

CCP Audit Template

Registration No. xx-xxxxx

Name:

Signature:

Audit Start Date: September 2004

Audit End Date: April 2009

Brief description of current work, hours/wk and time in this role:

Sept 2004-April 2005 – full time locuming work UK, 1. Renal locum at xxxx Hospital, xxxx, England. 2. Oncology locum position xxxx Hospital, London

May 2005-April 2006 – not certified with NZ Dietitian Board (registered in UK and practicing as a UK dietitian with continuation of locum work)

May 2006 – April 2009 – full time paediatric position.....

1: Continuing Education

	A	B	C	D	E
Date Activity Undertaken	Description of Activity Undertaken	Provide a detailed description of the <u>application</u> of the knowledge, attitude or skills acquired. Consider and reflect on \$ new or enhanced knowledge and/or skills \$ how your attitudes, perception, awareness and practice have changed	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	
Nov 2004 – Feb 2005	Renal Locum job at xxxx Hospital, xxxx, England. Up-skilling in a new clinical area of renal nutrition	This was my first locuming job in the UK & my first job specializing in renal nutrition. Previous jobs had included elements of renal nutrition but I had never worked solely in this area. I was employed in a senior 1 position covering a regional renal unit, acute inpatients, ICU, nephrology, outpatients, peritoneal and haemodialysis patients. The dietitian I was working under was very experienced with over 20years in renal nutrition so I was fortunate to have her support for both informal peer review and scheduled supervision. Her knowledge of renal nutrition and of the Nation Health System in the UK was extremely helpful in managing complex clinical cases. She also provided me with department resources and references of appropriate texts for my own independent study.	1,2	2	-
31 May & 1 st June 2006	Attendance at Auckland Paediatric Study Days: Day 1: Paediatric nutrition assessment and growth, Failure to thrive, Solutions and potions, Enteral feeding, Common nutrient deficiencies in children – Challenges in the community and strategies to manage difficult cases Day 2: Food hypersensitivity, Manufactured food database, Enteral feeding, Community enteral feeding, Paediatric cardiology, Gastroenterology	2 full day study days and additional pre-reading covering a huge amount of information. The study days were particularly well timed as I had only just started a new job in paediatrics covering xxx areas. Almost all areas covered in the study days could be applied to my day to day dietetic practice. Most of the information was new although it was very helpful to have practical examples and case discussions with other dietitians around some of the areas where I had focused my self directed study on. A great example of this was the food hypersensitivity information and additional resources provided on milk alternatives and calcium supplements. With this information I felt confident to advise paediatricians and patients about suitable products to ensure my patients were receiving adequate intakes of micronutrients such as calcium. (refer to info sheet and feedback from paediatrician) As I was new to paediatrics in xxx I also found this course great for networking and making contacts.	1,2,4,5	3	Refer to Appendix 1.

Column C (list as many as apply)

1 self perceived impact on practice

3 something was produced as a result of the learning activity

5 have received feedback confirming impact on client/ appropriate others.

2 information passed on to colleagues / peers / clients

4 perceived impact on client or appropriate others

Column D 1

- Refresher/ basic information
- Minimal effort
- Little / no change in

3

- New knowledge, attitude or skill requiring, attitude or skill requiring moderate effort
- Moderate change to practice

5

- New knowledge, attitude or skill resulting in substantial innovative actions
- Change in Practice
- Requires major effort
- Noted by colleagues / peer
- Confirmed impact on client or appropriate others

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9 th May 16 th May 28 th June 2007	<p>Neonatal Nutrition was an area I identified as one of my primary learning goals as a sub-specialty of paediatrics. I undertook a number of activities (as listed below) to help achieve this goal.</p> <p>Up-skilling in the area of Neonatal Nutrition including researching and reading of current literature – refer to references at end of presentations below.</p> <p>½ day discussing clinical aspects of neonatal nutrition with specialist dietitian xxxx and observation on ward round at xxxx Hospital NICU</p> <p>Presentation to paediatric nurses focusing on nutritional requirements and expected growth, including a practical session with plotting weights / lengths on growth charts. This was done in conjunction with a nurse, xxxx who presented on: ‘Supporting breastfeeding in the premature infant – the art of a science’</p> <p>Presentation to paediatricians Neonatal Nutrition: - Nutritional requirements and Expected Growth - Growth charts - Catch up growth dilemma</p>	<p>I found it extremely valuable to spend time with specialist dietitian xxxx at xxxx Hospital; it was great to have her support and guidance as she is clearly an expert in this field. Many of the staff I work alongside at xxxx Hospital have previously worked at xxxx Hospital in neonatal care so being able to visit and see the facilities at NICU has helped me appreciate the important role of the dietitian within this team and how I can work on strengthening my working relationship with the SCBU at xxxx.</p> <p>All the research and self directed up-skilling in Neonatal Nutrition has clearly improved my understanding in this complex and evolving area. I know I still don't have all the answers but it was great to hear I was “asking the right questions”. Having an understanding of where guidelines for growth had come from and the more recent research from Baker et al about the fetal origins hypothesis and catch-up growth has made me even more aware of the importance of good nutrition and growth and the life long effects this can have. It was quite a scary prospect presenting this to the paediatricians at their lunch time grand round teaching session but great also to be able to share this information and see their thoughts on the literature. I received positive feedback from both the nurses and paediatricians on both my presentations</p> <p>This research and the subsequent presentations have really helped identify my role as a useful resource / consultant in paediatric nutrition within the wider multi-disciplinary team within xxxx Hospital.</p> <p>(Please refer to slides/outline of presentations given, feedback forms and references for articles read and researched in Appendix 4.)</p>	1,2,4,5	5	Refer to Appendix 4.
March / April 2008	<p>Development of a Nutrition Information Sheet for parents and caregivers</p> <p>‘First Foods for Premature Babies’</p>	<p>There are few guidelines on when to start introduction of solids for premature infants and this is often a dilemma for parents, caregivers and even Plunket. This information sheet provides evidence based on research to assist parents in identifying the window of opportunity for introduction of solids. Feedback from health professionals and consumers has identified this is an extremely useful resource. (See info sheet draft form and final version with changes incorporated and feedback in Appendix 5.)</p>	2,3,5	3	Refer to Appendix 5.

2: Practice Review		Registration Number:			
	A	B	C	D	E
Date Activity Undertaken	Description of Activity Undertaken	Provide a detailed description of the <u>application</u> of the knowledge, attitude or skills acquired. Consider and reflect on § 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
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Feb 2005	Completion of Learning Styles questionnaire and adaptation to continuing education	As part of the induction programme for a new locum job I was required to complete 'Learning Style Questionnaire' (equal reflector, theorist, activist & pragmatist). I found completing this questionnaire and seeing my results a really interesting experience. It helped me to be more aware of my 'learning habits' so I was then able to tailor my learning to better suit my style. This was extremely important as often in locuming positions there is not a lot of down time for self directed learning and you are thrown into new clinical situations, therefore learning more effectively in the short amount of time you have becomes even more important.	1	1	-
March 2007	Development & implementation of Teaching Session Evaluation Form for use by Nutrition Services dietitians	Nutrition Services did not routinely use written evaluation forms as a method of feedback. In my previous work I become used to using them & found them a valuable tools to collating feedback and very important for CCP. This form was based on ones currently used within the DHB but modified to suit dietitians for use in gaining feedback from all relevant presentations or talks to health professionals such as case studies, journal reviews, in-services etc. Document control methods were followed and its use has been discussed at dietitian team meetings.	3,4	3	Refer to Appendix 8.
Jan-Oct 2007	<p>Review of xxxx Children's menu:</p> <ul style="list-style-type: none"> - Development of clear processes around ordering of meals and responsibilities of ward vs. foodservice - Establishment of guidelines for processing menus of children with allergies and provision of appropriate & nutritionally adequate replacements to menu items containing allergens - Educations sessions for ward and PSL's regarding responsibilities of processing and ordering meals and allergy management. <ol style="list-style-type: none"> 1. Development of talk on allergies & presentation to kitchen staff processing menus at xxxx 26th March 2. Update to ward staff re: above processes on 11th & 14th May - Audit on menu process & allergy specifications as above (Oct 2007) 	<p>Children with allergies were fast becoming a large part of my work load both in outpatient clinics & ward based work. It was very clear from the results of prior audits on the xxxx menu, liaisons with ward staff, nutrition services management and the current foodservice provide, that there were no provisions for children with allergies. I therefore set about investigating an easy way for the ward and the kitchen to communicate about these patients and their specific dietary requirements.</p> <p>This involved lots of liaising between services, supermarket visits to investigate foods, educations sessions to staff and self directed research. I feel my knowledge of allergies and foods suitable for children, has definitely increased and I have been able to share this information to create the new manual specifications & as part of my individual educations to patients. (Refer to 'old PSL manual specifications' and 'updated manual specifications' in Appendix 9.)</p> <p>It was also important that these specifications were understood by both kitchen and ward staff therefore a presentation was developed to help especially the menu processors understand the importance of ensuring the correct food was sent for children with allergies. This presentation was well received by the menu processors, I feel a large factor in this was that most of them have children of there own and could therefore relate to having a sick or an unwell child. (Refer to copy of presentation in Appendix 9.)</p> <p>Adherence to the specification has also been reviewed in an audit. (Refer to Appendix 9.) It was a great to share the positive results with both the kitchen & ward staff and help build the trust between these areas to ensure children with food allergies continue to receive safe and appropriate foods.</p>	1,2,3,4	4	Refer to Appendix 9.

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Nov 2008- April 2009	Develop Dietitians Community Paediatric Prioritisation Guidelines at xxxx to help create safe work load levels for dietitians along with ensuring standardised & appropriate allocation of our resources across all the community paediatric dietetic services.	<p>Back in March 2007 another community dietitian and I drafted the 'Proposed Paediatric Priority Guidelines' unfortunately these were never taken any further other than our first draft so were not actually put into practise. With the appointment of a Professional Leader (PL) at xxxx in mid 2008 there was an opportunity to further these guidelines as part of her role was helping ensuring safe caseload levels of the community dietitians at xxxx.</p> <p>A huge amount of background work was done in preparing and finalising these guidelines which included working with the PL (xxxx) to complete a full review of my community caseload, completion of a caseload complexity survey and review of my current caseload against the revised priority guidelines. I liaised with other community paediatric dietitians at xxxx & xxxx services in order to benchmark against their current guidelines & for peer review of the guidelines I had produced. Dietitians and paediatricians at xxxx also provided valuable feedback and support for the implementation of these guidelines. It was really nice to see how willingly other dietitians around the xxxx region shared their guidelines and helped support me in the development of ours. (Refer to Appendix for copies of draft and revised guidelines along with feedback received)</p> <p>As the PL for dietitians, xxxx has been able to take all the work I have completed and present this (along with statistics around patient waiting times & further benchmarking data from other comparable services within the xxxx region) at management level. We are still awaiting the final outcomes of these meeting but have already received positive received feedback on the quality and amount of work that was presented. (Refer to Appendix)</p> <p>I have felt an immense sense of achievement in being the dietitian responsible for developing these guidelines and leading the process for development of standardised letters & information packs that go along side the guidelines. I am in the fortunate position that my caseload is at a more manageable level compared to my colleagues in similar roles so it has been great to be able to do the background work that will eventually benefit all community paediatric dietitians at xxxx. All this work has brought us one step closer to helping ensure safe case load levels in community paediatric positions at xxxx.</p>	1,2,3,4,5	5	Refer to Appendix 12.