

2: Practice Review		Registration Number:			
	A	B	C	D	E
Date Activity Undertaken	Description of Activity Undertaken	Provide a detailed description of the application of the knowledge, attitude or skills acquired. Consider and reflect on <ul style="list-style-type: none"> new or enhanced knowledge and/or skills how your attitudes, perception, awareness and practice have changed NB: practice review must include feedback from another person.	Evidence of impact, list as many as apply	Credits	Evidence Required for Audit, 3,4 or 5 only
			1, 2, 3, 4, 5	1, 2, 3, 4, 5	
13/6/06	Presented: My practicum presentation entitled XXXXXXXX	It took a lot of confidence to present this as it was presented to my new employers and peers. This talk allowed me to gain feedback on my presentation skills and thus will allow me to modify my future presentations so that the audience is more receptive. In doing this talk to this audience I think that I will now be more prepared with my research at hand to answer questions.	1,5	2	Feedback from xxxxx
29/9 – 27/10/06	I studied in depth education material on fluid and phosphate management in haemo dialysis patients and assted patient education needs during consultations with patients and checking their bloods. Also learnt new skills as the phosphate talks were given in conjunction with a pharmacist.	Gave 2x fluid and phosphate talks to patients Discussed binder compliance with the pharmacist Tried to help motivate patients to take some responsibility for their blood results by explaining what they meant and possible outcomes Positive verbal feedback was gained from patients Learnt that patients respond well in a group setting by learning from each other.	4,5	3	Appendix 6
18/7/07	Presentation 'malnutrition in older adults' to the Assessment Treatment and Rehab (AT&R) unit at XXXXX Hospital.	I reviewed recent research about malnutrition in older adults to help make a presentation to the AT&R staff. This group included SLTs, PT, OT, HO, Registrars, Consultants, Nurses and members of the needs assessment team. I received feedback from an SLT and a dietitian about my presentation skills. This activity helped me cement my knowledge of malnutrition in older people and work on my presentations skills. It highlighted that I need to work on slowing my speech	1, 2, 3, 4, 5	3	Appendix 7

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			1, 2, 3, 4, 5	1, 2, 3, 4, 5	
		down and watching my volume.			
16/5/07	Case study presented at the xxxxxx Hospital combined dietitian's meeting.	I presented a case using the veridical report process. I received feedback from my peers about how they would have dealt with a similar situation so that I could improve my future practice.	1,2,4	2	Feedback from xxxxx and xxxxx
13/6/07 & 17/5/07	Documentation Standards Audit	My clinical documentation was audited by 1 dietitian and 1 SLT. This helped identify gaps in my documentation so that it can be improved in the future.	1,4	2	Audit completed by xxxx (dietitian) and xxxxxxxx (SLT)
10/4/08	Peer reviewed by xxxxxxx while working in the AT&R wards at xxxxx	Comments received were incorporated in to my future practice such as using posters and daily timetables for patients with memory issues. My confidence was increased as a result of this assessment as I learnt that I am correcting applying the information on older adults that I had read.	1,2,4,5	3	Appendix 8
September 08	Read the draft Best practice guidelines for the nutritional management of adult kidney	See appendix for further details. I read the draft guidelines summarized these in to a power point presentation (see attached). I then developed a transplant patient assessment sheet. After	1,2,3,4	5	Appendix9

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			1, 2, 3, 4, 5	1, 2, 3, 4, 5	
	transplant recipients – developed by the new South Wales renal services network transplant working group 2007. I then went on to develop a crib sheet for the renal dietitians at XXXDHB and a power point presentation summarizing the information.	submitting it to our team for feedback it was determined that we don't have the patient volume in this area to require a separate assessment form. Instead it was decided that what we actually needed was a crib sheet for quick reference in clinic. During the development of this xxxxDHB asked of we could have a renal transplant check list for our transfers between health boards so that we know what has been covered. So I also help develop this with one of the XXXX DHB dietitians.			
26/3/08	I presented a case study to the Community and Rehab Dietitians team at XXX DHB	I found this case extremely difficult. I decided to present my case study so that I could ask the other dietitians in the group what they would have done in a similar situation to help improve my practice in the long term. The case was an extremely malnourished man who kept having repeated hypoglycemic episodes. The medical team diagnosed that the hypos were multi factorial (prev gastric surgery, high ETOH intake, malnutrition and low glycogen stores). The dietitian's team helped me clarify that I came into the case too late to be able to improve the patients nutritional status and that more should have been done when he was first admitted. I then discussed this case with the section head of the acute team as they dealt with the case before they were transferred to rehab. Presenting this experience allowed me to see that I was doing all I could for the patient and helped me regain some of my confidence after this difficult case.	1,2,4	2	Feedback received from: xxxxx

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			1, 2, 3, 4, 5	1, 2, 3, 4, 5	
15/5/08	Presented at a Grand Round 'Highlights of the work of XXXXDHB dietitians 2008 – My section was entitled nutrition in rehab.	Giving this presentation helped me apply the feedback I had received on public speaking which was one of my learning plan goals in 2007/08. I helped to increase the profile of dietitians and overcome my previous barriers to public speaking. I received good feedback from giving this presentation and have now ticked it off in my goals as being achieved but noted that I still need to work on my speed.	1,2	1	Feedback received from: XXXX and XXXXX
October 2008	Developed new phosphate education sheets that incorporate medications.	I noticed that there was a gap in our current patient education resources about phosphate binders. Many of our referrals are about phosphate and on going to see the patients we find out that the main problem is not taking their prescribed dose of binder or that they are not taking them correctly. Therefore I developed a phosphate binder's addition to our current basic phosphate sheet and developed a business type card for patients to have in their wallets which is now going through the final stages of being printed.	2, 3, 4	3	Appendix 10
	Total Practice Review	2006 – 5 points 2007 – 7 points 2008 - 14 points	26		

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			1, 2, 3, 4, 5	1, 2, 3, 4, 5	

Appendix 6

Category: Practice Review

Date: 29/9/06 – 27/10/06

Activity: I studied in depth education material on fluid and phosphate management in haemo dialysis patients and assessed patient education needs during consultations with patients and checking their bloods. Also learnt new skills as the phosphate talks were given in conjunction with a pharmacist.

Description:

Gave 2x fluid and phosphate talks to patients

Discussed binder compliance with the pharmacist

Tried to help motivate patients to take some responsibility for their blood results by explaining what they meant and possible outcomes

Positive verbal feedback was gained from patients
Learnt that patients respond well in a group setting by learning from each other.

Credits: 3

Evidence:

1. Talk outlines
 - Phosphate
 - Controlling your fluid

2. Self reflection

Appendix 7

Category: Practice review

Date: 18/7/07

Activity: Presentation 'malnutrition in older adults' to the Assessment Treatment and Rehab (AT&R) unit at XXXX Hospital.

Description:

I reviewed current research about malnutrition in older adults to help make a presentation to the AT&R staff. This group included SLTs, PT, OT, HO, Registrars, Consultants, Nurses and members of the needs assessment team. I received feedback from an SLT and a dietitian about my presentation skills. This activity helped me cement my knowledge of malnutrition in older people and work on my presentations skills. It highlighted that I need to work on slowing my speech down and watching my volume.

Credits: 3

Evidence:

1. Power point presentation
2. Feedback received from colleagues

Appendix 8

Category: Practice review

Date: 10/4/08

Activity: Peer reviewed by XXXXX while working in the AT&R wards at XXXXDHB

Description:

Comments received were incorporated in to my future practice such as using posters and daily timetables for patients with memory issues. My confidence was increased as a result of this assessment as I learnt that I am correcting applying the information on older adults that I had read.

Credits: 3

Evidence:

1. Peer review form completed by XXXXX
2. Example posters as produced from feedback from the review

Appendix 9

Category: Practice review

Date: September 08

Activity: Read the draft Best practice guidelines for the nutritional management of adult kidney transplant recipients – developed by the new South Wales renal services network transplant working group 2007. I then went on to develop a crib sheet for the renal dietitians at XXXXDHB and a power point presentation summarizing the information.

Description:

I read the draft guidelines summarized these in to a power point presentation (see attached). I then developed a transplant patient assessment sheet. After submitting it to our team for feedback it was determined that we don't have the patient volume in this area to require a separate assessment form. Instead it was decided that what we actually needed was a crib sheet for quick reference in clinic. During the development of this XXXXDHB asked of we could have a renal transplant check list for our transfers between health boards so that we know what has been covered. So I also help develop this with one of the XXDHB dietitians.

Credits: 5

Evidence:

1. Transplant powerpoint summary
2. Transplant assessment sheet

3. Transplant crib sheet draft 1
4. Feedback received from xxxx
5. Feedback received from xxxxx
6. Transplant crib sheet final
7. Transplant handover checklist

Appendix 10

Category: Practice review

Date: October 08

Activity: Developed new phosphate education sheets that incorporate phosphate binding medications.

Description:

I noticed that there was a gap in our current patient education resources about phosphate binders. Many of our referrals are about phosphate and on going to see the patients we find out that the main problem is not taking their prescribed dose of binder or that they are not taking them correctly. Therefore I developed a phosphate binder's addition to our current basic phosphate sheet and developed a business type card for patients to have in their wallets which is now going through the final stages of being printed.

Credits: 3

Evidence:

1. Old basic phosphate sheet
2. Revised basic phosphate sheet
3. Draft business card sized phosphate card
4. Draft business card #2 feedback received from xxx, xxx, xxx, xx – Renal dietitians from xxxDHB

Appendix 11

Category: Practice review

Date: May 2008 – April 2009

Activity: Auckland Branch NZDA Professional Development Co-Convener

Description:

In this role I worked in tandem with xxxx (co-convener) to run the PD committee of the Auckland branch. In this position I helped run the PD committee as well as organize specific events. This role greatly increased my confidence, organizational skills, and managerial skills. It was a lot of work but well worth it as I gained a lot of valuable experience from it. Please see my evidence for further details.

Credits: 5

Evidence:

1. Self reflection
2. Feedback from xxxx – committee co-convener
3. Newsletter blurb
4. Meeting minutes
5. PD Committee guidelines (developed by xxxx and myself)
6. PD Convener and Committee roles and responsibilities