**MSc Clinical Nutrition and Dietetics** 

**FORM BC. LEARNING OBJECTIVES AND FEEDBACK FORM**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_ SITE:\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1: LEARNING OBJECTIVES. WEEK NUMBER: (INSERT)**

| **LEARNING NEEDS**:**what do I need/would I like to learn?**  Work towards 3 NEW objectives each week.  Refer to PAF domains to identify relevant objectives  Discuss with the PE in advance to ensure that relevant learning opportunities will be available. | 1.  2.  3. |
| --- | --- |
| PLANNED LEARNING ACTIVITIES: What resources are available/required to achieve these objectives. | 1.  2.  3. |
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**MSc in Clinical Nutrition and Dietetics** 

**SECTION 1. FIVE MINUTE FEEDBACK AT END OF WEEK.**



**Student Educator**

| **Student: What went well this week?**  **1.**  **2.**  **3.** | **Student: What areas could be improved from this week?**  **1.**  **2.**  **3.** | **Student: Did anything challenging arise this week? How did/could you deal with it?** |
| --- | --- | --- |
| **Practice Educator: Went well?** | **Practice Educator: Needs improvement?** | **Practice educator: Areas of concern?\*.** |
| Additional Practice Educator Comment(s):\*as applicable | | |
| **5 minute feedback completion date: PE signature: Student signature:** | | |
| \***Practice Educator: Have you any concerns about Professionalism? YES NO If YES, please complete the appropriate section of the Professionalism Assessment Form and discuss firstly with the student and then with the Practice Tutor/ Practice Education Co-ordinator** | | |

**SECTION 2: ACTIVITY LOG.**

Briefly outline the various dietetic activities experienced/undertaken this week*.*

| **Type of patient or type of activity completed:**  **e.g. inpatient acute liver failure, recipe analysis for coeliac disease etc.** | **Nutritional issues/diagnosis:**  **e.g. malnutrition, refeeding risk, compliance with dietary recommendations.** | **Task completed (i.e. what did you do):**  **e.g taking a diet history, information gathering, menu analysis** |
| --- | --- | --- |
|  |  |  |
| Practice Educator: this a true and accurate reflection of dietetic activities undertaken during their time with you. \*Comment as required.  **PE signature:** | | |