On a weekly basis Rhiannon is able to receive referrals into the team and if not suitable for a DAP review is able to escalate appropriately. For review patients on a weekly basis she incorporates them in her workload and if required seeks support for further support if required. She is able to delegate appropriately to senior members of the team if required. Furthermore her administrative duties are complete in line with clinical standards when reviewing a patient.

An example of when she has demonstrates these excellent skills is an incident that occurred where a patient has required urgent dietetic input due to discrepancies in a feeding regimen. Despite being very late in the day Rhiannon was able to take the phone call, gather and assemble the information and communicate the plan with the care home. She was also ensured that there was adequate information was available to the clinical that was due to review the following day as she was going to be unavailable. This was an unexpected review and was able to priorities this workload at short notice whilst also ensuring the workload was prioritised for the next day.



Laura Willis (CTM UHB - Nutrition & Dietetics)

Learning: Compliance and Competency

TIP Enter any changes below. Click Add Competencies to add a new competence, or click Edit to update an existing competence. Click Review and Submit to finalise your changes, or click Back to return to the previous page. Click All Competencies to see a chronology of you
Competence End Date is not entered when the Competence Profile is updated, a validated End Date will be entered, based on the Competence Renewal Period. If a Competence End Date is entered, this will be saved on the Competence Profile.

Employee Name Edwards, Mrs. Rhiannon Sian

Employee Number 27837939

Learner Hi

Compliance All Competencies Awaiting Approval

TIP To view compliance for any additional assignments, select assignment from drop down and press Go

27837939 - Dietetics Support Band 4 Go Compliance Percentage 100.0%

Required Competencies Only

TIP To view required competencies only, tick the checkbox and press Go

Export Printable Page | •••

Details	Competency Name	Competence Level	Min Req	Essential	Expiry Date	Compliance Statu
>	110|LOCAL|COVID19 Workforce Risk Assessment - No Specific Renewal|	1 - Low Risk - Scored 0 - 3			07-Jan-2042	
>	110|LOCAL|Environmental, Waste and Energy Awareness - No Specific Renewal|			Y	06-Sep-2039	
>	110|LOCAL|Learning Disabilities Awareness - Paul Ridd Foundation - No Specific Renewal|			Y	17-Jun-2042	
>	110|LOCAL|Measuring Basic Patient Observations (RRAILS Module 2) - No Specific Renewal|				03-Apr-2040	
>	110|LOCAL|Moving & Handling Non-Patient Handling Level 1b - 2 Year|	1 - Assessed	1 - Assessed	Y	25-Oct-2024	
>	110|LOCAL|National Early Warning Score (RRAILS Module 3) - No Specific Renewal|				04-Apr-2040	
>	110|LOCAL|Violence & Aggression Module B (Low Risk Area) - 3 Years|	1 - Assessed	1 - Assessed	Y	06-Mar-2025	
>	110|LOCAL|Ward/Departmental Fire Safety Training - 2 Years|	1 - Assessed	1 - Assessed	Y	30-Mar-2025	
>	NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Jan-2025	
>	NHS|CSTF|Fire Safety - 2 Years|	1 - Assessed	1 - Assessed	Y	24-Feb-2024	

> Show Key

Personal Development Review

YOUR CONVERSATION

Name	Rhiannon Edwards	**Date of PDR**	3.2.23	**ILG/Service Group**	Therapies
Reviewer Name	Lucy Marland	**Job Title**	Dietetic Assistant Practitioner	**Current Band**	4
Your Conversation Review Period	Pay Review	Link to Learning Opportunities Brochure		Link to PDR-Your Conversation Guidelines	

Well Being Plan (click icon to access document)

Confirm you have completed/discussed your Wellbeing Action Plan	Click or tap to enter a date.	Choose an item.	**No action required, aware of wellbeing services and confidential meetings with acute lead/ line manager when required**

Creating Health	Improving Care	Inspiring People	Sustaining Our Future

Current Objectives	*Input current **objectives what have** we done in **last 12-18 months***	*Input review of objectives*
Objective One	**Nursing Home Pilot Project**	**I would like to help with developing the nursing home training sessions which would be to deliver training to nursing home staff for malnutrition prevention/food first/MUST along with the SALT team**
Objective Two	**Nutrition and Hydration Champion**	**Engage with Nursing Homes to have Nutrition and Hydration Champions at the home to ensure all documentation/care plans are being completed correctly**
Objective Three	**Group facilitation session**	**Attend a course to deliver effective patient education in a group setting**
Objective Four	Click or tap here to enter text.	Click or tap here to enter text.
Objective Five	Click or tap here to enter text.	Click or tap here to enter text.

Values	Focus	Key Questions	Development Needs	Objectives Include **SMART** objectives for the review period moving forward
Listen, Learn & improve	Individual | Team | Organisation	**Thank the individual for their time.** **Discuss the contribution the individual has made against their previous review objectives and any further contribution** • What do you believe you have accomplished in the past year? • What difficulties did you encounter? Is there a specific example? • What would you do differently if that situation arose again? • How could you use what you have learned? • What motivates you and makes you feel valued at work? • Have you seen any opportunities where we could do things better? • How do you feel about your development so far? Do you wish to develop further? • What do you suggest you need to learn or have experience of in the year ahead?	**Delete what is below and answer Qs from the left hand column** I returned to work in January 2022 after a long period of sickness and I have had great support from my colleagues. Due to Covid restrictions we had not been visiting care homes which was a challenge as telephone reviews doesn't always get the full picture of information that you need. I would like to develop my Band 4 role further within the Nursing Homes as per the Band 4 competencies which I completed in 2019	To develop my skills further I would like to revisit by Band 4 competencies with the team lead to work more independently in nursing homes
One Team	Individual | Team	**Discuss the link to team goals and how the individual could help others. How to deal with the difficult topics** • What expectations do you have of yourself and your colleagues?	I have a lot of experience from working within nursing home settings and would like to use that experience by helping the team with assessing	I would like to use my knowledge and skills to help the team with the nursing home caseload, assessing new patients under supervision of the dietitian

YOUR CONVERSATION

	• Where could you best utilise your knowledge, skills and experience in supporting the team? • How could you be even better? • Who could help you with your development within the team and why? • What considerations have you considered networks within CTM (e.g. BAME, Women's Network, LGBTQ etc)	new nursing home patients with appropriate guidelines I am keen to help with supervision of our new Band 3 Dietetic Support Workers, offering peer support where needed	Monthly supervisions meetings – Discuss competencies and help develop if required
Respect Individual / Team / Organisation	**Discuss the link to CTM corporate goals and how the individual makes a positive difference to the wider Health Board objectives** • What ambitions do you have for the future? What do you see as your next move? **Or** are you happy what you are doing? • What contribution do you see yourself making to the wider team? • How could you share your experiences with others? • What are the challenges to your role? How could you best overcome these? • Where could you contribute to service improvement and quality of services? • Who could you engage with to better understand individuals and services? • What can I offer you, what experience can I share with you? **Thank the individual again for their time and feedback**	I would like to work more closely with nursing homes to improve patient care/cost savings.	I would like to do some audit work in Care Homes on MUST to ascertain if patients are being referred correctly and efficiently and if training is required. I feel this would help with service improvement I would also like to undertake audits of MAR Charts – check if patients still require supplements
Statutory Mandatory Training	**Review and identify role specific Statutory/Mandatory training requirements** • Are you achieving 100% compliance? • What support do you need to achieve 100%? • When do you expect to achieve this by?	I am currently 100% compliant	

Summary of Discussion

Summarise the discussion, review the development needs and objectives - Do you need to speak to L&D to scope development opportunities?

Rhi is an integral part of the Core Dietetic team Bridgend. She is always looking for ways to promote the wellbeing of the team and encourage others to engage.
Rhi is keen to attend a DSW specific course – we are unsure if the previous Level 4 is currently running so we have discussed the group facilitation the BDA facilitate. There is also the preparing to teach (PCET) which Cardiff Met deliver, Public Health may have available to attend.
Rhi has set out the above objectives which feed well into the team objectives.

HR & Pay Progression Actions	PDR – Your Conversation Checklist

Personal Development Review

YOUR CONVERSATION

Declaration of Interest have been discussed. Any declarations should be detailed using the following link.	☒	Choose an item.	ESR Updated	☐ (Click icon for 'how to' guidelines)
Current JD/PS continues to reflects the expectations, responsibilities and requirements of the role (contact Job Evaluation team for assistance)	☒	Choose an item.		Click or tap to enter a date.
I CAN CONFIRM THE FOLLOWING HAVE BEEN DISCUSSED AND PERMIT PAY PROGRESSION:	☐	30/03/2023		
• PDR completed in last 12 months	☒	Choose an item.	e-Signature of staff member	Click or tap here to enter text.
• There is no formal capability process in place.	☒	Choose an item.		
• No formal disciplinary sanction 'live' on the staff member's personnel record	☒	Choose an item.	Date	Click or tap to enter a date.
• Statutory and/or mandatory training has been completed	☒	Choose an item.	e-Signature of manager	L.Marland
• For line managers only –PDRs have been completed for all staff as required	☒	Choose an item.	Date	30/03/2023

If there are any queries regarding whether the staff member pay complete pay progression, please contact HR.

Supervision Template

Name:	Rhiannon Edwards		
Site:	Glanrhyd Hospital	Most Recent PDR:	PDR 2023
Job title:	Dietetic Assistant Practitioner	Learning Style:	
Date:	30.1.24		

Topic	Notes	Actions	Open/Closed	Date Due
Review of previous actions	Level 4 Course - Presentation on 1.2.24 and portfolio in on 15.2.24	20Documents/Academic%20Calendar%2023%20-%2024.xlsx		
Priority for the session	Booking date for PDR			
Wellbeing	Continue to WFH x 1 week (Thursday) and 9 day fortnight.			
Own update				
Annual leave	All booked			
Workplan (**Insert hyperlink to** workplan if you have **one**)	Awaiting workplan			
Personal Development (PDR) summarise progress	PDR due Feb 2024			
PADR Objective 1: Title	Nursing Home Pilot Project	Training continuing		
PADR Objective 2: Title	Nursing Home Nutrition and Hydration Champion	Written up QI Project presentation for uni. Promoting N and H week		
PADR Objective 3: Title	Group Facilitation Session	Course completed in September		
PADR Objective **4**: Title				
Additional audit/QI/projects	Written up QI Project for N and H Champion Training for uni			
FIG Membership	ONS (non assisted feeding)	Awaiting next date		

FIG Tasks/workstream	DAP Group ?		Nothing yet ? Who the lead on this? Ask EW		
Mandatory training	100%				
Summary of Clinical Workload					
Number of pts on caseload (include phone rvs)	8 new SS reviews				
Number of Enteral feeds					
Number of Complex Patients (can specify)					
Review of record cards discussed	Record Keeping	Clinical Assessment	Timescale for follow up/outcome	Additional Comments / Actions required	
Pt 1 description of pt - ONS r/v	GB "no concerns"	GB "no concerns"	GB "Appropriate"	N/A	
Pt 2 description of patient - ONS r/v	GB "no concerns"	GB "no concerns"	GB "Appropriate"	N/A	
Pt 3 description of patient - ONS r/v	GB "no concerns"	GB "no concerns"	GB "Appropriate"	N/A	
Supervisor feedback:					
Next meeting date:	To be arranged				

Supervision Template

Name:	Rhiannon Edwards		
Site:	Glanrhyd Hospital	**Most Recent PDR:**	*(Insert Hyperlink to PDR here)*
Job title:	Dietetic Assistant Practitioner	**Learning Style:**	
Date:	15.11.23		

Topic	Notes	Actions	Open/Closed	Date Due
Review of previous actions	Level 4 Course - Presentation tomorrow, Assignement due next week	20Documents/Academic%20Calendar%2023%20-%2024.xlsx		
Priority for the session	Project - Training and admin - dates sent to Sheiladen for Jan for training to liasie with LM if case load increases/ uni work / days off impact	RE to liaise with LM if caseload if trainig not possible LM to confirm after NH MDT meeting on 16.11.23 in relation to admin moving forward.		
Wellbeing	Continue to WFH x 1 week (Thursday) and 9 day fortnight.			
Own update				
Annual leave	12.76hrs left unbooked			
Workplan (Insert hyperlink to workplan if you have one)	Awaiting new job plan	LM to email over		
Personal Development (PDR) summarise progress	PDR 2022.docx	LM to check date of last PDR and put in date for next one		
PADR Objective 1: Title	Nursing Home Pilot Project	ITV possible filming		
PADR Objective 2: Title	Nursing Home Nutrition and Hydration Champion	Catch up on Friday with NM - booking in reviews with champions. Photos for MAW week comp - contact them		
PADR Objective 3: Title	Group Facilitation Session	Course completed in September	Closed	
PADR Objective 4: Title				
Additional audit/QI/projects	NH audits and writing reports	Pen Y Bont NH for MUST Audit	Contact home and book in	
FIG Membership	ONS (non assisted feeding)	Ongoing attendance - todays last meeting and next ? 5th Dec	Ongoing	
FIG Tasks/workstream	DAP Group ?	Nothing yet ? Who the lead on this? Ask EW		
Mandatory training	100%			
Summary of Clinical Workload				
Number of pts on caseload (include phone rvs)	8 new patients, 57 reviews	Glanryd caseload for NH - RDs now have slots to book these in - helping amanage caseload for the time being		
Number of Enteral feeds	-			
Number of Complex Patients (can specify)	-			

Review of record cards discussed	Record Keeping	Clinical Assessment	Timescale for follow up/outcome	Additional Comments / Actions required
Pt 1 Nursing Home review - ONS r/v MB (Brocastle)	GB "no concerns"	GB "very good" - ? Should DAP estimate protein and calorie intake	N/A	None
Pt 2 Nursing Home review - ONS r/v EC (Brocastle)	GB "Demographics missing". "Environmental - Document no update if no update not a line"	As above	N/A	None
Pt 3 description of patient				
Supervisor feedback:				
Next meeting date:	30th January 2024			

Appendix:



Therapy Assistant Practitioner: Demonstrating Practice
Peer Review Feedback form

This peer review feedback was completed by: Rhiannon Edwards
Date: 8.2.24

The following tables will contain peer review feedback on presentations demonstrating quality improvement projects, using a PDSA cycle.

Feedback one:	Presentation topic: Quality use of visual support for people with learning disabilities
Congratulations	What does the presenter do well? What were the presenters' main points? **Explained the role well and why topic is important, also the use of a case study was helpful. They described how visual support improves understanding and provides interaction**
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? **The symbols/words explanation.** What suggestions (at least 2) do you have for the presenter, in order to improve this presentation? **Possibly using a visual slide to show the symbols/words and discuss why they are important**
Request more.	What would you like to know more about the topic? **More background on why visual is important**
Evaluate its value.	What specific details would you take forward into your own practice? **Using the tools if dealing with a patient needing visual support**
Summarize	What new information have you learnt? Has this influenced you to think differently? **Better understanding of how a visual support provided better interaction and how this can be implemented**

Feedback two:	Presentation topic: Malnutrition Screening Dietetic Care Plans in Care Homes
Congratulations	What does the presenter do well? What were the presenters main points? **Good explanation of Malnutrition and importance of screening in care homes and what tool is used for screening (MUST)**
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? **Found all information was clear as I use this screening within my role** What specific suggestions (at least 2) do you have for revising the unclear parts of this presentation? **Nothing unclear – I feel this is due to the job role being similar to my role**
Request more.	What would you like to know more about the topic? **If the food first approach was implemented in the care home**
Evaluate its value.	What specific details would you take forward into your own practice? **More MUST Training in the care homes in my area of work**
Summarize	What new information have you learnt? Has this influenced you to think differently? **High Calorie snacks are effective for food first approach – Promotion of this is important in care home**

Feedback Three:	**Presentation topic: Service improvement project – Improve documentation for hand grip in liver disease patients**
Congratulations	What does the presenter do well? What were the presenters main points? **Great background information. Discussed different diagnosis that they see**
Ask for clarifying questions.	What aspects of the presentation were confusing or unclear? Why? **Hand grip strength documentation not explained clearly** What specific suggestions (at least 2) do you have for revising the unclear parts of this presentation? **Use notes to discuss main points and more written info on the screen to explain**
Request more.	What would you like to know more about the topic? **What feedback came from the consultant and medical team**
Evaluate its value.	What specific details would you take forward into your own practice? **Discuss with team who deal with liver patients why hand grip strength is important**
Summarize	What new information have you learnt? Has this influenced you to think differently? **Benefits/importance of using this**